Washington Health and Human Services Enterprise Coalition

Integrated Eligibility and Enrollment (IE&E) Modernization Program

IE&E Health and Human Services (HHS) Portal Roadmap

Deliverable 5.1: HHS Portal Roadmap

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This document has been created at the request of the Washington State Department of Social and Health Services (DSHS) on behalf of the Health and Human Services (HHS) Enterprise Coalition. The approaches and considerations included in this document are preliminary drafts and may be further developed based on additional inputs from the HHS Enterprise Coalition.

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Version	1.2	**Date**	01/15/2025
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1.0	11/26/2024	Joint HHS Portal Roadmap Working Team	Draft deliverable for review and feedback.
1.1	12/23/2024	Joint HHS Portal Roadmap Working Team	Updated deliverable incorporating reviewer feedback
1.2	01/15/2025	Joint HHS Portal Roadmap Working Team	Updated deliverable incorporating reviewer feedback

Table 1: Document Control Log

1 Program and Deliverable Overview

The Washington Health and Human Services Enterprise Coalition (HHS Coalition) Integrated Eligibility & Enrollment Modernization Program aims to design and implement a human-centered portal for Washingtonians to seamlessly access health and human services, through HHS Portal Roadmap Project.

The HHS Portal Roadmap Project will build upon the foundational work and technical capabilities of the Technical Architecture and Design Project (TAD). TAD refined the modernization strategy for IE&E and defined the back-end infrastructure to facilitate the decommissioning of legacy systems.

This deliverable aims to lay out a roadmap specific to the HHS Portal, with the ultimate goal of enhancing and streamlining the user experience for clients, authorized representatives, community partners, navigators, and other external audiences. The HHS Portal will deliver some enhancements for staff, but the majority of staff improvements are planned for other capabilities on the IE&E Roadmap.

2 Executive Summary

The vision of the IE&E Modernization Program (see Section 3.1: HHS Coalition IT Strategy) and the ultimate goal of this roadmap is to improve the health and human services benefits program eligibility and enrollment process for clients and staff and to identify ways the state can better reduce friction in the eligibility application process for Washingtonians and serve clients more effectively. As the IE&E Modernization Program updated its original 2022 roadmap with "Roadmap v2" in TAD Phase 2 (Deliverable 5.1), the focus turned towards client-facing systems, chief of which is the "HHS Portal" through which clients begin their interaction with HHS Coalition systems.

The HHS Coalition defines the HHS Portal as an accessible, personalized, and mobile-first modern client entry point to enable Washingtonians and their support networks (clients, navigators, and community partners) to access health and human services with a "no wrong door" philosophy where clients can access health and human services across multiple entry points (i.e., online interfaces such as HHS Portal and HPF as well as in-person and over the phone) with integrated data, so they only need to tell their story once, regardless of how they choose to engage with services (additional details in *Figure 15: Illustrative Example of a Potential HHS Portal User Experience*).

The "portal" is a set of building blocks, which are either user experience (UX) features or technical enablers. Multiple qualitative and quantitative user research findings (see *Statement of Need*) have surfaced opportunities to improve the client experience through the HHS Portal through a human-centered design lens. Beyond client experience, a modernization of the HHS Portal could also streamline key business processes (see *Business Needs*). The UX features for the HHS Portal presented in this roadmap were collaborated on with IE&E Modernization Program and HHS Coalition leadership and are based on the capabilities in the TAD Phase 2 Roadmap

(Deliverable 5.1). Throughout multiple phases of the HHS Portal project, these features were grouped and sequenced into Minimum Viable Product (MVP, first release in early SFY 2027) and MVP++ groups by HHS Coalition stakeholders in workshops with the objective to ultimately decommission WaCon by end of SFY 2027 and enhance the user experience (discussed further in *Section 6.1: HHS Portal Features*).

Analyses such as a market scan on other state HHS portals, an assessment of overall portal deployment alternatives (e.g., public sector transfer), and an in-depth solution scan across deployment alternatives (e.g., looking at specific vendors) have resulted in greater clarity on the future direction of the HHS Portal. Outcomes of the analyses include prioritized deployment solutions to deep dive into for validation and potential acquisition (see *Section 9: Solution Options Assessment*), as well as a target state architecture and operational plan for the future state HHS Portal (see *Section 10: Leading Deployment Approach*).

The future state HHS Portal will utilize a mix of deployment alternatives to balance the criteria that were collaboratively outlined with IE&E Modernization Program and HHS Coalition leadership. A public sector transfer from another State will be used as a default path forward to accelerate the delivery of the HHS Portal in combination with a custom approach (i.e., “bespoke build”) given the need for integration and that several features currently exist or will exist in the near future, as part of HHS Coalition and statewide technical architecture (e.g., being developed as part of other efforts such as the resident portal). For features that do not exist or are not planned to be developed in the near future, there are three additional deployment alternatives that could be considered: private sector custom of the shelf (COTS) procurement, an extension of an existing portal or portals (see *Section 8.1: Potential Deployment Alternatives*), or a bespoke build.

A list of ~85 potential solutions were filtered and assessed against criteria collaboratively identified with IE&E Modernization Program and HHS Coalition leadership (see *Section 9.1: Criteria Identification*). The assessment indicated that transferring Pennsylvania’s COMPASS solution would be the potential path forward to accelerate implementation, subject to any further validation and acquisition processes outlined in the roadmap (see *Section 11.4: Preliminary Roadmap Activities by State Fiscal Year (SFY)*) with, wherever possible, the re-use or replication of existing features and building blocks (e.g., Okta for Identity access management, BRE, Master Person Index, MyWABenefits tracker, WACares).

The potential future state architecture for the HHS Portal (see *Section 10.1: Potential Future State Architecture*) is assumed to leverage the IE&E Platform based on Azure as a cloud service provider and assumes usage of Azure native services, alongside MuleSoft for API Management to maximize prior state investments made by IE&E and accelerate deployment. The 37 modular building blocks help foster a hybrid approach (i.e., considering reuse of existing assets, COTS solutions and bespoke build at a feature level), potentially helping to minimize vendor and technology lock-in while acknowledging that no single solution will address all needs. Modular building blocks may also enable interdependent IE&E capabilities (as defined in the TAD roadmap) to transition independently from legacy to modern technologies (e.g., document management, communications center), reducing complexity and supporting continuity during phased modernization, while also providing a scalable framework for integrating future features.

This future state architecture aims to integrate cross-coalition functionalities and demonstrates that a majority of components of the future state HHS Portal are either existing HHS Coalition

system components, aligned-upon HHS Coalition “Standards” (e.g., MuleSoft for API Management), or potentially replicated technical components that could be re-deployed from existing technical assets. Finally, the future state architecture is designed with guardrails to facilitate integration with other ongoing Washington State initiatives (e.g., Resident Portal) to ensure future flexibility.

3 Background

The Washington State HHS Coalition operates over 75 health and human service programs serving over 2.9 million Washingtonians. Washingtonians who rely on the Washington Connection (WaCon) and Healthplanfinder (HPF) legacy client-facing system for benefits “must navigate multiple online systems with lengthy applications, many of which are not accessible on smartphones”[1].

To address these challenges, the HHS Coalition established a roadmap aimed at achieving a vision for IE&E in January 2022. Since then, the HHS Coalition has launched projects guided by the original IE&E Roadmap Report (2022), including IE&E TAD Phase 2 to establish a future-state architecture for IE&E Modernization Roadmap.

The vision for the HHS Portal has evolved over the past several years of the HHS Coalition’s existence as the IE&E Program has become more robust. A brief history of the HHS Portal Roadmap and associated activities can be found summarized in Figure 1.

[1] Sourced from the original IE&E Roadmap Report (2022)

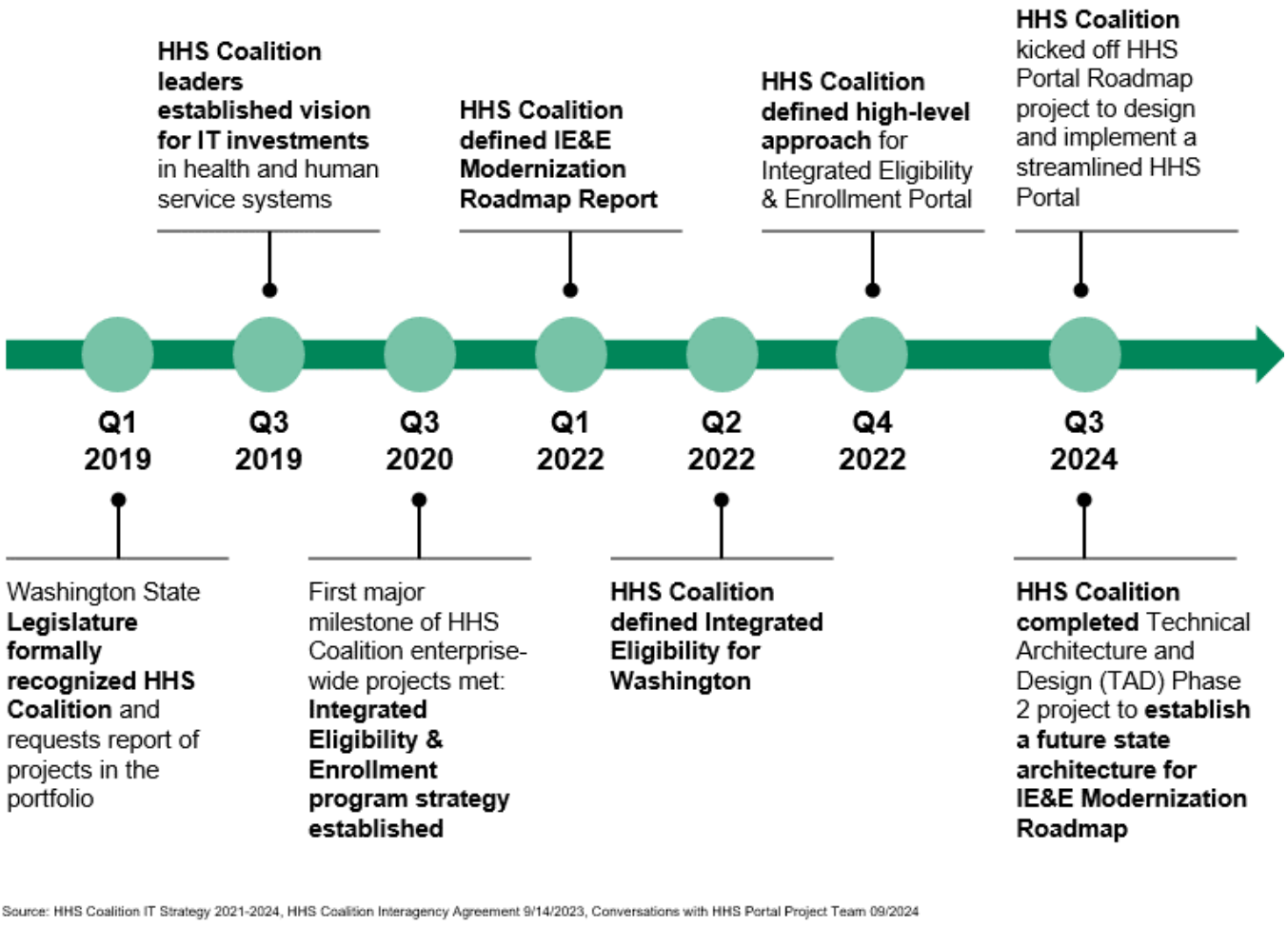

Figure 1: History of HHS Portal activities

The background to the HHS Coalition IT Strategy and IE&E project is summarized in *HHS Coalition IT Strategy* and *IE&E Background*. These sections were originally included in the IE&E Modernization Roadmap Report (2022) Section 2: Background. The original content has been updated to accurately reflect the current state (e.g., edits to tense, wording changes), in accordance with guidance from IE&E Modernization Program leadership.

Building on these, HHS Portal Roadmap Project Summary provides a summary of the incremental work done towards building the HHS Portal roadmap.

3.1 HHS Coalition IT Strategy

In 2018, to promote service coordination, the leaders of Washington's state health and human services organizations[2] decided that increased collaboration on IT investments is critical to improving the health and well-being of the people, families, and communities of Washington. The decision established the HHS Coalition as a collaborative to govern IT project investments across Washington's state HHS organizations, and the Washington Legislature formally recognized the HHS Coalition in the 2019 legislative session.

In summer 2021, the HHS Coalition leaders finalized an IT strategy for 2021 to 2024.[3] This strategy provides a common vision for IT project alignment and direction. The IT strategy includes seven vision goals and seven enabling strategies that guide how the HHS Coalition will frame IT projects, including the development and implementation of the IE&E solution described in this report. This report and the detailed roadmap are grounded in the goals and enabling strategies summarized below.

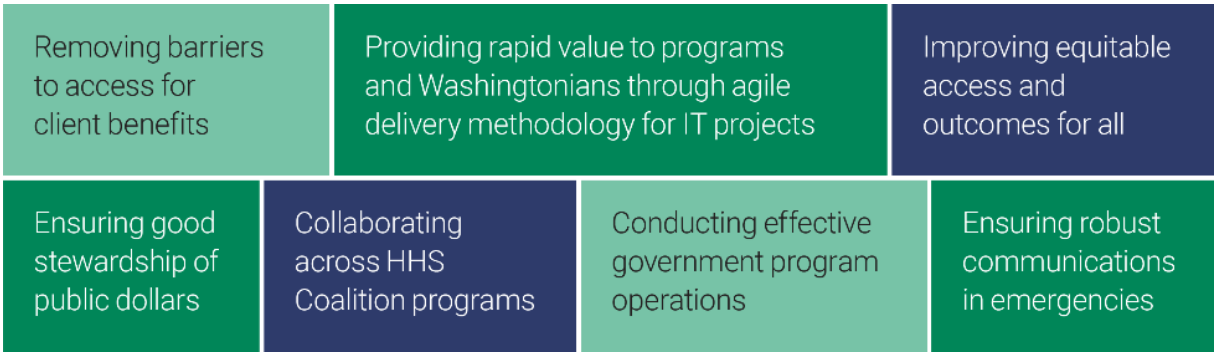

Figure 2: HHS Coalition Vision

[2] The HHS Coalition includes the Department of Children, Youth & Families (DCYF), Department of Corrections (DOC), Department of Health (DOH), Department of Social and Health Services (DSHS), Health Benefit Exchange (HBE), Health Care Authority (HCA), and Washington Technology Solutions (WaTech). The Office of Financial Management (OFM) is an ex-officio member advising the HHS Coalition on compliance with state financial budget and legislative processes.

[3] Washington State Health and Human Services Enterprise Coalition, "HHS Coalition IT Strategy 2021-2024," 2021, https://www.hca.wa.gov/assets/program/HHS-coalition-it-strategy-2021-2024.pdf.

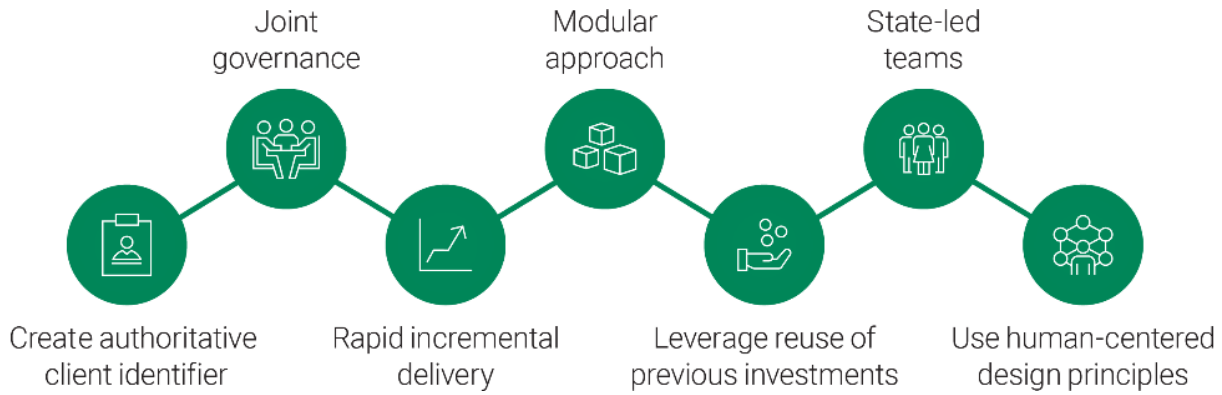

Figure 3: Enabling Strategies

3.2 IE&E Background

The HHS Coalition has been working for several years to develop an approach for a health and human services integrated eligibility and enrollment solution. IE&E systems are defined as follows:

> Integrated eligibility [and enrollment] systems (IESs) are the enabling technology behind state-level Medicaid and human services programs in the United States. The core of an IES is automated rules and a case management and workflow system that encodes logic to enable timely and accurate eligibility determinations for Medicaid and other human services programs.[4]

Washington State has been studying approaches to IE&E for a number of years. The HHS Coalition considered the analysis and recommendations from past studies conducted in Washington for the original roadmap. This includes the following[5]:

1. U.S. Digital Response. *Washington State Department of Social and Health Services ACES Upgrade Plan Third Party Review*. 2020.
2. Washington State Health and Human Services Enterprise Coalition. *Washington HHS Coalition Roadmap to Integrated Eligibility: Phase 1*. 2020.
3. Cognosante, LLC for Washington State Department of Social and Health Services. *RFP Writer for Business and Information Technology Transformation Business Case*. 2018.
4. Elyon Strategies for Washington State Office of the Chief Information Officer. *Transformation Strategy for Eligibility and Authorization Phase 2*. 2016.
5. Public Consulting Group for Washington State Office of Financial Management. *Medical and Public Assistance Eligibility Study Alternative Options and Recommendations Report*. 2014.

[4] McKinsey & Company, "Insights into better integrated eligibility systems," 2019, https://www.mckinsey.com/industries/public-and-social-sector/our-insights/insights-into-better-integrated-eligibility-systems.

[5] List would also include the previous IE&E Modernization Roadmap Report (2022), which serves as the basis for the updated roadmap provided in this document.

The original roadmap reflected the current vision for the journey towards IE&E as of the time it was submitted. The HHS Coalition did not expect the roadmap to stay static; instead, it was imagined as a living document that would be maintained and updated continually, capitalizing on lessons learned, business opportunities, technological advances, and other developments along the way.

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4 Vision

The Washington HHS Coalition[6] Integrated Eligibility & Enrollment Modernization Program has crafted the HHS Portal Roadmap vision embraces a no wrong door approach:

Figure 4: HHS Portal Vision

[6] IE&E HHS Portal Roadmap Visioning Workshop 08/23 (2024), including 45+ representatives from the HHS Coalition including Department of Social and Health Services (DSHS), WaTech, Health Benefit Exchange (HBE), Department of Health (DOH), Department of Children, Youth and Families (DCYF), Health Care Authority (HCA)

4.1 HHS Portal Definition

The HHS Coalition defines the HHS Portal as an accessible, personalized, and mobile-first modern client entry point to enable Washingtonians and their support networks (clients, navigators, and community partners) to access health and human services.

Potential defining factors	HHS Portal definition
How do clients access benefits?	**"No wrong door":** Clients can access health and human services across multiple entry points (i.e., online interfaces such as HHS Portal[7] and HPF as well as in-person and over the phone) with integrated data, so they only need to tell their story once, regardless of how they choose to engage with services (detailed illustrative example of a user's experience in Figure 15)[8]
What level of integration could exist for benefits applications and for which programs?	**Integrated application for multiple program types:** Clients can apply for multiple programs offered on the HHS Portal through an integrated application using one set of credentials to seamlessly transfer or authenticate their applications across interfaces (i.e., HHS Portal and HPF). Additionally, this would include real-time integration with backend eligibility systems ensuring transfer of data for clients who access health and human services in-person or over the phone
What types of services and information does the portal provide?	**Comprehensive:** Clients can access dynamic and personalized self-service options for application management, status tracking, interview scheduling, comprehensive benefit dashboard, change reporting, and benefit renewals

Table 2: HHS Portal definition

[7] Which will eventually substitute WaCon

[8] IE&E working team developed initial thinking on prioritized programs (e.g., WaCon programs to be prioritized first) and additional effort to be continued to refine in line with activity in SFY2025 to be done alongside program SMEs

5 Statement of Need

The Washington State HHS Coalition operates over 75 health and human service programs serving over 2.9 million Washingtonians. These programs, which include cash assistance, child care subsidies, food assistance, health insurance, immigrant and refugee services, long term care, and health care, are designed to help Washingtonians reach their full potential.

Of those almost three million Washingtonians, over one million are served by programs in at least two of the HHS Coalition organizations and more than 200,000 are served by at least three of the organizations. User research indicates that clients, particularly those served by multiple organizations, face several pain points across their journey is accessing health and human services.

The experience of poverty is not shared equally by all people. The challenges described in this section, among others faced by the HHS Coalition's clients, disproportionately impact Black, Indigenous, and People of Color communities as well as other groups, including women, children, seniors, individuals with disabilities, single parents, rural communities, the LGBTQ+ community, and immigrants and refugees. The overarching HHS Portal vision described in the sections above highlight the HHS Coalition's deep commitment to equitable access to services[9].

The following sections describe in greater detail the user experience and business opportunities that demonstrate the need for improvements to client-facing processes that enable a variety of benefits that HHS Coalition organizations administer.

5.1 User Experience Opportunities

Figure 5: Potential Opportunities to Enhance the Client Experience through Human-Centered Design highlights the qualitative and quantitative user research findings from:

- State of the States survey (2022): In McKinsey's latest State of the States benchmark, nearly 80,000 Americans from all 50 states and Washington, DC, were surveyed to better understand their experiences with 21 common state government services. The goal was to identify areas of excellence and gather insights into what drives improvements in states that perform well in specific areas. The key measure in this benchmark is customer experience, assessed by the percentage of individuals who are satisfied with their states' services. Participants rated their satisfaction on a scale from one to ten, with scores of nine or ten indicating satisfaction. The survey results represent the average satisfaction levels across all 50 states and Washington, DC, highlighting the highest and lowest averages achieved by any state or Washington, DC. The survey sample in each state was designed to be demographically representative of the state's population, and the proportion of residents using each service reflected the actual usage rates in each state. The survey was conducted using Qualtrics.

[9] Integrated Eligibility and Enrollment Modernization Refreshed Roadmap Report 9.20.24, pp. 15

- Project Simplify (2023): In 2022 and 2023, the HHS Coalition conducted a project named Project Simplify, focused on researching and designing a human-centered benefits delivery process. Related to the IE&E Modernization Program, this project was conducted in partnership with Civilla, a nonprofit design studio dedicated to changing the way public-serving institutions work. The project engaged residents and frontline staff to research and design solutions around their needs. The project proposed solutions that aim to remove barriers to benefits, improve equitable access and outcomes for customers, and strengthen the overall experience. Throughout this work, the Civilla team conducted 246 interviews of frontline staff, clients, subject matter experts, HHS Coalition leadership and community organizations. In addition, Civilla conducted 68 client observations in offices to inform the research[10]
- Vidlet Mobile Diaries (2024): The Vidlet Mobile Diaries, part of the HHS Portal Roadmap project, were conducted in two phases to gather user experience insights. In the first phase, six diary user interviews were held to understand current user experiences, including challenges and areas for improvement. The second phase involved eight moderated user interviews to gather detailed input on users' ideal future state and feedback on initial HHS Portal wireframes. This approach provided valuable insights to help enhance the HHS Portal based on real user needs and preferences.

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[10] Washington State Action Plan for Removing Barriers to Health and Human Services, HHS Coalition, April 2023

	Current state		Potential future-state	
Client journey phase	**Client satisfaction %** (State of the states, 2022)	**Client pain-points** Based on findings from Project Simplify (2023) and Vidlet Qualitative Research (2024)	**Human-centered design approach to alleviate pain-points**	**Potential HHS portal features to support**
Find & learn about programs	**~47%** satisfied with learning about services	**Limited transparency into eligibility**	**Simplified eligibility survey** that narrows down program options helps clients make **easier decisions**	• Pre-screening • Benefit comparisons • Personalized recommendations
		Patchwork approach to accessing benefit information	**A seamless, accessible experience** without being redirected to different pages	• Program directory
Apply for programs	**~44%** satisfied with completing applications	**Concerns about data loss and system reliability**	**Auto-saving application** progress and **allowing clients to resume progress**	• Application input and management
		Telling their story multiple times	**Optimization of data collection** through a streamlined **application**	• Application pre-fill • Cross-system integration
		Complex and lengthy process to provide documents	**Simplify document provision** and verification through **upload functionality via different channels**	• Document Upload
		Challenges with dense and complex language	**Reassuring** and **encouraging language** to build **trust**	*NA*
		Uncertainty and long wait times for interviews	**Self-serve** option for **scheduling interviews** to **unlock convenience and accessibility**	• Self-service scheduling • AI chat/ prompt/ virtual assistant
	~46% satisfied with receiving updates	**Limited visibility into application status**	**Transparency** in the process to **alleviate anxiety during the wait**	• Application status tracking • Notifications
Use & manage benefits	**~43%** satisfied with learning about coverage	**Limited transparency into benefit coverage**	**Comprehensive dashboard** that improves **transparency** and helps clients be more **informed**	• Benefit issuance • Comprehensive benefits dashboard
	~49% satisfied with renewing benefits	**Lengthy and anxiety-inducing renewal process**	Simplified and **seamless renewal** process that **reduces repeated data provision** by client	• Benefit renewal
		Limited flexibility in notification preferences	**Personalized experience** that allows clients to choose their preferred communication method	• Profile and preference management
Cross-cutting	**~42%** satisfied with resolving issues	**Difficulty in resolving questions and issues**	Live support offered through **AI chatbots to support clients outside of business hours** and provide **tailored information** to meet their needs	• Live Support
		Lack of mobile-responsiveness	**Mobile-first approach** to improve **access** and **meet clients where they are**	• Mobile responsiveness • Mobile app
		Delayed requests for additional information	**Push notifications** and alerts that **notify clients in real-time** if additional information is needed	• Notifications

Figure 5: Potential Opportunities to Enhance the Client Experience through Human-Centered Design

5.2 Business Needs

While the primary focus of the HHS Portal project is on the client-facing user experience, there are also key business processes that, when optimized, could streamline staff workflows and support a more efficient service model. Figure 6: Potential Opportunities to Improve Staff Experience highlights some of these processes, illustrating how improved client interactions can simultaneously ease the staff experience, reduce redundant steps, and enable faster, more responsive client support. Together, these enhancements aim to benefit both clients and staff, fostering a more effective and accessible portal experience for all. Based on findings from Project Simplify (2023), IE&E HHS Portal Roadmap Visioning Workshop (2024) and IE&E HHS Portal Roadmap Sequencing Workshop (2024), Figure 6: Potential Opportunities to Improve Staff Experience describes some observations that highlight how the HHS Portal may help improve the staff experience.

Business process	Current state	Potential future-state	Potential HHS portal features to support
Eligibility determination	**High staff workload** due to **manual data entry tasks**, leading to **administrative inefficiencies** and **potential errors** (e.g., for applications submitted in current state WACON, eligibility workers manually enter the data sent by WACON into the eligibility determination system)	Streamlined staff workload with **seamless integration** between HHS Portal and eligibility system and potential **automation of data entry from client-uploaded documents** (e.g., using Optical Character Recognition (OCR) technology, Robotics Process Automation (RPA))	• Document upload • Cross-system integration
Case management	**Increased call volume** to eligibility workers due to **limited transparency into application status** and lack of streamlined FAQs	**Decreased call volume** to eligibility workers by providing **real-time application status tracking** and implementing live support (e.g., GenAI chatbot), enabling clients to access **assistance** with **simple tasks and frequently asked questions** outside of business hours	• Live support • Application status tracking

Figure 6: Potential Opportunities to Improve Staff Experience

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6 HHS Portal Roadmap Project Summary

The incremental approach to defining the HHS Portal Roadmap has involved several phases as outlined in Figure 7: Overview of the HHS Portal Roadmap Project phases and further detailed below.

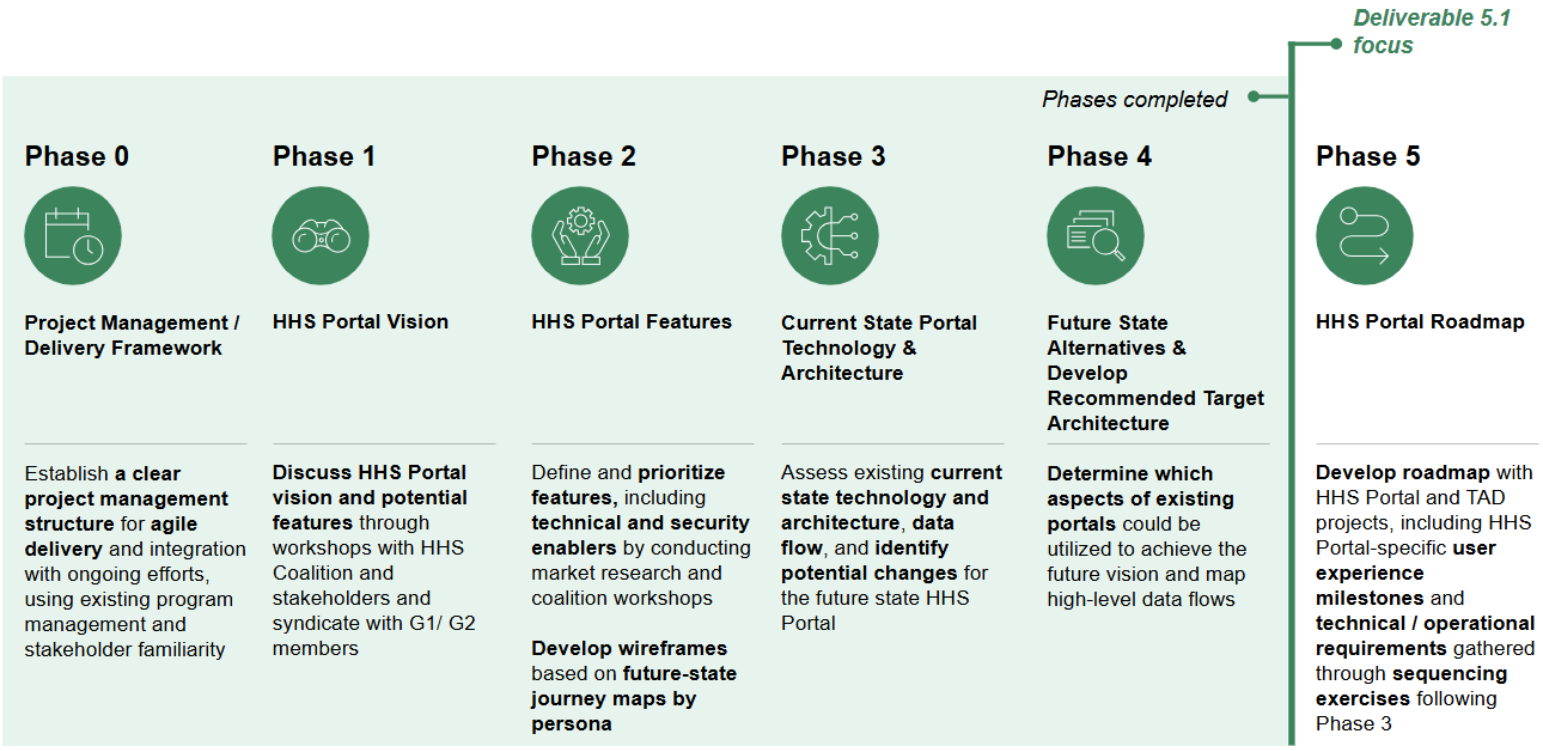

Figure 7: Overview of the HHS Portal Roadmap Project phases

The completed phases served as inputs to development of the HHS Portal Roadmap and are summarized below:

Phase 0: Project management and delivery framework

- **Defined and project management framework**: Defined a project management structure for agile delivery and integration with ongoing efforts

Phase 1: HHS Portal vision

- **Defined and validated vision**: Defined the vision elements by reviewing past strategy and visioning documents, and integrating a human centered design lens to bring the perspective of potential clients who will use the future HHS Portal. Subsequently, a workshop was conducted on August 23, 2024, with 45+ HHS Coalition stakeholders to discuss potential vision components. The emerging draft vision statement was shared with workshop participants for validation. The vision statement, detailed in section *Vision* aims to serve as a “north star” for the HHS Portal Roadmap

Phase 2: HHS Portal features

- **Developed client personas**: A list of potential personas was developed to align the HHS Portal with user behaviors, motivations, and needs, thereby delivering an enhanced user experience. The personas developed reflect distinct patterns in behavior and shared characteristics across diverse user groups. By concentrating on behavioral attributes and motivational drivers, these personas encapsulate common user scenarios grounded in research. Each persona offers an understanding of user needs and preferences, serving as a tool for informing design decisions and enabling the HHS Portal's relevance and effectiveness
- **Created future-state journey maps**: Potential future-state journey maps were created to provide a high-level visual representation of each persona's interactions to receive Health and Human Service Benefits with the HHS HPF. These maps delineate the journey through the portal, highlighting signature moments that represent elements of a user's desired experiences
- **Designed preliminary wireframes**: Preliminary wireframes were designed to illustrate the potential desired functionality of the future-state HHS Portal. These wireframes serve as a high-level visual guide, showcasing interface elements and user pathways. They facilitate early-stage feedback and iterative refinement, helping to ensure that the portal's design is both intuitive and aligned with user needs
- **Developed service blueprint:** An initial view (that could be updated and refined throughout roadmap implementation) of the service blueprint was developed to provide a view of a client journey across select front-end touchpoints and back-end workflows. This blueprint includes potential client activities, staff interactions, technical processes, and data workflows. By representing the interactions between various components (i.e., technical and non-technical, platform and non-platform), the service blueprint depicts multiple aspects of the portal's end-to-end operations
- **Defined features:** A list of potential HHS Portal features was defined by aggregating potential portal features across various inputs such as: TAD Project capabilities, existing personas (e.g., Healthplanfinder personas, MyWABenefits personas), Project Simplify (incl. Pathway to Progress Exhibit), subject matter expert (SME) interviews with internal experts (e.g., WACares, MyWABenefits), State of the States quantitative data, moderated and unmoderated user experience interviews, analysis of other state portals, and analysis of leading portal solutions (e.g., Healthy Together)
- **Prioritized features:** A feature prioritization survey was launched on August 30th, 2024, to HHS Coalition stakeholders to prioritize features based on: a) client value which is driven by improved client experience through simplified processes, enhanced accessibility, informed actions, personalized care, and compliance with program mandates, and b) business value**,** which is driven by improved staff experience, reduced risk, and enhanced operational efficiency. The survey findings were used to develop an initial prioritization of features in a 2x2 matrix to understand which features the HHS Coalition considers to be relatively more or less desirable

Phase 3: Current state portal technology & architecture

- **Assessed current state technology and architecture:** Current portal technology and architecture was assessed for the following portals: Washington Connection (WaCon),

(HPF, WA Cares, ProviderOne, Women, Infants and Children (WIC) Nutrition Program Application & Eligibility Determination, WIC Shopper App, Managed Care Organization (MCO), MyWABenefits, and Resident Portal. The level of detailed assessment varies, with some existing portals (e.g., WaCon and WPF) assessed in greater detail, while others (e.g., WIC Shopper App) are assessed at a high level. Additional details can be found in **Deliverable 3.1: Current State Technology and Architecture**

- **Mapped current state data flows:** Current state data flows were mapped between different components of front-end and client-provided data to core systems, specifically examining Washington Connection (WaCon), HPF, and WA Cares flows. The data flow mapping provides an understanding of data movement, integration, and utilization by different components that interact with front end systems. Additional details can be found in **Deliverable 3.2: Current State Data Flows**

Phase 4: Future state alternatives & develop recommended architecture

- **Grouped and sequenced features:** Outputs from phase 2 and phase 3 were used to inform the grouping and sequencing potential HHS portal features, including relative priority scores from staff prioritization survey, policy requirements, implementation status in current-state WaCon, and user research priorities. Subsequently, a sequencing workshop was conducted on September 24, 2024, with 45+ HHS Coalition stakeholders to group the features into MVP and MVP++ groups, where:
    - *MVP:* Features or parts of a feature that are fundamental for achieving the core mission of the portal (e.g., programmatic mandates). Estimated potential timing for MVP deployment is early in SFY 27 assuming WA proceeds with validation and MVP development in the near term.
    - *MVP++:* Features that elevate the user and staff experience and can be implemented incrementally after the essential features are operational. MVP++ features will be rolled out over time starting in SFY 27.
      (details in section 6.1)
- **Conducted market scan:** A market scan was conducted to analyze other state HHS portals (e.g., Oregon, Pennsylvania, Texas, Maryland) and define potential portal "definition" archetypes including the client entry points, deployment approach and feature availability (*details in section 7*)
- **Defined and assessed alternatives:** Potential deployment options[11] for the HHS Portal were identified and defined: public sector transfer from another State, private sector COTS procurement, extension of an existing portal or portals (e.g., WaCon) or custom build. Subsequently, trade-offs were assessed against the deployment options based on agreed upon metrics (e.g., cost efficiency, deployment speed, coverage of prioritized features) to select the target option (*details in section 8*)
- **Conducted a solution scan:** Based on the deployment alternatives, solutions were identified for each alternative for further evaluation. The ~85 potential solutions identified for the HHS Portal were assessed incrementally in two steps starting with a qualifying

[11] Including implementation methods

filter. The filtered potential portal solutions were subsequently assessed against criteria and weightage defined by IE&E Program Leadership. Based on the assessment, 7 solutions were prioritized for deep dives as part of the validation and acquisition phase *(details in Solution Options Assessment*).

- **Developed target state architecture and operational plan:** Based on the leading deployment option, the recommended technical architecture (i.e., diagrams, technical specifications), including changes from current state, was developed *(details in section 10*). Additionally, operational considerations were highlighted for selected architecture including potential cost estimate ranges for design, development and implementation, maintenance and operations, and potential staffing and skills needed for state ownership (e.g., roles and responsibilities) for future assets

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6.1 HHS Portal Features

Potential HHS Portal features were grouped and sequenced into MVP and MVP++ groups by HHS Coalition stakeholders based on relative priority scores from staff prioritization survey, policy requirements, implementation status in current-state WaCon, and user research priorities. Additionally, the sequencing activity included identification of implementation considerations across functional requirements, policy requirements, operational considerations and technical considerations. Figure 8 summarizes the grouping output and Table 3 details the potential implementation considerations defined by HHS Coalition stakeholders related to each feature.

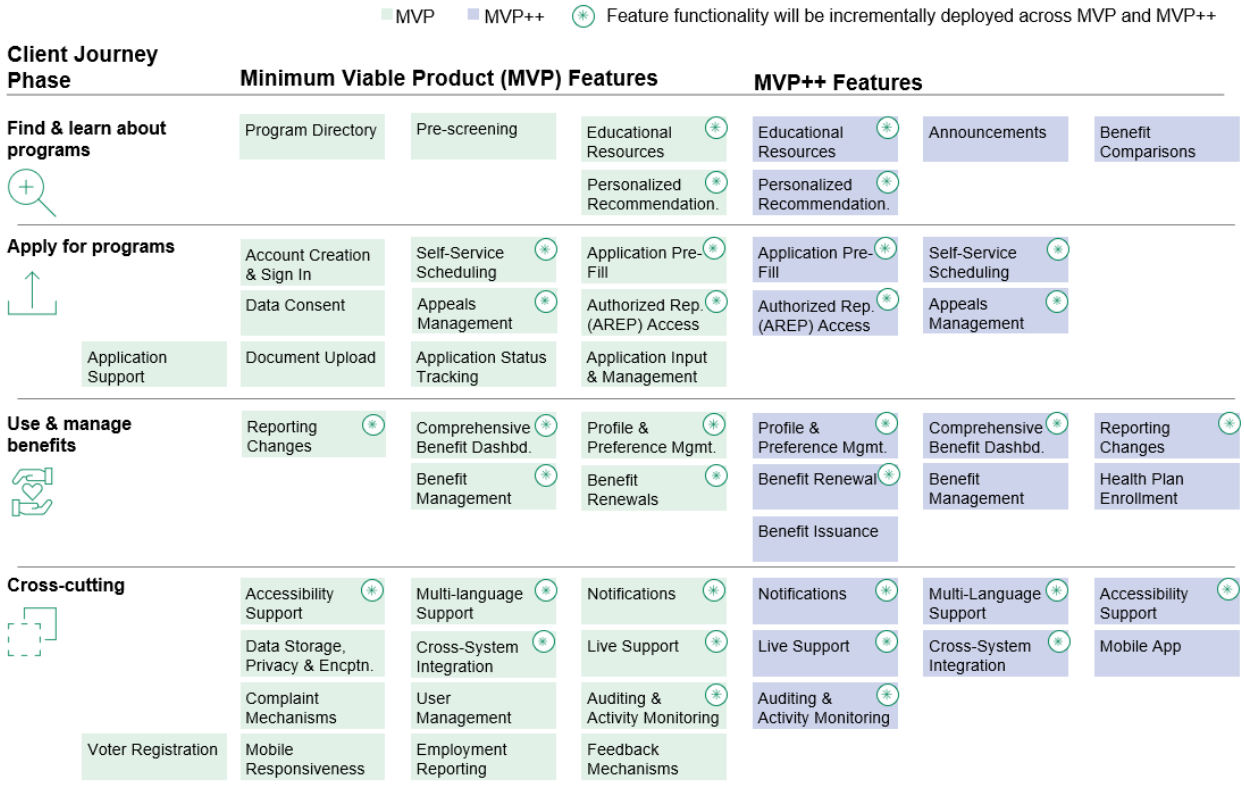

Figure 8: Summary of Feature Grouping

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
		MVP	**MVP++**	
Program Directory	Clients can discover programs by accessing an **all-in-one stop** for a comprehensive view of programs, with **detailed information about available benefits** and eligibility criteria	*All functionality described*	*NA*	
Pre-screening	Clients can complete an **initial questionnaire** to determine **potential eligibility** for programs	*All functionality described*	*NA*	**Technical considerations:** May need to integrate additional programs not currently present in WaCon pre-screening feature
Benefit Comparisons	Clients can **compare similar types of programs** (e.g., Basic food and WIC) for educational purposes, and for **healthcare, compare plans and coverage details**	*NA*	*All functionality described*	**Policy requirements:** For applicants with income close to the threshold, experienced navigators may need to help clients understand their health coverage options **Technical considerations:** May require functionality enabling clients to connect with experienced agents to understand their health coverage options. Depending on policy constraints, customers may not always be able to select specific benefits.
Announcem-ents	Clients can receive **timely and relevant information** about **updates** to state benefits and programs, as	*NA*	*All functionality described*	**Technical considerations:** May be relatively easier to implement and may be prioritized if high value to clients

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
	determined by the State, in the form of **announcements**			
Educational Resources	Clients can access **multi-format, personalized educational resources** (e.g., general written materials, multimedia resources such as podcasts and videos, and detailed FAQs) related to applying for HHS benefits	*Some base guidance (e.g., general written materials)*	*All functionality described*	**User needs:** May complicate user experience if in MVP++ since educational resources are disparate today **Technical considerations:** May be driven by AI in future to enable greater personalization of information
PersonalizedRecommend-ations	Clients can receive **personalized options** based on their **indicated needs and preferences**, including **receiving alternatives if applicant is denied** from desired program and receive information for additional related resources and services	*Receive information for additional related resources and services*	*Receive personalized options based on indicated needs, receiving alternatives if denied from desired program*	**Technical considerations:** May need GenAI capabilities to provide personalized recommendations as defined in MVP++
Account Creation & Sign In	Clients can **create new accounts and sign in** to their existing accounts	*All functionality described*	*NA*	**Policy requirements:** May need to be optional with guest access functionality offered **Technical considerations:** May need to coordinate with State Identity and Access Management (IAM) effort
Application Input and Management	Clients can submit the necessary program-specific information to apply for programs, (including for renewals and certification reviews), **review and confirm** before submission, **save progress** on online applications, **edit**	*All functionality described*	*NA*	**Policy requirements:** May need to allow for application to be completed with only name and signature (e.g., as required in SNAP) **Technical considerations:** May require functionality to save

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
	and update in-progress applications, and **access forms they have recently started** or submitted			application progress while logged on through guest access
Application Pre-fill	Clients can have **certain questions pre-filled** in the application based on previously collected account information from **within the portal** and **other integrated systems**	*Pre-fill based on previously collected account information*	*Pre-fill based on integration with other systems*	**User needs:** May require functionality for users to edit some fields, if not flowing from pre-verified sources **Policy requirements:** May require assessing data field hierarchy to determine impacts on eligibility **Technical needs:** May require integration with HPF data through a unique identifier May also require integration with Resident Portal as this function is also in its requirements
Application Support	Clients can connect with **community-based organizations (CBOs)** and enrollment specialists (e.g., volunteers, public benefits specialists) who can access HHS portal through a distinct account to provide application assistance and eligibility reviews (e.g, through Benefit Verification System (BVS))	*Login and help facilitate application submission, address questions submitted by clients*	*Connect directly live with clients within the portal*	**Operational needs:** May vary across programs as divisions have different ways of managing their staff; May require assessing current availability of call center resources to manage operational impact **Technical considerations:** May need full set of workforce

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
				authentication features (e.g., single sign-on)
Authorized Representat-ive (AREP) Access	Clients can add and authorize **Authorized Representatives** (e.g., family members) **to access their accounts** through a distinct guest account type to address special circumstances or to submit applications on their behalf	*Start with a specific set of AREPs (e.g., family members) with complete functionality*	*Add other types of AREPs (e.g., guardians, power of attorney)*	**User needs:** May require the ability to complete the form / sign to designate an AREP vs. just add one if it already exists on the account **Policy requirements:** May require, in some cases, guardians or power of attorney if client is unable to assign AREP (based on Based on rules: WAC 182-503-0130 Authorized representative) **Operational considerations:** May require back-end (e.g. ACES) and call center integration (e.g., currently for child care subsidy programs)
Data Consent	Clients have the right to **data consent checks** for storing data and using data for analytics or **referrals** to other programs	*All functionality described*	*NA*	**User needs:** May impact client's ability to complete other forms **Operational considerations:** May consider using anonymized data for analytics; to understand if consent is needed in that case **Technical considerations:** May need to evaluate data removal guidelines if client changes their consent at later stage

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
				May also require integration with Resident Portal as this function is also in its requirements
Document Upload	Clients can **upload documents of multiple formats through different channels, review submitted documents** and provide **self-attestation**	*All functionality described*	*Expand document management capabilities to include Optical Character Recognition (OCR), document scanning, and photo capture functionalities. It may require integration with Resident Portal to support Application Refill functionality*	**Technical considerations:** May need to resolve data sharing considerations **User needs:** May require notification to client on successful or failed uploads; May need an alternate method for users with no PC or phone access to upload **Policy requirements:** Would need to follow federal and state data retention guidelines **Operational considerations:** Needs to have integrated visibility for documents uploaded across programs & agencies
Self-service Scheduling	Clients can **schedule, change, or cancel intake appointments, interviews and call-backs** (including both virtual and in-person) with synchronization across distinct systems to allow clients to see real-time staff availability	*Requests for a particular appointment time (i.e., request a timeframe / slot) but will not connect with the staff portal*	*All functionality described*	**User needs:** May need notifications for interview / appointment reminders to clients **Operational needs:** May need to assess operational impact on programs under health carer authority (HCA) (high), Department of Children, Youth & Families (DCYF) (medium) since these agencies do not have dedicated call centers

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
				Technical considerations: Would require real-time integration between staff case management system and HHS Portal Would require need to accommodate for exceptions (e.g., situations where interviews are managed by a case worker queue)
Application Status Tracking	Clients can **track the status** of their applications after submission	*All functionality described*	*NA*	**Technical considerations:** May need to integrate with HPF for seamless status tracking; May need to consider how a single tracking number for clients is split across programs applied for; Would likely utilize the MyWABenefits tracker functionality under development to leverage the understanding built around process mapping and granularity desired for tracking
Appeals Management	Clients can appeal eligibility decisions (if denied for a program) and provide supporting documents through a ticketing system accessible via multiple touchpoints (e.g., notification email, dashboard); Clients can receive notice of appeals decisions (e.g., overturning or upholding denials) through portal	*Request to reinstate benefits*	*All functionality described*	**User needs:** May need to clarify guidelines to users around what comprises an appeal vs a grievance **Policy requirements:** May need to notify client about hearing dates, continuances, dismissals etc**.** **Technical considerations:** May overlap with complaints, so requires a functionality to transfer requests (or tickets) from complaints to appeals or vice-versa;

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
				May overlap with technical glitch, so require a functionality to transfer requests (or tickets) from tech support queue to appeals or vice-versa; May require a dynamic screening form that validates whether a client-initiated request is an appeal or a complaint
Benefit Issuance	Clients can **receive benefit payments** made by the state (via EBT or EFT[2]) or clients can have payments made on their behalf to a client-directed provider (e.g., child care provider) for approved programs (e.g., EBT beneficiaries, protective payees, LTSS recipients) based on program defaults and client preferences	*NA*	*All functionality described*	**User needs:** May benefit by including child care providers (i.e. child care centers, licensed family homes, and friends family and neighbor providers) in the payment issuance (e.g., status of invoice payment) **Operational considerations:** May require flexibility to update benefit payment vendors (e.g., for cash programs)
Benefit Management	Clients can temporarily **disable** an EBT card, request a **replacement** EBT card, and receive regular **balance statements**	*Disable EBT card, request a replacement card,*	*All functionality described*	**Operational considerations:** May require staff to have visibility to ensure that staff does not re-issue card if client disables EBT card **Technical considerations:** Would require integration with EBTEdge
Health Plan Enrollment	Clients or benefit navigators can **compare, enroll, and manage selected health plans** (e.g., through potential HPF integration)	*NA*	*All functionality described*	**Technical considerations:** Would require bi-directional integration with HPF.

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
Comprehensive Benefit Dashboard	Clients can access a summary of **coverage across active programs**, benefit balances (e.g., WIC Shopper App balances, EBT cards) and monthly spending statements / transactions they have made using their benefits (if using EBT cards)	*All functionality described*	*NA*	**Policy requirements:** Would require aligning nomenclature across programs (e.g., certification timeline vs eligibility periods, head of household being different between child care and health programs) **Operational considerations:** Would require access rights management for edge cases (e.g., custody issues where one spouse cannot see benefits the child is getting) **Technical considerations:** May require integration with system for child-care providers so clients can see which provider they are authorized for and for what certification period
Profile & Preference Management	Clients can update and manage their personal information from an account profile page including basic information fields (e.g., email), and customize **notification preferences** (e.g., mode of notification such as SMS) and **benefit issuance preferences** (e.g., receiving benefit via EBT or EFT direct deposit)	*Update personal profile information and notification preferences*	*Update benefit issuance preferences*	**Policy requirements:** Would require validation of what updates may constitute a circumstance change and trigger a workflow for eligibility re-determination (e.g., Address change for cash/child care programs as it may impact household) **Operational considerations:** May increase staff workload and lead to delays if staff needs to validate address change through a workflow (since currently client requests address

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
				changes in-person or on call, and staff can update it in real-time) **Technical considerations:** Would require functionality for a change / audit log to track updates (e.g., change date, changed by, field changed); Would require integration with Master Person Index (MPI). The MPI service is available for integration and can be leveraged by the HHS portal in its early rollout. However, this requires coordination with the backend eligibility system to avoid duplicate efforts, as DSHS plans to integrate ACES with MPI this spring, where certain ACES clients will be sent to MPI
Reporting Changes	Clients can **report changes** by updating **eligibility data in their profile or account** (e.g., income, household members); this update would flag to eligibility staff and may trigger **eligibility redetermination**	*Report a change through a form*	*Report changes by updating profile eligibility data which would flag an update to staff & may trigger eligibility redetermination*	**User needs:** May need consideration of overpayments that may happen with change of circumstances, leading to hardships for clients
Benefit Renewal	Clients can receive **advance notice** of benefit expiration and generate a **pre-filled, editable application for renewal (if applicable)** that prompts the client for new information**, schedule interviews (if needed),**	*Receive advance notice of benefit expiration, apply for renewal through basic form and be notified of decision*	*Generate pre-filled, editable application for renewal and schedule interviews (if needed)*	**Policy requirements / operational considerations:** Would require program-specific renewal processes given program policy requirements (e.g., Scheduling interviews is required for Medicaid, Pre-filled application needed for Medicaid

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
	and be notified of eligibility decision result			and cash programs, “ex-parte” renewals required for Medicaid)
Accessibility Support	Clients can access **enhanced accessibility options ensuring** ADA compliance (e.g., alternative text, text-to-voice functionality, color contrast options, and adjustable font sizes) and where possible, using icons and images instead of text to ensure an inclusive design	*Access basic functionality required for ADA compliance, including integration with assistive technology*	*Access advanced functionality*	**Policy requirements:** Would need to comply with Centers for Medicare & Medicaid Services (CMS) Section 1557 ACA, 504 rule; WCAG 2.2; Would need to ensure plain language is used
Multi-language Support	Clients can access **multilingual support**, including features such as multiple languages and **translation functionalities**	*Access basic functionality required for compliance (e.g., threshold languages)*	*Access advanced functionality (e.g., live translation)*	**Policy requirements:** Would need to have electronic notices in minimum 13 languages as currently sent today
Notifications	Clients can opt to receive **online communications** (e.g., in portal inbox), push notifications/nudges (e.g., SMS, emails) and/or **paper documents/notices** detailing updates on their case(s), applications, eligibility status, and other procedural notifications	*Receive some push notifications through email and SMS (e.g., renewal reminder, application decision, request for more information / documents)*	*Receive more types of push notifications (e.g., status of fund disbursal); Receive online communications in portal inbox*	**Policy requirements:** May need notifications to clients if document shared is not supported **Operational considerations:** Would need to ensure there is no duplication of effort (e.g., MWB), ensuring consistency across organizations **Technical considerations:** May need bi-directional communication (e.g., central inbox); Certain data related to eligibility status can be used in notifications and may be shared

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
				across relevant organizations. However, data sharing needs to be evaluated during the requirement phase
Data Storage, Privacy & Encryption	Portal can collect data ensuring appropriate **encryption, privacy protocols and access controls** (e.g., HIPAA-compliant standards)	*All functionality described*	*NA*	**Operational considerations:** Would need to identify what data is unique and what can be shared to change siloed way of working across agencies and create program-specific rules for data sharing across orgs (e.g., foster care has different limitations); Would need to minimize duplication of data across processes and programs. Identifying the data governance approach, legal authority, and appropriate use of data is crucial, and this process should begin early, as these activities typically require a significant amount of time. **Technical considerations:** Would be essential to obtain updated data sharing agreements with both internal and external partners, such as the SSA and IRS.
Mobile Responsive-ness	Clients can access and manage their benefits on their mobiles and tablets through a **mobile-responsive, accessible portal version**	*All functionality described*	*NA*	**Technical considerations:** May need to create mobile responsiveness that closely resembles an app

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
Mobile App	Clients can access and manage benefits on their mobiles through a **user-friendly mobile app**	*None*	*All functionality described*	**User needs:** May need to create "big internet experience on a little internet device" **Technical considerations:** May need to match with device & internet accessibility reality across State
Feedback Mechanisms	Clients can **provide feedback anonymously** through easily accessible forms (e.g., thumbs up or down ratings)	*All functionality described*	*NA*	**User needs:** May need call-back functionality to ensure follow-up with clients
Complaint Mechanisms	Clients can lodge **complaints or grievances** through easily accessible forms linked to a central ticketing system	*All functionality described*	*NA*	**Operational considerations:** Would need to improve turn-around time for addressing complaints; Would need to ensure unification of systems with existing operational functions fielding complaints. Also, consider compliance with new HCBS Access Rule which calls out complaint processes and tools. **Technical considerations:** May require ProviderOne integration; May be integrated with client account
Live Support	Clients can receive **program and tech support** through different channels (e.g., interactive voice response (IVR), call center support, genAI chatbots), **including direct**	*Receive support through basic chat functionality (e.g., Big Foot Bot, IVR) and call-centers*	*Receive support through advanced functionality (e.g., genAI chatbots) and direct messaging between clients and staff*	**User needs:** May need to ensure live support involves human touch as clients prefer interacting with real people

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
	secure messaging between clients and staff			**Operational considerations:** May need to determine if live support is to be provided only during business hours **(**e.g., HCA is required to provide live support); May need to assess operational impact on programs under HCA (high), DCYF (medium) since these agencies do not have dedicated call centers
Auditing and Activity Monitoring	The system can automatically monitor and detect user activity, and generate audit trails, including providing notifications for potential misuse of system or unauthorized access of client data	*Automatically monitor and detect user activity and generate audit trails*	*Proactively provide notifications for misuse or unauthorized access of client data*	**Policy requirements:** If Medicaid clients will be engaging with the HHS Portal, the Portal will need to meet HIPAA auditing standards **Operational considerations:** Would need to create escalation matrix to notify teams or individual as per the criticality and severity of the incident. Notify Security Operations Center (SOC), Compliance team, Incident response team. Integrate with Security Information and Event Management (SIEM) tools to trigger workflows and send alerts through multiple channels (email, chat, SMS). Identify Unusual Activity Detection by defining abnormal user patterns, behavioral baselines using ML models. Would need to establish a policy for the Data retention forensics. Would also need to have integration with IT service management (ITSM) tool

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
				(ServiceNow) to create security incidents and tracking.
User Management	Staff can perform user management, as well as **identity and access management (IAM)** (e.g., roles, permissions, general account management); this feature **integrates with Master Person Index (MPI) for identity resolution**	*All functionality described*	*NA*	**Technical considerations:** Would need to create roles and permissions based on information levels for different staff; May need procedures for verifications of callers; Would need to coordinate overall WA State IAM effort
Voter Registration	Clients are able **register to vote after eligibility application is submitted** - this feature could be expanded to offer referrals to other non-IES programs (e.g., Veteran services, LIHEAP[12])	*All functionality described*	*NA*	**Policy requirements:** May need to ensure a signature match with ballot; May need to be an optional question for clients
Employment Reporting	Clients can **report employment status** as required in eligibility processes	*All functionality described*	*NA*	**Technical considerations:** May need to be responsive to higher frequency of employment updates
Cross-system Integration	System can be **integrated with new and existing databases** (e.g., eligibility systems, MPI) **and can crossmatch client information** or	*Integrate with existing systems (i.e., systems*	*Integrate with new systems (i.e., systems currently not integrated with WaCon);*	**Technical considerations:** Would need to move towards centralized, single source of truth as portal moves to maturity phase.

[12] Low-Income Home Energy Assistance Program

Feature	Description	Part(s) of feature that is MVP or MVP++		Implementation considerations *(defined by HHS Coalition in 08/24 Sequencing Workshop)*
	documents against other **data sources** through API interfaces	*currently integrated with WaCon)*	*Cross-match client information*	Would need to establish a portal-level redirection or integration between the HHS Portal and the Resident Portal. Additionally, a comprehensive data model for sharing information between these portals should be defined and incorporated into the HHS project roadmap.

Table 3: Grouping of features into MVP and MVP++ groups

7 State Market Scan

A market scan was conducted to analyze other state HHS portals to understand the potential deployment alternatives across States and inform the development of section 8. The market scan included information gathering across the following dimensions:

1) **Portal definition archetype**
   - **Client entry points**: No wrong door, single entry point, multiple entry points
   - **Eligibility application integration**: Integrated application for all program types, Separate application for multiple program types, Separate application for health and non-health programs
   - **Health insurance marketplace:** Federally facilitated, state-based

2) **Portal deployment archetype**
   - **Acquisition archetype (deployment approach):** Private sector COTS- procurement, public sector transfer from other state, custom build, reuse of existing portal or portals)
   - **Configuration**: Low-code/no-code application, custom build

3) **Program impact**
   - **Programs included in Portal:** Coverage of Medicaid (MAGI and non-MAGI), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Working Connections Child Care Assistance Program (CCAP), Special Supplemental Nutrition Program for WIC in the portal
   - **Number of applications submitted annually** (#)
   - **Average satisfaction with benefits** (%)

4) **Implementation timing and costs:**
   - **Est. deployment timeline**
   - **Est. cost ranges:** Design, Development & Implementation (DD&I) costs, Maintenance & Operations (M&O) costs

5) **Portal features**
   - **Coverage of features:** Across MVP and MVP++ features
   - **Languages supported** (#)
   - **Average time to complete application** (mins)
   - **Performance & accessibility**

The states considered for the market scan are outlined in Figure 9: Overview of States Analyzed for HHS Portal Market Scan.

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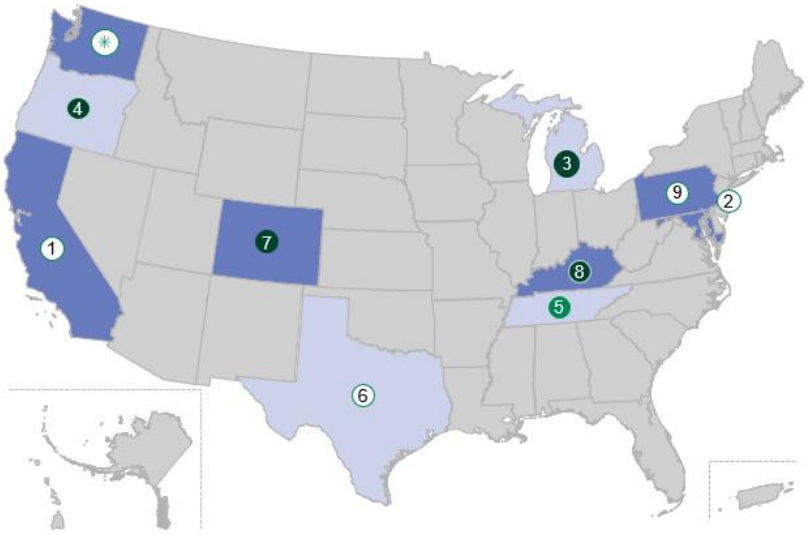
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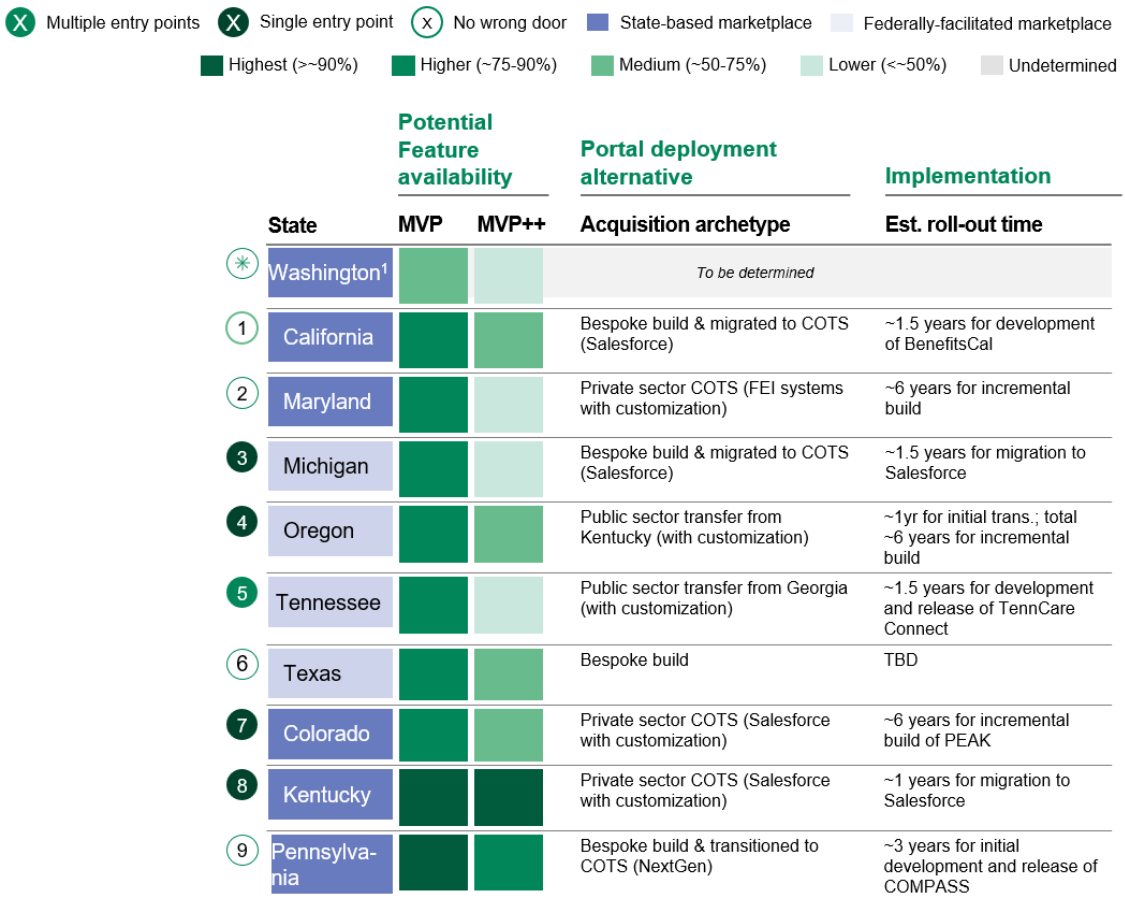
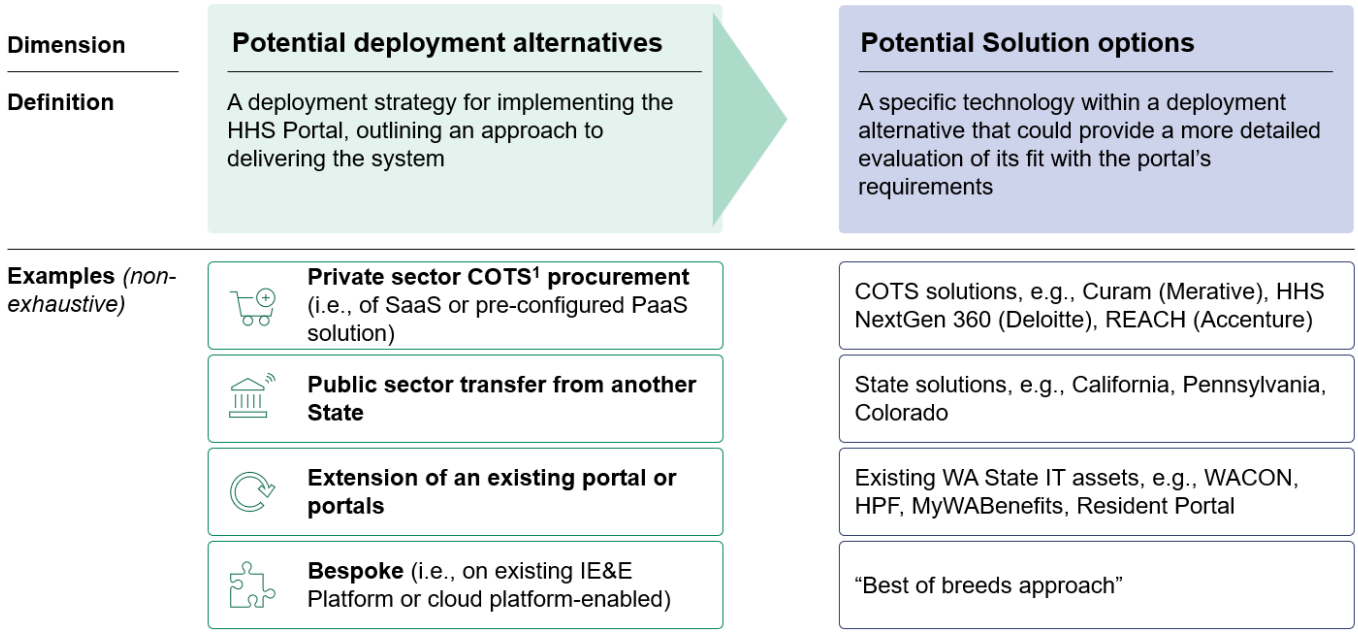


Figure 9: Overview of States Analyzed for HHS Portal Market Scan

8 Roadmap Implementation Alternatives

The HHS Portal acquisition archetype may be approached through potential deployment options, serving as broad acquisition strategies. These strategies are further explored through solution-level deep dives that analyze and evaluate potential leading options. An overview of the approach for the alternatives assessment is described in Figure 10: Overview of Deployment Alternatives and Solutions.



1. Commercial off-the-shelf (COTS), generally defined as inclusive of off-the-shelf products for three different types of cloud computing, Software as a Service (SaaS), Platform as a Service (PaaS), and Infrastructure as a Service (IaaS) – for the deployment options, only SaaS (e.g., Healthy Together) and pre-configured PaaS (Salesforce Integrated Eligibility for Government) are considered, while IaaS is included in the "public sector transfer" option

Source: HHS Portal Working Team Discussions 08/2024-11/2024, Interviews with individual portal SMEs (08/2024 – 09/2024, e.g., WACON, HPF)

Figure 10: Overview of Deployment Alternatives and Solutions[13]

8.1 Potential Deployment Alternatives

As the HHS Coalition evaluates approaches to achieve the HHS Portal vision, there are four potential deployment alternatives that may be considered:

A. **Private sector COTS[1] procurement (e.g.., of** software-as-a-service **(SaaS) ,pre-configured PaaS solution):** Likely a modern SaaS solution (i.e., software built and

[13] Bespoke solution would entail using open tech stacks and following modern development practices, either on the existing architectural foundation (i.e., IE&E Platform) or enabled by a cloud platform that could provide standardized widgets and potentially more flexibility for configuration

hosted by provider, accessible over the web) or pre-configured Platform as a Service (PaaS) solution (i.e., platform software enabling apps to be developed without managing underlying infrastructure). COTS could also include commercial software hosted on the State of WA environment.

B. **Public sector transfer from another State:** Likely transfer of a relatively modern State system that is a bespoke build on existing foundation preferably from a State with similar IE vision or organizational structure; transferred solution may not be monolithic by nature and may not necessitate vendor lock-in (e.g., CA vendor diversity). Public sector transfer options can also be bespoke builds on PaaS (e.g. Salesforce)

C. **Extension of an existing portal or portals:** Likely a reuse and extension (where applicable) of an existing portal in the HHS Coalition; selection of existing systems could potentially target the most modernized/flexible, the most coverage of MVP features, etc.

D. **Bespoke (i.e., on existing IE&E Platform or cloud platform-enabled):** Likely a customized solution tailored to the State of WA's specific requirements, based on cloud-native and modern data and integration architecture. It will reuse existing foundational capabilities such as the IE&E platform (Azure), API management (Mulesoft), existing IEE features (MWB), and enterprise services (e.g., Contact Center/Amazon Connect, ITSM/ServiceNow), rather than building everything from scratch. Other capabilities may be achieved through SaaS/COTS solutions where applicable, or through custom development (e.g., Angular/React, microservices)

8.2 Potential Deployment Solution Options

Based on the deployment alternatives described above, solutions were identified for each alternative for evaluation against the assessment criteria (detailed in section 9) using following sources of insight, represented in *Figure 11.*

- **~30 potential COTS solutions:**
  - Collected from the National Association of State Chief Information Officers (NASCIO) State IT Recognition Awards
  - Gathered insights from IE&E Modernization Program leadership
  - Conducted 15+ additional interviews with HHS Portal working team technical and business (i.e., CMS, HHS, technology landscape, contracting) SMEs
  - Researched other public sources
- **50 state transfer solutions:**
  - Scanned Code for America's "Benefits Enrollment Field Guide" (2024)
  - Scanned CMS' Medicaid Enterprise System Solution/Module Contract Status Report
  - Conducted 9 deep-dive interviews with State HHS SMEs focused on state integrated eligibility systems and client-facing portals; details in section 7
- **4 WA State IT assets to be reused:**
  - Identified from current state technology architecture (deliverable 3.1)
  - Conducted interviews with technical SMEs

- **1 bespoke "best-of-breeds" solution** utilizing a hybrid of the above

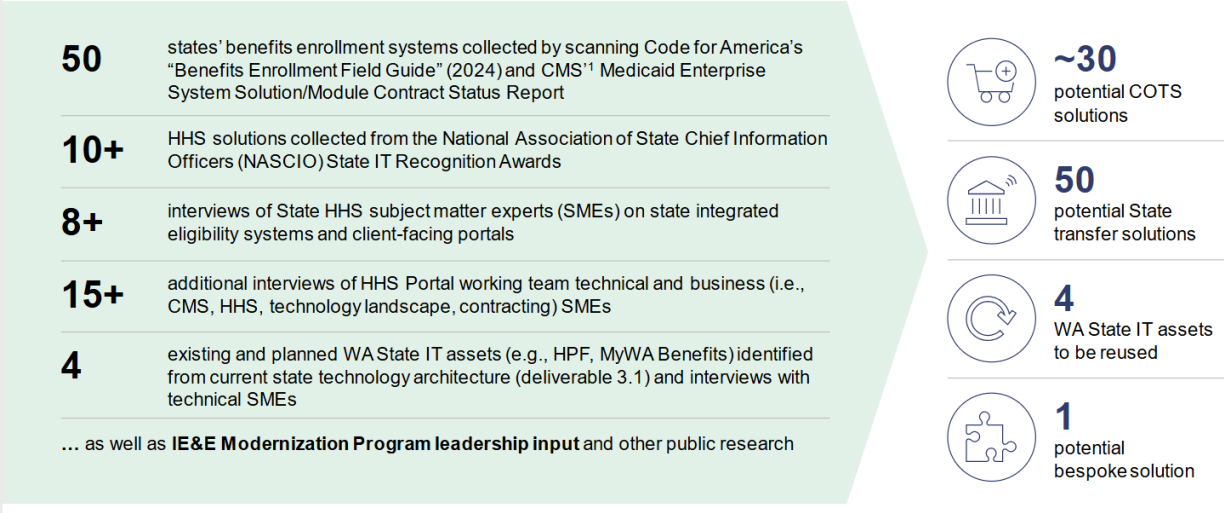


Figure 11: Sources of Insight Utilized to Build Initial Solution Set

9 Solution Options Assessment

The ~85 potential solutions identified for the HHS Portal are being assessed incrementally in three phases. The approach is illustrated in

Figure 12 and further outlined below:

1. **Initial qualifying filters**
   The list of ~30 COTS solutions and ~50 state solutions were initially assessed against select qualifying criteria.
   a. **COTS / Bespoke feasibility filter dimensions**
      i. *Other HHS deployments:* Only COTS solutions deployed into production in other states for at least 1 HHS Program for a client self-service portal, to minimize risk
   b. **State transfer solution feasibility filter**
      i. *Number of programs integrated in the state HHS portal within a single application*: Only states with greater than 4 programs integrated are considered
      ii. *Health exchange marketplace*: Only states with State-based marketplaces (SBM) are considered, to ensure similar integrations and compliance as required in WA
      iii. *Mobile-responsiveness*: Only states with HHS portals that are mobile-responsive are considered, since mobile-first is a WA IE&E priority
2. **Matrix assessment:** The resulting filtered list of 11 COTS solutions, 5 transfer solutions, 1 bespoke "best-of-breeds" solution were scored through a matrix assessment, against IE&E defined criteria and weighting. The criteria and weighting are detailed in section 9.1.

3. **Prioritized deep dive:** The solutions that received the highest scores from the matrix assessment will be further analyzed as part of the validation and acquisition phase in Q3 and Q4 of SFY 2025 (detailed in section 11.4.2). This process will involve digging deeper into the specific state transfer option(s), soliciting information from potential COTS vendors to validate the leading transfer option, and additionally, identifying acquisition options for features not covered by the state transfer.

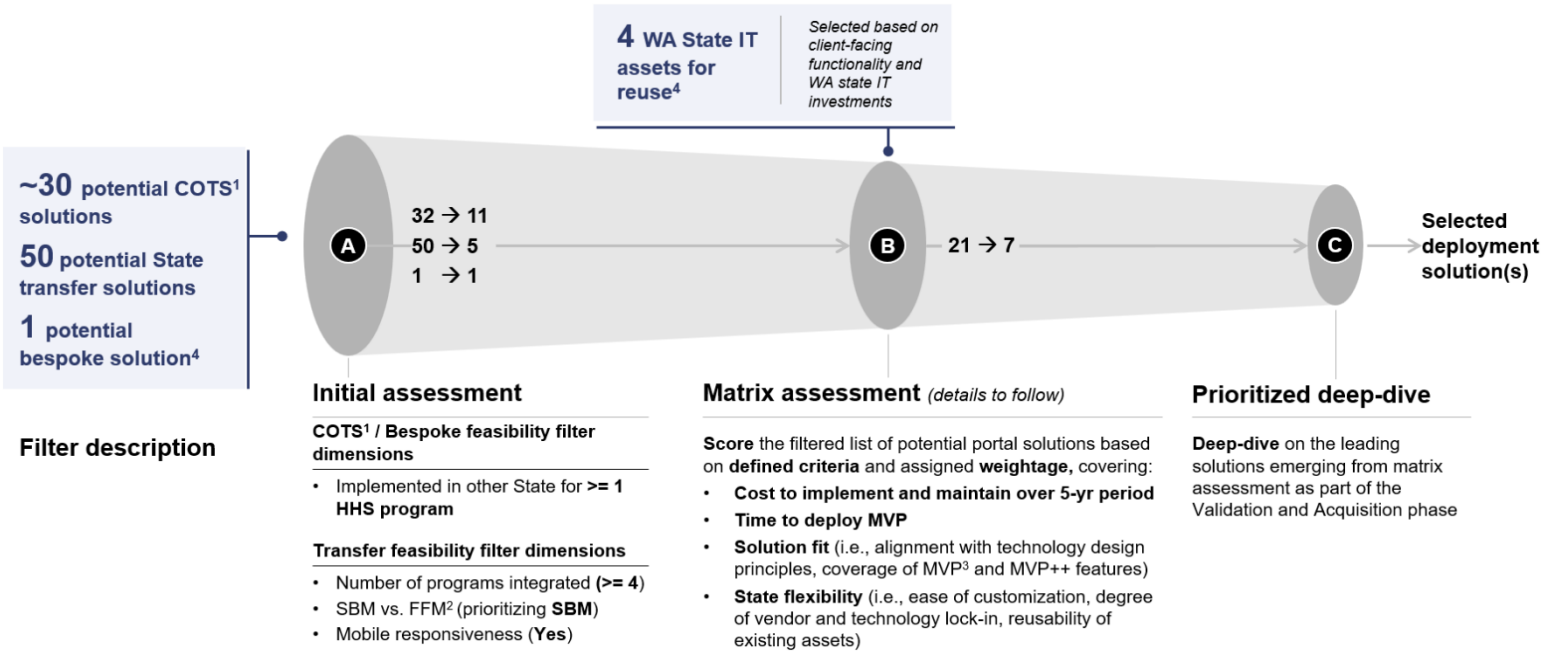


Figure 12: Potential Approach to Define Shortlist of Solutions

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9.1 Criteria Identification

The 21 filtered potential portal solutions were subsequently assessed against criteria and weightage defined by IE&E Program Leadership. This is outlined in Table 4.

Assessment area	Criteria	Description	Weightage defined by IE&E (out of 100)
Cost	**A. Estimated cost to implement and maintain over a 5-year period**	Estimated cost for Design, DD&I and M&O over a 5-year period	**15**
Time	**B. Estimated time to deploy MVP**	Estimated time to deploy MVP features prioritized by the HHS Coalition, from the beginning of development (i.e., after procurement) to the MVP release 1.0	**10**
Solution fit	**C1. Alignment with principle of configurability**	How easily a solution may allow adjustment of components without custom code—using flexible, industry-standard approaches—to modify workflows, forms, and content through an administrative panel, enabling adaptation to varied needs and minimizing complexity	**5**
	C2. Alignment with principle of cloud service provider-first	Solutions may be used from the existing cloud service provider, where technically feasible and appropriate for business needs	**5**
	C3. Alignment with principle of Commercial Off-the-Shelf preference	COTS / SaaS solutions may be preferred in future state design when applicable, versus custom development (e.g., code is a liability -- do without if possible)	**5**
	C4. Alignment with principle of modern technology	Modern technology may be utilized in the development of technical assets, focusing on those that are cloud-native, extensible, interoperable, and secure, and utilizing artificial intelligence or machine learning where applicable	**4**

Assessment area	Criteria	Description	Weightage defined by IE&E (out of 100)
	C5. Alignment with principle of modern development practices	Modern application development practices may be utilized to deliver value to the customer quickly with business and technology teams working in tight tandems	**3**
	D. Coverage of MVP features	Estimated % of MVP[1] features prioritized by the Coalition available "out-of-the-box"	**20**
	E. Coverage of MVP++ features	Estimated % of MVP[1]++ features prioritized by the Coalition available "out-of-the-box"	**10**
State flexibility	**F. Ease of customization**	Ease of making more systemic changes to the solution (e.g., adding features or programs)	**5**
	G. Degree of Vendor Lock-in	Potential risk of vendor lock in based on: Licensing model and/or potential implementation or M&O[2] partner pool, anticipated ability to recruit and train human capital to maintain solution	**10**
	H. Degree of Solution / Technology Lock-in	Potential of risk of technology lock-in based on integration flexibility, ease of replacement of components, degree of data lock-in, proprietary coding languages, availability of technical documentation	**8**

Table 4: Solution Evaluation Criteria and Weighting

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9.2 Solution Assessment

The preliminary results of the matrix assessment conducted by IE&E, summarized below in *Table 5: Overview of Top Solutions*, highlight the emerging five solutions with the highest scores, and one additional solution to ensure strategic alignment with other WA State IT efforts. These results represent preliminary analysis, and the ranking of potential solutions may change when WA HHS conducts the validation phase in SFY 2025. While BenefitsCal is leading based on current scores available, a state transfer from PA may be preferred since the solution is on Azure, in alignment with IE&E's platform.

For each solution, two scores have been included:

a. Total **actual** score
b. Total **estimated** score, which assigns a value to the currently unknown or unavailable cells (i.e., unknown based on publicly available sources). The assigned value is equal to the average score for that criterion across all solutions.

Scores and rationale for emerging top solutions and informed by the comparison matrix developed by HHS Portal working team[14]

Criteria	California BenefitsCal	Pennsylvania COMPASS	HHS NextGen 360	Bespoke	HPF	ServiceNow
Total actual score *(out of 100)*	**64.75**	**55.00**	**58.50**	**63.00**	**52.25**	**51.50**
Total estimated score *(out of 100)*	**64.75**	**64.71**	**63.00**	**63.00**	**61.96**	**56.00**
A. Estimated cost to implement and maintain over a 5-year period *(15 pts)*	**100%**	***Currently unknown***	***Currently unknown***	**25%** Unknown, estimated to be high based on integration and licensing costs for multiple	***Currently unknown***	***Currently unknown***

[14] Sources of fact-base: For state solutions – Informational interviews (10/1-10/30), state portal scans, and documentation shared by the state. For COTS solutions – Publicly available resources such as RFPs, solution websites, product documentation, and demos attended by IE&E.

Criteria	California BenefitsCal	Pennsylvania COMPASS	HHS NextGen 360	Bespoke	HPF	ServiceNow
				COTS solutions		
B. Estimated time to deploy MVP *(10 pts)*	**50%** 1 to 1.5 years	***Currently Unknown***	**50%** 1 to 1.5 years	**25%** Unknown, estimated to be high based on integration for multiple COTS solutions	***Currently unknown***	**50%** 1 to 1.5 years
C1. Alignment with principle of configurab-ility *(5 pts)*	**25%** Majority is custom code; level of configurability unknown	**50%** Basic configurab-ility; enabling adjustments to static content (e.g., text or images), however, specific functions still require custom config., adding moderate complexity	**50%** Needs customiz-ation for validating information based on available real-time and stored data, and for OCR/ Barcode reading, but is 70-90% configura-ble	**25%** Significant custom code where needed for integration	**25%** Majority is custom code	**50%** Extensive configurat-ion management tools to provide full visibility and control IT environ-ment
C2. Alignment with principle of cloud service provider-first *(5 pts)*	**50%** Uses a cloud-service provider (Amazon Web Service) but different from existing provider (Azure), potentially	**100%** Uses same cloud service provider used by IE&E platform - Azure	**100%** Supports multi-cloud environ-ments	**100%** Built on IE&E platform	**50%** Leverages Microsoft Azure	***Currently unknown***

Criteria	California BenefitsCal	Pennsylvania COMPASS	HHS NextGen 360	Bespoke	HPF	ServiceNow
	requiring moderate integration effort					
C3. Alignment with principle of Commercial Off-the-Shelf preference (*5 pts)*	**50%** Some core components are COTS or SaaS solutions, but still a significant portion of the solution requires custom development	**75%** OOTB[15] functionality ranges from 75-90% depending on a state's preference; However, PA has done additional customizations	**75%** OOTB[13] functionality ranges from 75-90% depending on a state's preferences	**50%** Majority of the solution may be based on COTS or SaaS at the component level, with only a few specialized components requiring custom development	**50%** Core business logic and services are in code, but leverage cloud tools and technology (e.g., OpenShift container, ForgeRock, inRule)	**75%** Platform-as-a-service COTS **product**

[15] Out of the box

Criteria	California BenefitsCal	Pennsylvania COMPASS	HHS NextGen 360	Bespoke	HPF	ServiceNow
C4. Alignment with principle of modern technology *(5 pts)*	**50%** Fully utilizes serverless architecture, modular and microservices design, real-time data exchange, modern database engines; AI/ML not currently used	**50%** Uses some modern technologies like modular architecture (e.g., Angular front-end) and microservices with limited real-time data exchange; AI/ML not used; OCR has not been working	**75%** Optimized for modular deployment using cloud-native micro services and state of the art container-based architecture; includes AI/ML-based chatbots, assistants, and document processing	**100%** Optimized for modern technologies like modular architecture and microservices	**50%** Modern technology, but does not leverage AI / ML	**100%** Uses AI Ops, automation, cloud-native applications, and machine learning
C5. Alignment with principle of modern development practices *(3 pts)*	**100%** Follows agile methodologies	**50%** Not agile, old SDLC, slow releases; However, this may be a factor of state team and less of the technology	**50%** Internal product development is Agile	**100%** To follow agile methodologies	**100%** Mature DevSecOps, modern, cloud development	**100%** Development process grounded in the C4 model of solution architecture design and documentation
D. Coverage of MVP features *(20 pts)*	**75%** Solution covers 90% to 100% of MVP features with a suite of products	**100%** Solution covers 90% to 100% of MVP features with a single core product; This may be different	**75%** Solution covers 90% to 100% of MVP features with a suite of products	**75%** Solution can cover 90% to 100% of MVP features with a suite of products	**100%** Solution covers 90% to 100% of MVP features with a single core product	**75%** Solution covers 90% to 100% of MVP features with scalable proprietary configuration methods

Criteria	California BenefitsCal	Pennsylvania COMPASS	HHS NextGen 360	Bespoke	HPF	ServiceNow
		from HHS NextGen off-the-shelf since PA may have done additional customizations to deploy features not part of the off-the-shelf solution				
E. Coverage of MVP++ features *(10 pts)*	**25%** Solution covers 50% to 70% of MVP++ features	**50%** Solution covers 70% to 90% of MVP++ features; this may be different from HHS NextGen off-the-shelf since PA may not have activated all functionality / or procured relevant modules	**75%** Solution covers 90% to 100% of MVP++ features with a suite of products	**75%** Solution can cover 90% to 100% of MVP++ features with a suite of products	**25%** Solution covers 50% to 70% of MVP++ features	**75%** Solution covers 90% to 100% of MVP++ features with scalable proprietary configuration methods
F. Ease of customization *(5 pts)*	**50%** Allows some level of customization, such as adding new features or programs, but still requires significant technical	**75%** Allows for most customization	**75%** Allows for most customization	**50%** Depends on products selected for bespoke build	**50%** Moderately easy to customize	**75%** App development platform that requires specialized certification to become System Admin

Criteria	California BenefitsCal	Pennsylvania COMPASS	HHS NextGen 360	Bespoke	HPF	ServiceNow
	effort or custom development					
G. Degree of Vendor Lock-in *(10 pts)*	**75%** Solution has only one potential M&O and implementation partner (Deloitte), but should be freely available for additional M&O vendors	**75%** Solution has only one potential M&O and implementation partner; Code is owned by state; ability for other vendors to learn and own Deloitte code unknown	**75%** Solution has only one potential M&O and implementation partner; Code is owned by state; ability for other vendors to learn and own Deloitte code unknown	**100%** Less vendor lock-in since State will own the code	**100%** Low degree of vendor lock-in	**25%** Proprietary product that may require specialized skillsets for development
H. Degree of Solution / Technology Lock-in *(8 pts)*	**75%** Solution uses common and open-source languages (JAVA, .NET) and has skill availability in the market; Components can be easily replaced; Uses Deloitte's data model	**75%** Solution uses common and open-source languages (Angular SPA) and has skill availability in the market; Components can be easily replaced; Integrates with a range of BRE systems (Corticon used by PA)	**50%** The technology platform is based on open-source platforms such as Java EE or Microsoft .NET; support multiple rules engines based on State preference and has micro-services to support integration	**75%** Flexibility with technology used	**75%** Uses mostly open-source technology; Moving to modern database by EOY 2024	**25%** Core data model creates a high degree of vendor lock-in; The model is only accessible through APIs which makes it difficult to integrate with WA custom modification

Table 5: Overview of Top Solutions

10 Leading Deployment Approach

10.1 Potential Future State Architecture

Based on the assessment, transferring **California's BenefitsCal and Pennsylvania COMPASS solutions** emerge as the leading options with the **highest actual and estimated scores** with a IEE preference towards COMPASS due to the ability to leverage Azure as the cloud service provider. However, acquisition of any solution for the HHS Portal will likely follow a validation and acquisition process in Q3 and Q4 of SFY 2025 as outlined in Section 11.4.2. This process will involve digging deeper into the specific state transfer option(s), soliciting information from potential COTS vendors to validate the leading transfer option, and additionally, identifying acquisition options for features not covered by the state transfer.

The technical vision for the future state HHS Portal aligns with the technical design principles outlined previously, considering current eligibility and enrollment processes, future aspirations identified by HHS Coalition impacted groups, and decisions made by the HHS Portal team.

The HHS Portal has selected Azure as the cloud service provider, using Azure native services alongside MuleSoft for API Management. IE&E has also selected Azure infrastructure for IE&E modernization; however, a multi-cloud approach has also been deemed feasible to pursue. As such, hosting on Azure is a preference, not a requirement, and a multi-cloud environment that utilizes Amazon Web Services (AWS) or other cloud service provider may still be feasible. The HHS Coalition already has multiple systems, such as WA Cares (which is built on AWS and Salesforce). While AWS serves as their primary cloud service provider, they also integrate with various services hosted on Microsoft Azure and Google Cloud Platform (GCP). To conclude, while a multi-cloud approach is feasible and offers long-term benefits in terms of vendor diversity and negotiating power, leveraging the existing platform is preferred. The cost and effort required to incorporate an additional cloud environment would need to be significantly outweighed by other tangible benefits to justify it as a viable path forward.

To support new development, the platform includes providing DevSecOps and Infrastructure-as-Code (IaC) to consistently provision infrastructure needed for new development, as well as common infrastructure for networking, security, and observability that all new developments can utilize.

To support the modernization of capabilities on the platform, the target state architecture focuses on the client front end while utilizing reused or replicated technical components across other HHS Coalition assets (e.g., rules engine, SAST, DAST, Customer support services and other front-end services). The architecture leverages APIs to manage interactions between composable services, promoting greater decoupling and thereby enhancing flexibility and agility in future development. Additionally, it includes an IE&E analytics platform to enable cross-coalition reporting and analytics through data sharing, guided by a robust data governance model.

To ensure interoperability and better serve customers shared between applications and programs, the target state architecture aims to integrate cross-coalition functionalities. Within the

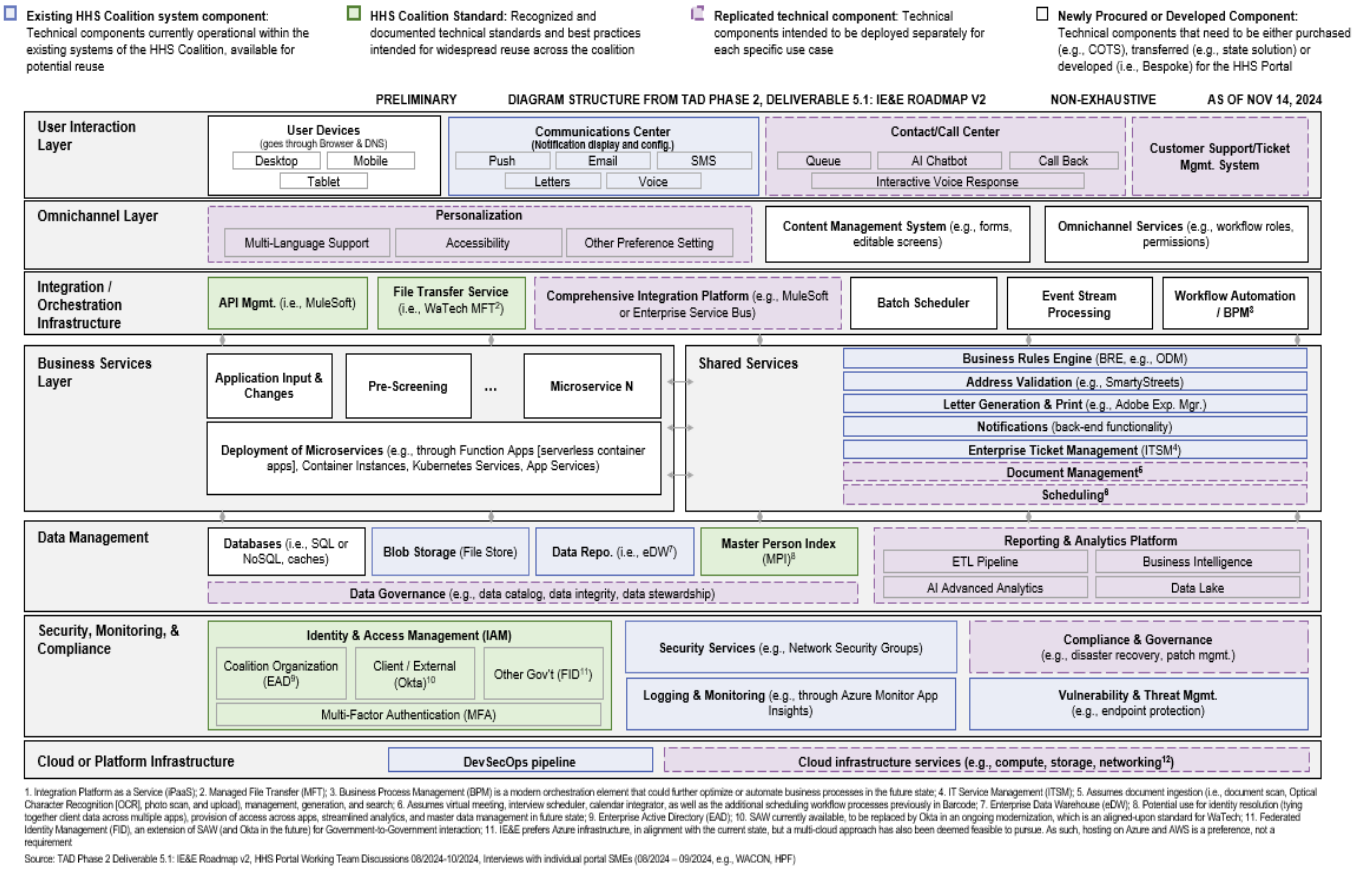
scope of the future state HHS Portal, “integration” refers to connecting data between applications/systems and the new platform through interfaces and other methods. Overall, the future state HHS Portal is being developed to deliver a streamlined customer experience and support integration, which enhances the customer experience through:

1. Shared data between programs
2. Reuse of the same services or calculations across programs
3. A unified back-end strategy with multiple front ends (e.g., HPF and HHS Portal)

The IE&E platform is being designed and developed for future use by applications and programs such as HHS Portal and Resident Portal. These Portals will use common shared services already available in the IE&E platform (e.g., Azure Platform, DevSecOps). In section 11.4, implementation activities are described for each application component being modernized, where appropriate. The reuse of services between applications and programs will require further decision-making during these modernization activities, and the unified front-end strategy will be further discussed in the ongoing HHS Portal redesign and roadmap effort.

The guiding principles of modernization, previous HHS Coalition and WA Enterprise technology standards, and HHS portal requirements were all considered in creating the future state logical architecture. For instance, in alignment with the technical design principle of reusability, the leading approach for certain architectural components is to utilize enterprise-wide solutions already approved by the State of Washington (e.g., MuleSoft for API management). The logical (i.e., reference) architectures included in this section describe the functional components and services of the system without specific technical implementation details. These diagrams provide a foundation for more in-depth decision-making regarding individual components within the architecture, highlighting areas for potential cost reduction or addressing security and compliance issues.

The diagram below illustrates the different layers and components of the future state architecture



at a high level, distinguishing between business logic and broader platform services.

Figure 13: Overview of Potential Portal "Building Blocks"

10.2 Potential Changes from Current State

Figure 14 below illustrates the evolution of each "building block" layer within the HHS Portal, showcasing the shift from the current system to the envisioned future state. By detailing changes at each layer—such as user interaction, omnichannel support, and data management—this figure clarifies how changes may drive specific benefits, supporting the HHS Coalition's vision of an integrated, user-centric portal. This section leverages key insights from **Deliverable 3.1: Current State Technology and Architecture,** and **Deliverable 3.2: Current State Data Flows**

Technical "building block" layer	Current state	Potential future state	Potential benefits
User interaction layer	Current portal (i.e., WACON) uses **legacy tech stacks**, such as **Java JSP pages**, which can limit functionality and **hinder user experience**	Modern UX frameworks (e.g., React, Angular); Mobile-first; Content management solution (e.g., Liferay)	• Enhances responsiveness, **accessibility,** and **interactivity** for creating **dynamic user interfaces** • Enables creation of **native-like applications** across multiple platforms (iOS and Android) from a single codebase, **reducing development time and costs** • Allows non-technical users to easily update and publish content without relying on developers
Omnichannel layer	Current portal **does not have** an omnichannel layer	Omnichannel layer	• Enhances the **user experience** by providing seamless and consistent interactions across various channels, including **web, mobile, and in-person services** • Facilitates better **data collection** and analysis and enables **personalized interactions** based on user behavior and preferences
Integration / orchestration infrastructure	Only **legacy MQ[1]-based integration** is supported, which has **low flexibility** and scalability	API management solution (e.g., MuleSoft)	• **Optimizes data flow** and **reduce latency**, resulting in faster response times and improved application efficiency • Provides **better tools for developers**, including documentation, testing, and monitoring • Increases overall **application security** through enhanced security features, such as authentication and rate limiting
Business services layer	The current portal uses **legacy tech stacks**, and certain components are **monolithic** in nature	Modular or service architecture	• Improves flexibility, allowing teams to develop, deploy, and scale **individual services independently** • Improves **maintainability,** as smaller, modular components are easier to update and debug than a large monolithic system • Boosts **system reliability**; if one service fails, it does not necessarily impact the entire application • Drives **efficient resource utilization**, as services can be optimized and scaled according to specific demands
Shared services	The current portal has implemented **services within the application** (e.g., WACON application)	Shared services for functions such as document management & notifications	• Brings greater efficiency across portals by **eliminating redundancy** and **reducing maintenance costs** • Facilitates **faster development cycles**, as teams can use existing components rather than building new ones • Centralizes services to promote **consistency in user experience**
Data management	Current data model is based on a **legacy data model** (e.g., WACON uses a **mainframe DB2** model), which has low flexibility and efficiency	Modern data model	• Facilitates better integration with contemporary technologies and applications, enabling seamless data exchange and **interoperability** • Allows for more **advanced data structures**, such as those supporting **relational, NoSQL**, or **graph databases** • Improves **data governance** and security features, ensuring that sensitive information is managed according to **best practices** and **regulatory requirements** • Enables **real-time data analytics** and reporting for more informed decision-making
Security, monitoring & compliance	The current portal uses the state IAM[2] solution **(SAW[3])**; Known **vulnerabilities** in the current WACON code which could **expose sensitive data**	Modern IAM solution (i.e., Okta)	• Streamlines user access & strengthen security by reducing the likelihood of **credential misuse** • Enables implementation of security principles (e.g., Zero Trust, Least Privilege[4]) • Identifies and **addresses security weaknesses** through **penetration testing** proactively
Cloud or platform infrastructure	Current portal (e.g., WACON) uses **on-premises infrastructure** (i.e., WACON uses **z/Linux**)	Cloud-native architecture	• Improves flexibility in **resource allocation**, quickly scaling up or down based on demand without the need for significant capital investment in hardware • Enables **automatic updates and maintenance**, freeing IT teams to focus on strategic initiatives • Enables **pay-as-you-go** or **consumption-based pricing**

1. Message queue
2. IAM: Identity Access Management
2. SAW: Secure Access Washington
3. Zero Trust: Assumes that threats could originate from both outside and inside the organization; Least Privilege: Ensures users have only the access necessary for their roles

Source: HHS Portal Working Team Discussions 08/2024-11/2024 , Interviews with individual portal SMEs (08/2024 – 09/2024, e.g., WACON, HPF), TAD Roadmap v2 (09/2024)

Figure 14: Potential Changes from Current State

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11 HHS Portal Roadmap

11.1 Overview of Potential Interdependencies for HHS Portal Roadmap

The HHS Portal roadmap will be reviewed on a recurring basis as modernization progresses to identify opportunities for acceleration and address potential risk (e.g., dependencies, organizational changes). Multiple releases could occur during a year, with exact timing depending on operational considerations to avoid disruption during critical periods (e.g., open enrollment, annual federal reporting). Greater parallelism of efforts can be considered based on capacity and comfort level based on lessons learned. Continuous coordination and planning are expected with these related roadmap efforts to determine impacts and adjustments necessary to timing. This includes efforts within IE&E and other planned state and coalition initiatives. Major potential interdependencies include:

- **Technical Architecture & Design (TAD) –** The TAD roadmap (details in Appendix B – Technical Architecture & Design (TAD) Roadmap) targets to release modernized capabilities for the eligibility application processes (e.g., Application Input & Changes, Eligibility Determination & Renewals, Screening & Verification) by state fiscal year 2028, then targets improvements to the Case Management and Benefit and Service Issuance and Management capabilities after. Decommissioning of ACES Complex components could begin state fiscal year 2026 as capabilities are developed. These initial releases would provide, at minimum, parity with existing features in legacy systems. As further discovery and design research is completed for each capability, improvements to existing processes can be identified and prioritized as part of these initial releases. This could provide more immediate benefits to client, partner, and staff users, including if any features from later planned capabilities should be accelerated in the timeline.
- **Resident Portal –** The Washington state Resident Portal will be an extension of WA.gov, and a front door to government services in Washington. It will improve Washingtonians' lives with an equitable experience and will provide a tailored way to access government services. Efforts will need to be undertaken to identify points of overlap and needed alignment in the future resident experience on the HHS Portal and Resident Portal. This may include activities to determine degree of overlap in features, technology enablers (e.g., common IAM across both portals), and data model. An initial crosswalk performed by the HHS Portal working team has identified multiple areas of feature overlap (e.g., account and profile management, document management, customer application process and optimization) but a more detailed analysis will be required to ensure synergies are fully accounted for.
- **Master Person Index (MPI) –** The future state IE&E Platform will utilize MPI as a shared service to tie client data together from capabilities built on the platform with other disparate systems (i.e., those that are also connected through MPI). Once the relevant systems adopt MPI, the shared person identification becomes a building block for Master Data Management (MDM) of client information through the creation of a single master identifier (organized by index) for each client across data sources. This can evolve further to become a reliable source of truth for client data across the Coalition (e.g., correct address, email), supporting more efficient reporting and

analytics, minimized data errors and duplication, and efficient decision-making. As MPI enters the phase of implementation to integrate with the IE&E Platform, the functionality is expected to follow IAM standards set by the platform to facilitate secure transactions, including MPI integration with selected IAM tools (i.e., Enterprise Active Directory [EAD], Secure Access. Washington [SAW]/Okta)[16] and providing the necessary unique IDs.

- **MyWABenefits (Product 1)** - MyWABenefits, the Eligibility and Enrollment Status Tracker developed on the IE&E Platform. It provides households with a self-service portal to understand their eligibility and enrollment status across multiple programs.
- **IAM Modernization** – The IAM Modernization project is intended to conduct a technology proof-of-concept to eventually replace SAW with Okta for the enterprise service provided by WaTech. Though not an ACES Complex application, the solution is a key dependency for enabling client access.[17]
- **EngageOne** – DSHS is leading an effort to configure and deploy EngageOne to replace ACES Complex's ability to generate letters. It will include the ability to generate and store static files and migrate historical letters into static files.
- **Project Simplify (Civilla)** – In partnership with Civilla, the IE&E Modernization Program conducted user experience research, design, and testing to inform recommendations for improvements to applications, renewals, and correspondence between staff and clients. The resulting changes will need to be reflected in online applications in the current state (i.e., and HPF), and will also inform the development of the HHS Portal in the future state. Furthermore, as the project seeks to simplify questions asked of clients in collaboration with federal agencies, data collection and any downstream analytics processes pursued by staff will be fundamentally changed.[18]
- **Centers for Medicare & Medicaid Services (CMS) Regulation Changes** – CMS ruling from April 2024 requires updates to simplify the eligibility and enrollment processes and updates to eligibility rules for Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP). CMS requires states to meet requirements by specified deadlines (June 2024 – June 2027).[19]
- **Healthplanfinder (HPF)** – HPF is operated by Health Benefit Exchange (HBE) as a front door for health coverage that offers Washingtonians access to health care coverage. A key function of HPF is the ability to support real time ID proofing, income verification (through the IRS), and Social Security Number (SSN) verification, information that is especially significant to support real-time eligibility determinations in the future state.[20] Part of HPF's functionality is to integrate with ACES as a computer application system to determine MAGI and APTC eligibility for Washingtonians. It also supports the collection of client demographics, including household composition and tax filing relationships. An ACES interface links HPF and WaCon, enabling users to

[16] Okta is a modern solution that helps organizations to manage digital identities and access in a secure and efficient way, acting as a digital gatekeeper and ensuring that access to specific technical assets is provided only to those that it should be provided to.

[17] Sourced from the WaTech Identity Access Management (IAM) Modernization "Progress update – August 2024", https://watech.wa.gov/strategy/watech-projects-initiatives/identity-access-management-iam-modernization; the IAM Modernization effort is in its second phase, which will continue through 07/2025 and will be extended as necessary, if contracts with technology and service providers necessary to modernize the IAM technology and processes are not reached.

[18] Sourced from IE&E Modernization Program internal website, "Human-Centered Design".

[19] https://www.federalregister.gov/documents/2024/04/02/2024-06566/medicaid-program-streamlining-the-medicaid-childrens-health-insurance-program-and-basic-health.

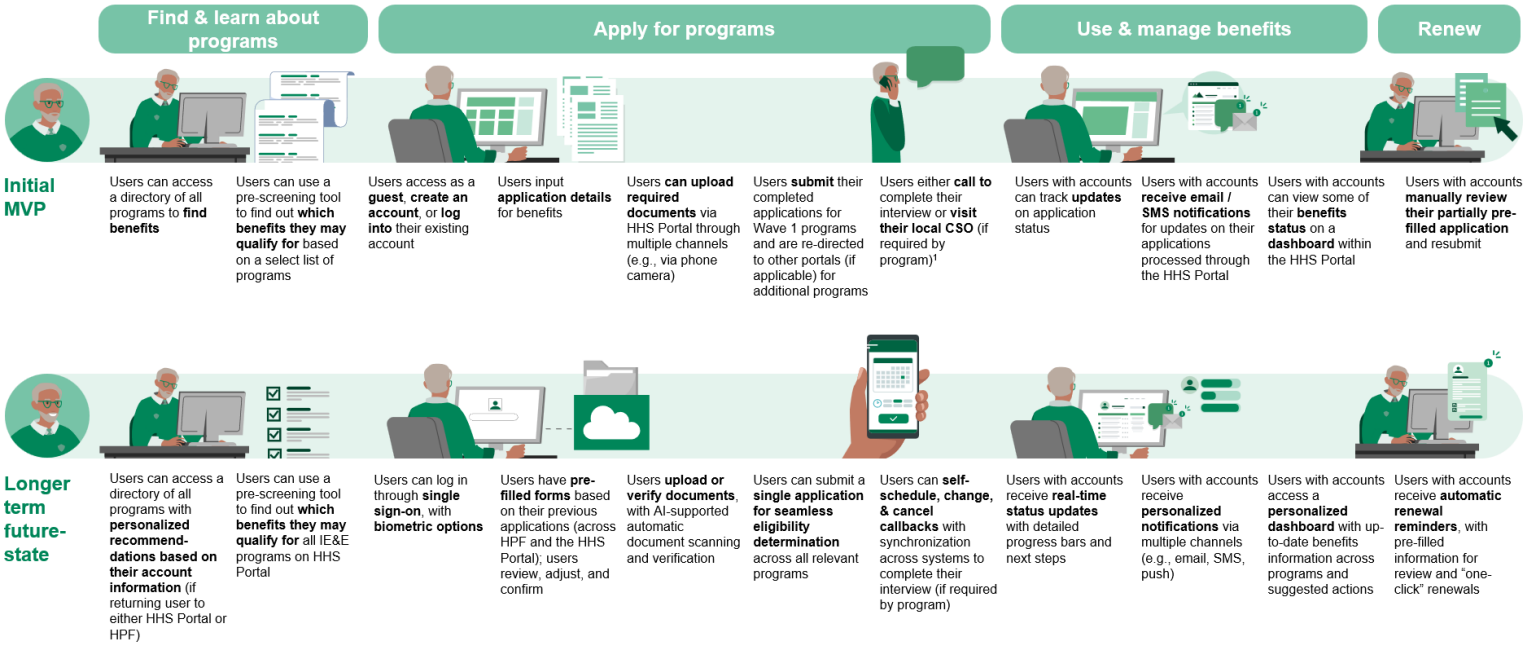
[20] ID-proofing, income verification, and SSN verification are required capabilities of State-based marketplaces, and the information is obtained through a connection to the federal data service hub.

apply for benefits that they may be eligible for and directing users to the correct portal based on their age and disability status. WaCon links to HPF for individuals who are under 65 and not disabled to apply for medical benefits. For directing clients from HPF to WaCon, there is a redirect that takes some of the inputted client information from HPF and helps to pre-populate the application on WaCon. Beyond the interaction between these two portals, there is also a real-time integration between HPF and the eligibility service inside ACES. With the implementation of the HHS Portal, these integrations with HPF will need to shift from WaCon to the HHS Portal, along with additional interfaces as identified in Section 11.4. Additional details on HPF can be found in **Deliverable 3.1: Current State Technology and Architecture** and **Deliverable 3.2: Current State Data Flows**

- **IE&E Platform** – The Azure-based IE&E Cloud Platform has been built to support product teams in building both custom applications, and Commercial off-the-shelf (COTS) and SaaS configurations. The existing Platform architecture and build/deployment strategy could be used to build an extension of the existing platform in other large cloud service provider (AWS/GCP) platforms. The IE&E platform has implemented some HHS Coalition aligned-upon tech standards in IAM2 (i.e., SAW/Okta3) and API management (i.e., MuleSoft) and may be used to accelerate implementation of the HHS Portal.
- **WA Cares Portal** – The WA Cares Fund is a long-term care insurance program established by the State of Washington to provide workers and residents with access to affordable long-term care coverage. WA Cares portal is currently being developed, and the plan is to integrate it with applications such as ProviderOne, Master Person Index (MPI), and the Employment Security Department (ESD) application over time. The API specifications and integration points will be available once development is complete, and the system is in production. Since WA Cares is currently in development, there is limited to no impact on initial HHS Portal MVP but future integration with the HHS Portal may be planned and tracked. Additional details on WA Cares can be found in **Deliverable 3.1: Current State Technology and Architecture** and **Deliverable 3.2: Current State Data Flows**

11.2 HHS Portal sequencing methodology

The roadmap drives towards a series of milestones, capturing the expected impacts and improvements to the user experience over time. *Figure 15: Illustrative Example of a Potential HHS Portal* User *Experience* below, highlights the potential user experience, driven by activities defined in subsequent parts of this section, in the initial MVP and longer-term future state scenarios. In this future state experience, clients can access health and human services across multiple entry points (i.e., online interfaces such as HHS Portal and HPF as well as in-person and over the phone) with integrated data, so they only need to tell their story once, regardless of how they choose to engage with services.



1. For childcare and LTSS: client may be contacted by phone or mail if more information is needed

Source: Conversations with HHS Portal Project Working Team 08/2024-09/2024, IE&E HHS Portal Roadmap Sequencing Workshop 09/24 (2024), including 45+ representatives from the HHS Coalition including Department of Social and Health Services (DSHS), WaTech, Health Benefit Exchange (HBE), Department of Health (DOH), Department of Children, Youth and Families (DCYF), Health Care Authority (HCA)

Figure 15: Illustrative Example of a Potential HHS Portal User Experience

This deliverable establishes the initial HHS Portal Roadmap to define the feature roll-out over time for the updated Health and Human Services portal. This roadmap is sequenced based on the input from impacted groups on prioritization, technical dependencies identified, current modernization initiatives in progress, legacy system milestones, among other implementation considerations.

The sequence and timing of feature rollout includes:

- **Prioritizing the modernization of user experience and operational efficiency to address user needs and process pain points**. This begins with enhancing the experience for state residents and subsequently making improvements to the administrative experience to efficiently scale support. Specifically, features are prioritized by the HHS Coalition into MVP and MVP++ groups to address challenges users face when accessing services and updating their information. The incremental user experience driven by these features is detailed in Section 11.4, for each state fiscal year.
- **Implementing supporting capabilities as needed to enable core business processes:** Sequencing of HHS Portal features (e.g., Document Upload) has interdependencies with the modernization sequence of business capabilities (e.g., Document Management) outlined in the TAD Roadmap. Consequently, features may be either implemented in the legacy system and later modernized with the capability or pushed until after the dependent TAD capabilities are modernized. Alternatively, features may be acquired as part of the HHS Portal and reused for TAD modernization efforts. This

is further detailed in the Appendix and reflected in the feature deployment roadmap in Figure 17.

- **Deploying technical "building blocks":** The technical "building blocks" necessary for feature deployment have been primarily front-loaded, as these foundational components (e.g., Content Management System, Integration platform) need to be established prior to "turning on" features.
- **Increasing program coverage and enabling more innovative features later**: To enable a more streamlined and holistic process for clients, additional programs (e.g., WIC) may be prioritized for onboarding to the portal following MVP release, with MVP++ features deployed later or in parallel in an agile approach. The programs may be sequenced for onboarding on to the portal based on two potential criteria: a) User Experience Impact: Based on usability, accessibility, and holistic user experience, prioritizing programs that address significant pain points for earlier sequencing; b) Operational Complexity: Based on internal effort, including change management, policy requirements, and resource use, with lower complexity programs sequenced earlier

11.3 Key Milestones and Roadmap Visualizations

The roadmap drives towards milestones, capturing the expected impacts and improvements to client experience over time. *Figure 16: IE&E Modernization: Preliminary Milestones by Year* highlights example milestones, driven by activities defined in subsequent parts of this section.

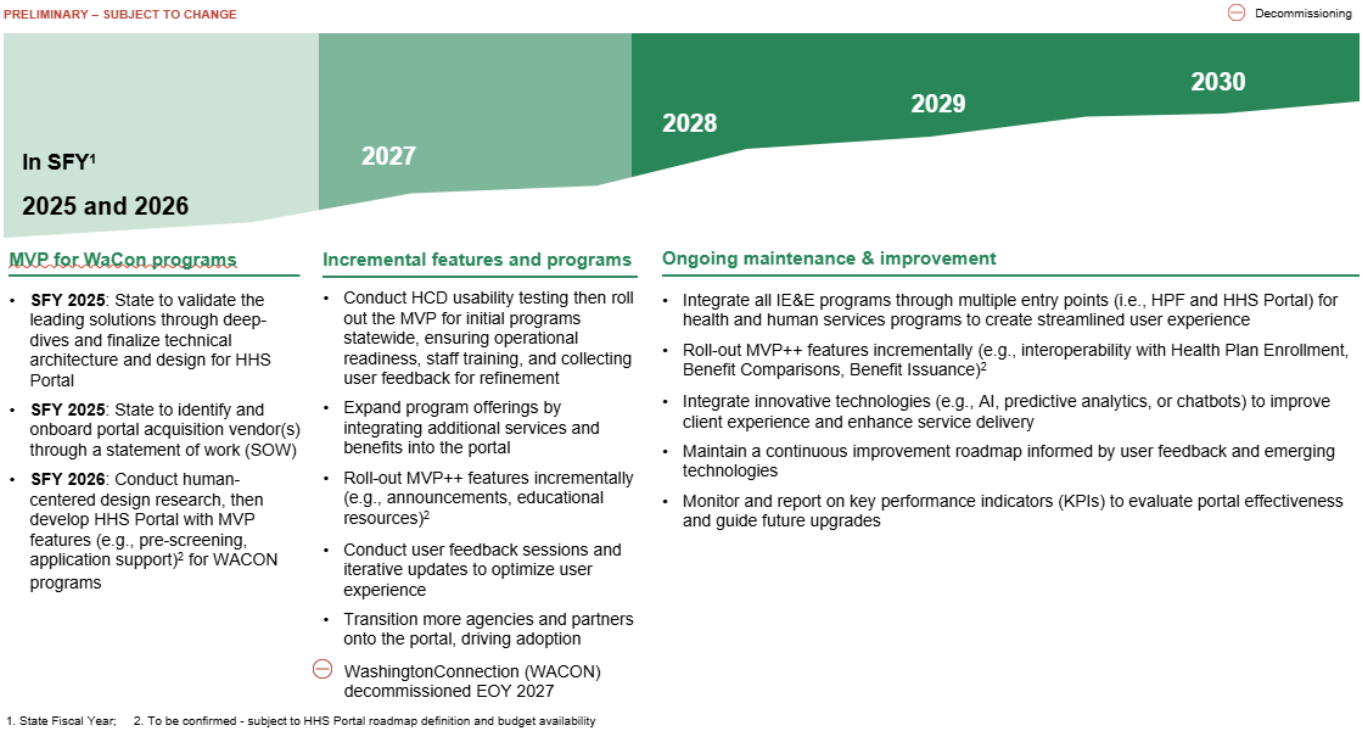


Figure 16: IE&E Modernization: Preliminary Milestones by Year

Figure 17: Preliminary Modernization Roadmap below lays out the preliminary start date and approximate duration of activities in 6-month increments, organized into 4 main workstreams: Program Management, User Touchpoints, Technology and Data Enablers (e.g., “building blocks”, as outlined in *Potential Future State Architecture*), and Operational Considerations, organized by features and timelines based on the prioritization of MVP or MVP++ features and how they will be deployed. Descriptions of the workstreams that group individual modernization capabilities & activities are as follows:

- **A. Program Management** – Defines and describes activities across general program management office (PMO), organizational change management, human-centered design (including usability and user acceptance testing pre-release), and program-level governance and operating model, including activities related to partner & vendor ecosystem and value assurance, in alignment with priorities outlined in TAD roadmap. This will also include ensuring that Agile best practices and continuous improvement methodologies are applied throughout the technology and data enablement workstream.
- **B. User Touchpoints:** Involves the design, development, and implementation of functional features and interfaces that clients use. This workstream also encompasses the programs integrated within the platform, aligning with the "no wrong door" approach to ensure clients can seamlessly access the services they need without navigating multiple systems
- **C. Technology and Data Enablers:** Includes the design, development, and implementation of technology "building blocks" and data integrations that will enable the functional features. During the design phase of the features, technical deployment of corresponding building blocks may dependent upon the modernization sequence of business capabilities outlined in the TAD Roadmap (as detailed *in* Appendix B – Technical Architecture & Design (TAD) Roadmap *and* Appendix C – Crosswalk of Technical Architecture & Design (TAD) Capabilities with HHS Portal features) with the following scenarios potentially likely:
    - **"Building block" first implemented in the legacy system, then modernized with TAD capability:** If there is a significant gap between the TAD capability deployment and the HHS Portal MVP, the feature will be initially implemented in the legacy system and later updated. Cost implications will need to be assessed
    - **"Building block" and feature re-sequenced post TAD modernization**: If the gap between the TAD capability deployment and the HHS Portal MVP is small, the feature sequence may be adjusted to follow TAD modernization
    - **"Building block" directly implemented in the HHS Portal for TAD capability:** If delivering the HHS Portal feature may be crucial for user experience, the building block could be directly implemented in the HHS Portal, and technology leveraged for the TAD modernization
- **D. Operational Considerations:** Encompasses business process changes as the HHS Portal rolls out. It involves ensuring that the transition to the new system is smooth, addressing any operational impacts, and aligning existing processes with the new

functionalities and capabilities of the HHS Portal. This also includes coordination with impacted groups and subject matter experts to ensure successful adoption and integration of the new processes.

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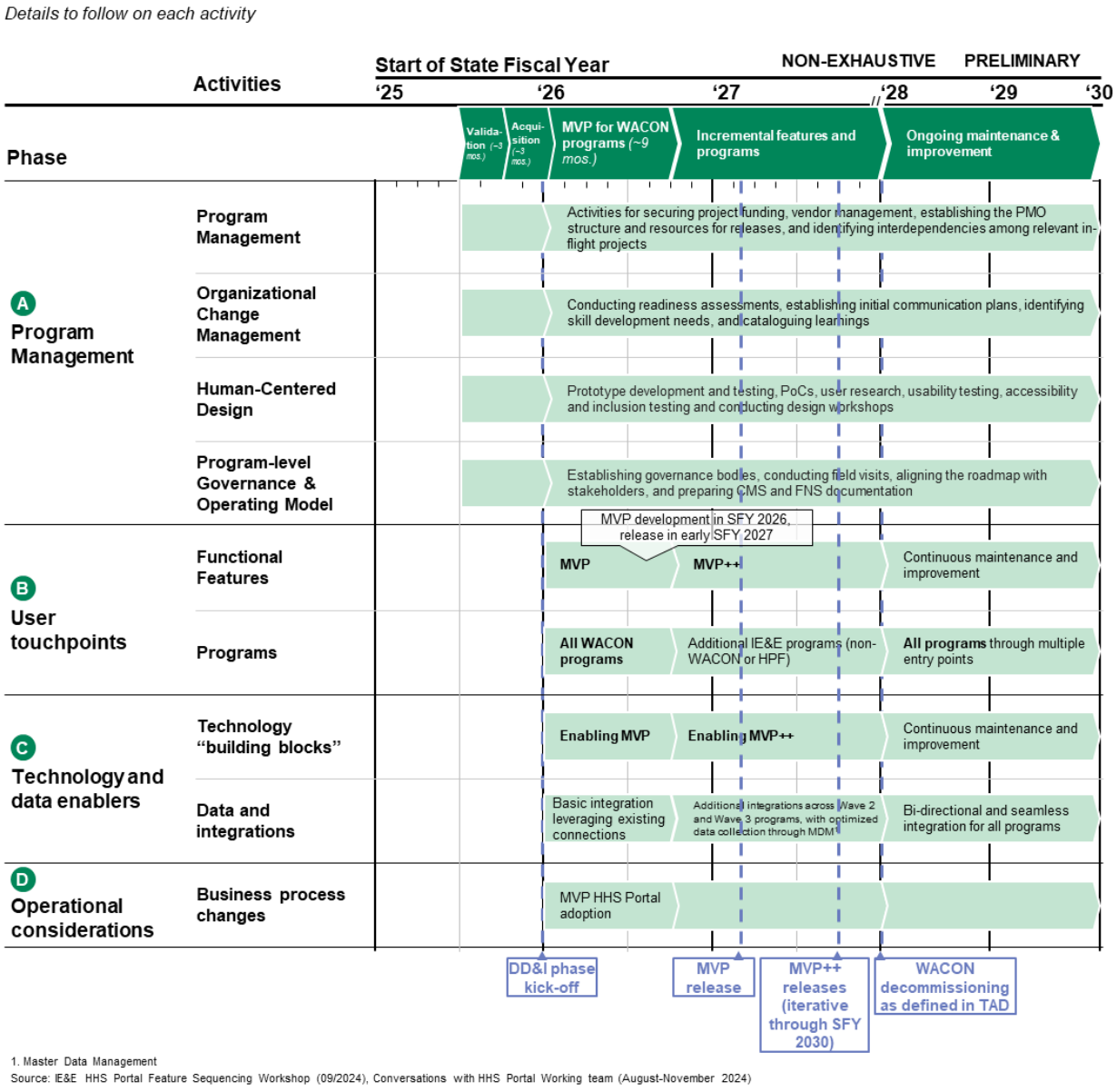
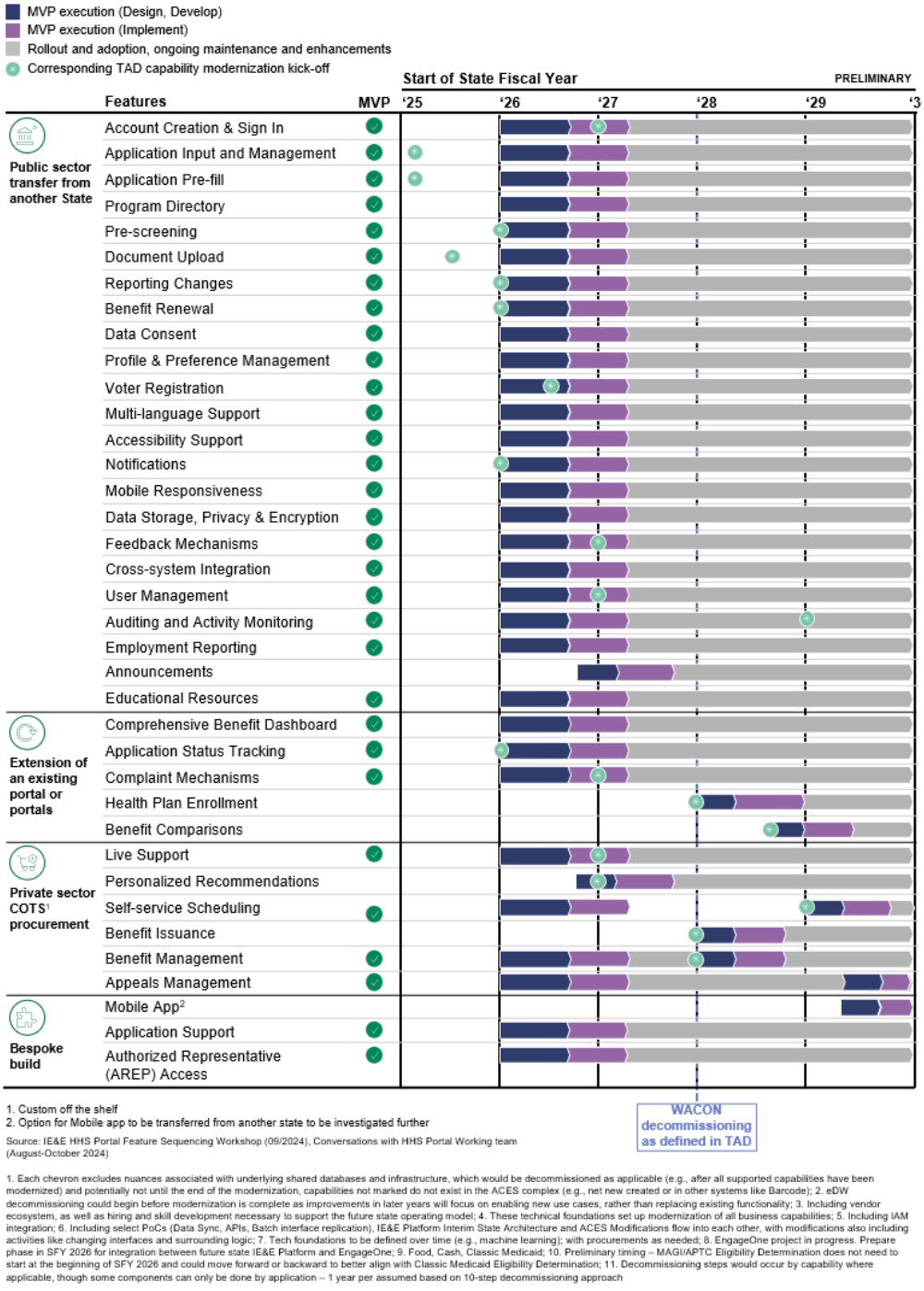


Figure 17: Preliminary Modernization Roadmap[21]

[21] Timing of WaCon decommissioning could be shifted based on HHS Portal functionality

The sequencing of functional features across MVP and MVP++ is illustrated in *Figure 18*, highlighting potential interdependencies with TAD business capabilities.



1. Custom off the shelf
2. Option for Mobile app to be transferred from another state to be investigated further

Source: IE&E HHS Portal Feature Sequencing Workshop (09/2024), Conversations with HHS Portal Working team (August-October 2024)

1. Each chevron excludes nuances associated with underlying shared databases and infrastructure, which would be decommissioned as applicable (e.g., after all supported capabilities have been modernized) and potentially not until the end of the modernization, capabilities not marked do not exist in the ACES complex (e.g., net new created or in other systems like Barcode); 2. eDW decommissioning could begin before modernization is complete as improvements in later years will focus on enabling new use cases, rather than replacing existing functionality; 3. Including vendor ecosystem, as well as hiring and skill development necessary to support the future state operating model; 4. These technical foundations set up modernization of all business capabilities; 5. Including IAM integration; 6. Including select PoCs (Data Sync, APIs, Batch interface replication), IE&E Platform Interim State Architecture and ACES Modifications flow into each other, with modifications also including activities like changing interfaces and surrounding logic; 7. Tech foundations to be defined over time (e.g., machine learning); with procurements as needed; 8. EngageOne project in progress. Prepare phase in SFY 2026 for integration between future state IE&E Platform and EngageOne; 9. Food, Cash, Classic Medicaid; 10. Preliminary timing – MAGI/APTC Eligibility Determination does not need to start at the beginning of SFY 2026 and could move forward or backward to better align with Classic Medicaid Eligibility Determination; 11. Decommissioning steps would occur by capability where applicable, though some components can only be done by application – 1 year per assumed based on 10-step decommissioning approach

Figure 18: Sequencing of functional features

11.4 Preliminary Roadmap Activities by State Fiscal Year (SFY)

11.4.1 Roadmap Assumptions

The below are a set of assumptions behind the roadmap and corresponding activities:

Index	Assumptions for Program Management
1.	Required technical vendor resources for feature development (per the operating model) have been staffed and onboarded.
2.	Dedicated technical and programmatic resources from partner organizations for the HHS program have been identified and onboarded.
3.	Commitment from interfacing partners, including local, state, federal, and private entities, has been garnered. Commitment will confirm that partners are aware of the roadmap's timelines and dependencies, and that they will deliver their respective components (e.g., updated interfaces) according to the roadmap schedule.
4.	Issues identified are to be quickly escalated and resolved. Includes establishment of service level agreements (SLAs) that define expected timelines for issue resolution (e.g., critical issues resolved within 1 business day).
5.	Design and requirements approval processes have been streamlined with a core team outlined (e.g. core approval team of less than 10 stakeholders that are representative of HHS Coalition organization perspectives and other impacted groups).
6.	Decisions on deployment option (i.e., COTS, transfer, reuse, custom build) for individual features are to be made on a feature-by-feature basis, and the leading deployment option will inform how the majority of features are deployed, as applicable and feasible.
7.	A clear process for and a community of users established to engage throughout design, development, and implementation to ensure HHS Portal usability before releases are implemented and share feedback on design and potential opportunities to improve.
8.	There is sufficient staffing / resourcing to conduct user research / co-design and do usability testing in each phase of development.

9.	Adequate funding has been secured for the IE&E Modernization Program and participating HHS Coalition organizations. To the extent possible, the IE&E Modernization Program will strive to expedite federal funding requests, including use of a procurement checklist with the Advanced Planning Documents. IE&E Modernization Program and HHS Coalition partners will establish a method for HHS Coalition organizations to draw from those funds once secured.
10.	The future M&O vendors supporting the modernized HHS Portal will be finalized before the production cutover for the first feature on the HHS Portal. Cutover plan will include transition and onboarding plan for all M&O vendors.
11.	The Coalition's effort towards compliance to emerging federal and state regulations (aka. Medicaid streamlining) will be coordinated with the design, development, and implementation of the HHS portal
12.	Key dates for all roadmap dependencies (e.g., other IE&E programs, legislative sessions) will be tracked and reported on. If any key dates move, the roadmap will be re-evaluated to identify any potential timeline impact.
13.	As new rules for non-MAGI medical with MAGI (e.g., 'one-touch' renewals for Medicaid), the HHS Portal features and roadmap will be re-assessed to ensure WA stays compliant with CMS requirements.
14.	New working model will be established across coalition technical teams (e.g. scrum of scrums) to manage dependencies and align on prioritization / roadmap to ensure timely development. New Data Sharing Agreements (DSAs) will be established across coalition technical teams.
Index	**Assumptions for Technical "building blocks"**
15.	Identified organizational changes needed to support data governance have been implemented for HHS Portal systems to be modernized (e.g., data lead for HHS Portal and corresponding data steward roles in HHS Coalition organizations identified and staffed).
16.	Depending on the chosen deployment option, the feature development team will assess if common services already exist and can be easily reutilized from other feature development teams before procuring or building their own.
17.	Coalition structure required to support data governance for the modernized HHS Portal systems (e.g., data leads and steward) and multi program operations are implemented.
18.	Interface partners and upstream/downstream application owners will be provided clear guidelines on required changes (e.g., API modifications, data format changes) and adequate time for testing and implementation. Key dates for changes will be agreed upon in advance, with any changes assessed for impact.

Index	Assumptions for Feature Development
19.	Each feature development timeline includes 4-6 weeks for readiness at the start of the effort and 8-10 weeks for hypercare and adoption at the end of the effort. The timeline for M&O transition would occur throughout. Readiness includes (but is not limited to): detailed workplan / migration approach developed and approved, all required team members (core and non-core) identified and onboarded. Hypercare includes (but is not limited to): Go-live cutover and support plan developed and implemented, M&O transition plan developed and implemented.
20.	Feature development efforts can be conducted in parallel using an agile approach, with a governance model that supports parallel development to align activities, prioritization, and milestones.
21.	A phase-based incremental development approach, along with an agile delivery model, will be followed. This approach assumes that features will be prioritized and released in phases following the sequencing approach outlined in the roadmap. Foundational technology enablers are delivered first because they may be critical for the development of features (e.g., Document Management System setup before Document Upload feature goes live).
22.	To ease the transition for connected systems, it is recommended that the initial phases of implementation allow for the continued use of legacy technologies and data transport mechanisms. However, the long-term goal should be to gradually transition to the coalition's modern data management solutions.
23.	Any modifications to the HHS Portal reference architecture, based on the chosen deployment option, and technology design principles may require review by the Architecture Review Board (ARB). The ARB may recommend approval to G2 based on the review or may recommend updates to the modification.
24.	Individual features can be built or configured independently in an agile manner. However, during cutover, it may be necessary to assess the impact on users and case workers to avoid scenarios in which users may need to interact with multiple systems (e.g., both mainframe and cloud) to perform functionalities.
25.	Any custom code developed as modular services or microservices will undergo code quality and security vulnerability assessments before deployment, with adherence to code security guidelines enforced through the DevSecOps process.
26.	During data migration and conversion (e.g. data formatting), the source of record may need to be clearly defined (i.e., either mainframe or cloud). Additionally, the requirements for data synchronization may need to be established to ensure data integrity and consistency. Data synchronization performance will be monitored, and approach may be modified as needed to ensure system performance is not negatively impacted.

27.	Interface partners, as well as upstream and downstream application owners, will be engaged on interface decisions and will be given clear guidelines and instructions on the types of changes required (e.g., API/Service changes, data format), along with adequate time to test and implement them. Timelines / key dates for making changes by other organizations will be agreed to in advance and any changes in timing will be assessed for impact to the delivery of the interface.
28.	A unit test, system integration test, performance test, and user acceptance test will be executed before deploying to production to ensure thorough testing before a specific feature is implemented in production. Types of test and testing criteria will be documented in the testing strategy.
29.	A testing strategy will be established early on, with a clear plan and test cases specific to each feature, to ensure that modern systems meet both functional and non-functional requirements. The testing strategy will also specify user acceptance testing (UAT) criteria and will include a list of testers required for each capability. Features will not be released into production until UAT has been completed and users have signed off on the feature.
30.	Features involving user interface (UI), business logic, and data components that rely on multiple platforms (e.g., cloud, mainframe, on-premises) require performance testing to ensure system performance criteria (e.g., latency, response time) are met.
31.	A tested rollback plan should be in place to revert changes in case of any major issues during the production go-live.
32.	A production data replica and a testing environment with the necessary capabilities for cross-system integration and end-to-end testing may be required.
33.	WaCon will not be decommissioned until all existing WaCon functionality has been modernized.
34.	While Project Simplify made good progress, additional work will be required to allow the application prototype, renewals, and correspondence to be implemented. If the HHS Portal project is given the green light to move towards Implementation, another phase of application work will be required to meet the needs of the programs included in the first phase of HHS Portal deployment (in addition to substantial user testing).
35.	Although not all programs will be included in the MVP, users should be able to access everything other than HPF through the HHS Portal in MVP (e.g., even though WIC is not connected in the backend, HHS Portal should be able to provide a “link” that “hands off” to that program).

Table 6: Roadmap Assumptions

Above Roadmap assumptions also leverage key insights from ***Deliverable 3.1: Current State Technology and Architecture****, and* ***Deliverable 3.2: Current State Data Flows***

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11.4.2 HHS Portal – SFY 2025 and SFY 2026

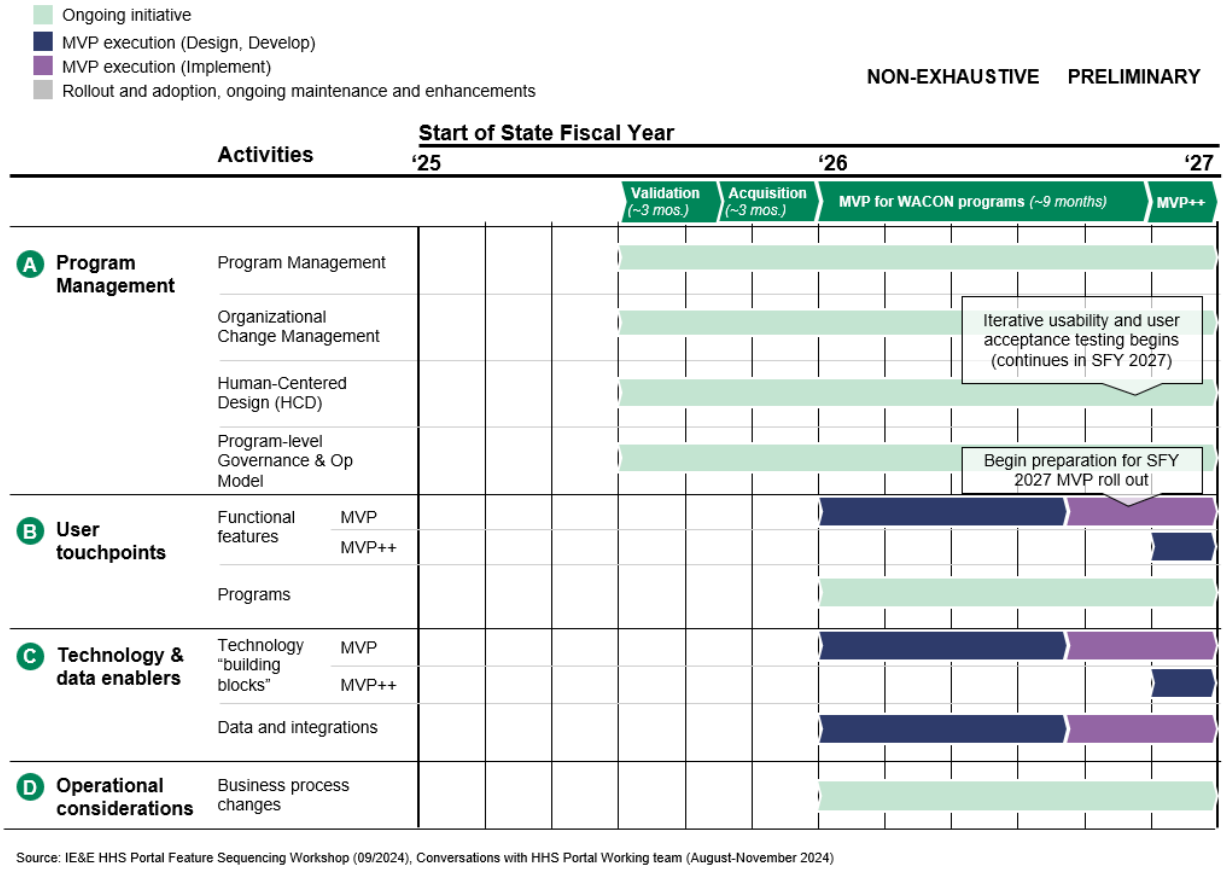

Figure 19: SFY 2025-2026 Snapshot of Preliminary HHS Portal Roadmap[22]

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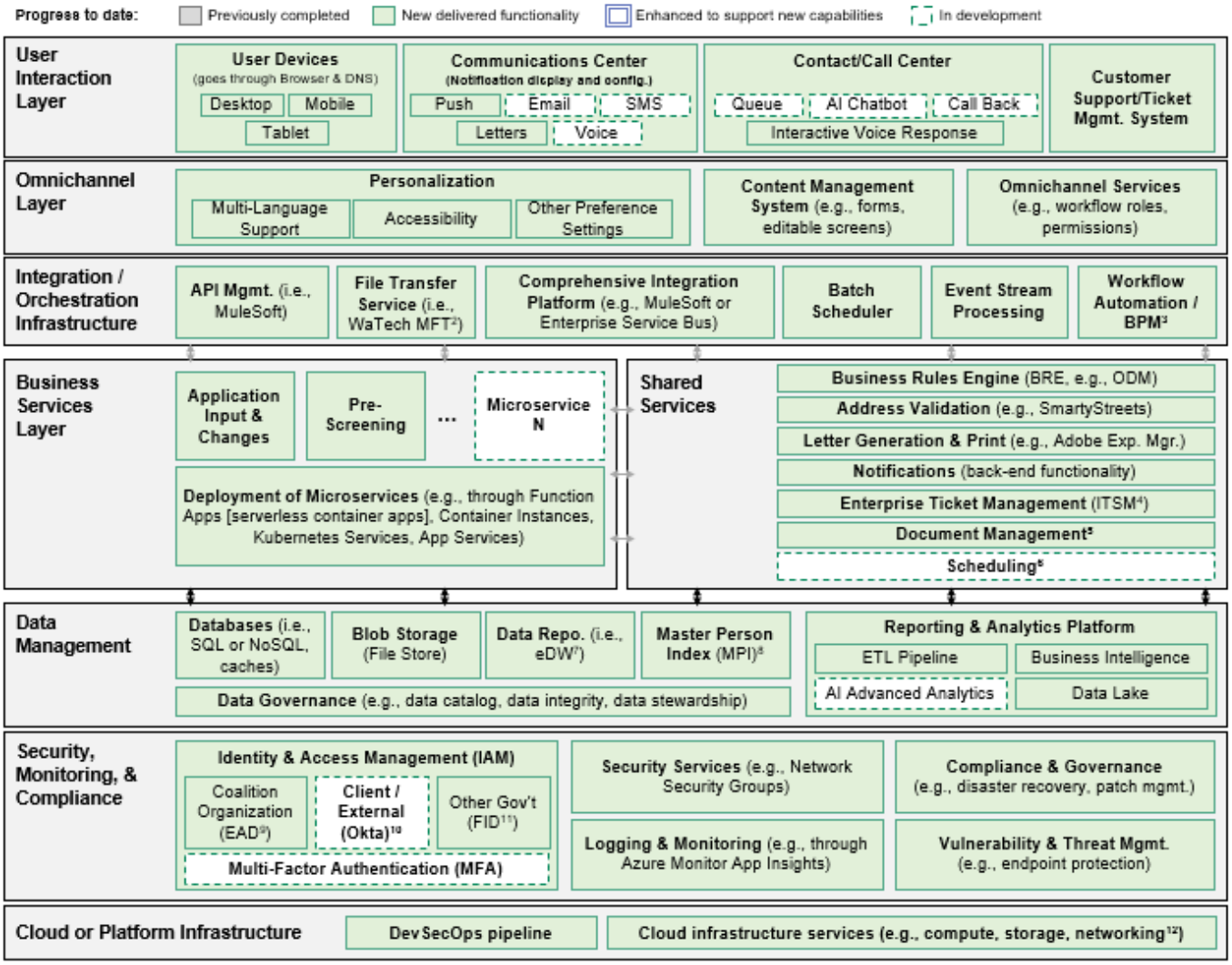
[22] The DD&I phase includes: a) Design – Defining the technical framework and structure of the system. This includes creating the system architecture, drafting detailed technical specifications, modeling data relationships, planning for system integration, prototyping the user interface, and formulating a comprehensive testing strategy to ensure the system meets quality standards; b) Develop – Building and verifying the system. This includes coding the solution, performing unit and integration tests to ensure components work together, conducting system-wide testing for functionality, automating test scripts where applicable, and preparing data for migration to the new system; c) Implement – Transitioning the system into operational use. This includes conducting user acceptance, performance, and security tests to validate readiness, ensuring operational processes are in place, deploying the system to the production environment, and validating that the system performs as expected post-launch

Target Logical Architecture – SFY 2025 – 2026

Figure 20: Target State Logical Architecture, End of SFY 2026 below shows a snapshot of the target state logical architecture (introduced in *Figure 13: Overview of Potential Portal "Building Blocks"*) by the end of SFY 2026. The activities to follow describe the incremental configuration of building blocks that culminate in the new delivered functionality.



1. Integration Platform as a Service (iPaaS); 2. Managed File Transfer (MFT); 3. Business Process Management (BPM) is a modern orchestration element that could further optimize or automate business processes in the future state; 4. IT Service Management (ITSM); 5. Assumes document ingestion (i.e., document scan, Optical Character Recognition [OCR], photo scan, and upload), management, generation, and search; 6. Assumes virtual meeting, interview scheduler, calendar integrator, as well as the additional scheduling workflow processes previously in Barcode; 7. Enterprise Data Warehouse (eDW); 8. Potential use for identity resolution (tying together client data across multiple apps), provision of access across apps, streamlined analytics, and master data management in future state; 9. Enterprise Active Directory (EAD); 10. SAW currently available, to be replaced by Okta in an ongoing modernization, which is an aligned-upon standard for WaTech; 11. Federated Identity Management (FID), an extension of SAW (and Okta in the future) for Government-to-Government interaction; 11. IE&E prefers Azure infrastructure, in alignment with the current state, but a multi-cloud approach has also been deemed feasible to pursue. As such, hosting on Azure and AWS is a preference, not a requirement

Figure 20: Target State Logical Architecture, End of SFY 2026

SFY 2025 and 2026 Highlights NON-EXHAUSTIVE	
Key Milestones	***SFY 2025***

	• Budget acquired for 2025-2027 biennium • Select portal technology solution approach (e.g., specific COTS solution, state transfer, bespoke) and determine necessary vendor support (e.g., system integrator, COTS vendor, managed services provider) for successful implementation and alignment with IE&E strategic objectives ***SFY 2026*** • Operating model defined and stood up • Building blocks required for enabling MVP features (highlighted in Figure 20: Target State Logical Architecture, End of SFY 2026) developed and available for production use (e.g., databases, data replication, business rule engine) • Data sync approach between cloud and mainframe refined, validated, and implemented to support initial capabilities • Data Model defined and developed • HHS Portal MVP including features such as Application Status Tracking, Document Upload, and Benefits Dashboard developed and available for initial release for all WaCon programs (*refer to Figure 18: Sequencing of functional features for list of features likely to go live in MVP release in early SFY 2027)*
Expected Process Impact	***SFY 2026*** Process impacts designed for and tested in preparation for roll out in SFY 2027: • Clients can submit applications through a streamlined process through a mobile-friendly HHS Portal for Medicaid, Food, Cash, and Child Care Subsidy programs • Clients can check the status of their eligibility applications through HHS Portal • Clients (and community partners) can upload documents for their submittals (e.g., applications, change of circumstance) through HHS Portal
Systems Impacted	***SFY 2026*** System updates to be designed, developed, and tested in SFY 2026, in preparation for roll out and go-live in SFY 2027: • WaCon – Migration of client accounts from WaCon to HHS Portal, modification to interfaces and preparation for decommissioning • MyWABenefits – Microservice used for application status tracking, notifications and benefits dashboard • Business rule engine (BRE) – Integration of HHS Portal to legacy BRE (e.g., ODM) before the system is modernized • IAM (Identity and Access Management) – Integration of HHS Portal with new IAM service (i.e., Okta) for WA • MPI (Master Person Index) – Integration of HHS Portal with MPI • API management system – Integration with MuleSoft API system Downstream Eligibility Systems: ACES mainframe (for Food, Cash, Classic Medicaid), ACES eServ (for MAGI / APTC), Barcode integrated with HHS Portal, and systems (e.g., CARE, RMT) associated with DDA eligibility, as applicable

Table 7: Key Milestones, Expected Process Impact, Systems Impact, End of SFY 2026

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Detailed Activities – SFY 2025 and 2026 by workstream

A. Program Management

i. Program Management

Program Management (SFY 2025 and 2026)

- **Project Funding:** Secure funding for SFY 2026 and SFY 2027 projects, including building cost allocation models, preparing Advanced Planning Documents (APDs), aligning with state and federal funding agencies, and submitting the biennial budget
- **Program Management Office (PMO) Assessment:** Conduct an assessment of the PMO structure, framework, processes, software, licenses, and resources, updating and recruiting necessary resources to support MVP and MVP++ launch
- **In-Flight Project Identification**: Identify other relevant in-flight projects (e.g., Resident Portal) launched after the roadmap publication, and define interdependencies and coordination expectations. Includes stakeholder coordination and prioritization across strategic initiatives.

Validation of leading solutions by the HHS Coalition (SFY 2025)

- **Acquisition Strategy Development**: Formulate a strategy based on the technical, human-centered design, and operational needs of the HHS Portal
- **Deep-dive Setup:** Outline a plan to engage potential vendors for transferring the leading state solution and additionally, identifying acquisition options for features not covered by the state transfer, including scope, timeline, and cost
- **Assessment Criteria Preparation:** Develop standards to assess vendor proposals (e.g., qualifications, capabilities, technical compliance, experience, overall alignment with project goals)
- **Engage Potential Public Sector Transfer States:** Engage HHS representatives from leading transfer states to identify specific code to be transferred
- **Solution Deep Dive:** Analyze prioritized solution to understand full feature set and architecture, identify gaps, and determine COTS solutions to fill gaps. The detailed next steps that follow assume WA pursues a state transfer solution. If this assumption shifts during the validation phase, the steps will vary some (e.g., if a COTS solution is selected, the rapid scan of experience and architecture will be of the COTS solution vs the state transfer solution; if a bespoke solution is selected, design could shift faster to identifying potential COTS solutions by architectural component and identifying where a state-led custom build is desired):
    - Conduct a rapid scan of user experience to understand where it converges or diverges from desired HHS Portal target state experience, considering: target experience fit (e.g., ease of navigation, accessibility), user satisfaction (e.g., portal feedback), program coverage (e.g., SBM vs. FFM, supported programs), extending upon initial mapping done in 4.1 to get to level of all ~75 programs (vs. the 5 macro programs), policy alignment (e.g., eligibility determination timelines, coverage provided by benefits)
    - Analyze portal technology architecture, considering: technology or technologies are used by building block (e.g., Azure for cloud infrastructure), alignment with agreed-upon HHS Coalition technology standards (e.g., Okta, Mulesoft), technology compatibility (e.g., cloud provider, integration with supporting shared services) and potential future flexibility (i.e., ease of configuration, customization,

maintainability), data model design and flexibility, code quality (e.g., quality, adherence to best practices, modularity, documentation quality)
    - Analyze existing HHS Coalition technical assets (i.e., HPF, WaCon, MyWABenefits microservices) at a building block level
    - Identify gaps where the transfer solution or reuse / replication of existing technology does not fully cover required building blocks, determining where additional solutions (i.e., bespoke build or COTS for select building blocks) may be needed
    - Identify and align on COTS solutions for each building block not covered by a transfer solution or potentially reused from HHS Coalition current state / aligned-upon technology standard
- **Vendor Evaluation:** Assemble a cross-HHS Coalition evaluation team; review and score vendor proposals based on established criteria; conduct technical demonstrations, reference checks, and risk assessments to identify best-fit vendors
- **Define Proof of Concept (PoC):**
    - **Requirements Specification:** Outline functional and technical requirements that vendors must meet in their PoC submissions
    - **Evaluation Metrics:** Create measurable criteria to assess vendor solutions during the PoC (e.g., performance benchmarks, functionality testing, user acceptance, integration capabilities)

Acquisition (SFY 2025)

- **Statement of Work (SOW) Development:** Prepare a Statement of Work (SOW) or similar document, detailing project requirements and vendor expectations
- **Contract Negotiation:** Finalize terms for pricing, governance, and performance milestones in alignment with portal objectives; confirm clarity on compliance requirements and deliverable timelines; execute the contract with defined milestones

Post-acquisition (SFY 2026)

- **Vendor Onboarding**: Conduct formal kickoff activities with vendor (e.g., System Integrator, COTS vendors, PMO) and stakeholders to review project plans, timelines, and milestones; facilitate knowledge transfer to align on project goals and objectives
- **Implementation Oversight Plan:** Define procurement oversight mechanisms such as regular status reporting; create an initial risk management framework and contingency plans; ensure legal and procurement coordination for contract finalization
- **Monitoring and Reporting Plan:** Create a plan to monitor performance and progress, including regular reports and checkpoints (e.g., to CMS) ensure alignment with project goals and timelines. Assure outcomes by tracking and coordinating activities against the project plan, defining and tracking Key Performance Indicators (KPIs), maintaining and reporting on budget and cost actuals, and reporting and helping address critical risks, all in close collaboration with State staff and building on ongoing efforts
- **Program Sequencing:** Engage program SMEs to determine sequencing of programs on the HHS Portal based on:
    - User Experience Impact: Assess usability, accessibility, and holistic user experience, prioritizing programs that address significant pain points for earlier sequencing

    - Operational Complexity: Evaluate internal effort, including change management, policy requirements, and resource use, with lower complexity programs sequenced earlier
- **Rollout Strategy:** Develop a plan for the rollout of the HHS Portal, including the launch plan (e.g., by county, all at once, other phased approach), advertising strategy, and a plan for transitioning from the existing WaCon site

ii. Organizational Change Management

- **Program Charter Review and Update**: Review and update the program charter as necessary
- **Organizational Change Management**: Define change management activities based on client-facing features and technical building blocks to be developed, reused, or modernized over multiple years:
    - **Enterprise Impact Assessment** and stakeholder engagement plan refined for features being enabled in SFY 2026
    - **Impacted group readiness assessment** completed for features being enabled in SFY 2026
    - Initial communications developed and published to provide transparency to impacted groups (e.g., vision, roadmap)
    - **Skills development requirements** (e.g., specific programming languages, cloud platforms, or technical tooling; project management; data analytics) assessed based on projected resourcing needs for the features to be deployed, with necessary trainings pursued and set up
    - **Business process changes** modeled per feature and path to iterative adoption defined (e.g., changes to a set of less disruptive functionalities first), all with comprehensive documentation
    - Structure set up to **catalogue deployment learnings**, which will be added to and utilized as each feature is deployed
- **Schedule Management**: Update schedule management activities as necessary

iii. Human-Center Design

- **Prototype Development and Testing**: Update and refine HHS Portal prototypes through in-depth validation with each identified core persona and impacted groups across the HHS Coalition
- **Co-Design Workshops:** Engage users and cross-coalition stakeholders in design sessions to generate ideas and gather feedback on MVP functionality and layout
- **Usability and User Acceptance Testing:** Test prototypes with users to validate the MVP features (e.g., pre-screening, account creation) and test end-to-end usability and user acceptance in advance of MVP release in SFY 2027
- **Accessibility & Inclusion Testing:** Ensure MVP features comply with accessibility standards and accommodate diverse user needs
- **Expand and refine personas:** Based on Human-Centered Design activities, additional details will be identified and be incorporated into original personas

iv. Governance

- **Governance Structures and Roles**: Establish clear governance structures for the HHS Portal journey, define roles and responsibilities for development and configuration teams, and implement agile ceremonies as defined by the program management office during project kick-off
- **Governing Bodies**: Establish or update governing bodies (e.g., Vendor Selection Committee, Cross-Coalition Data Council) to support HHS Portal activities, detailing anticipated membership, the intersection between bodies, and descriptions of roles, responsibilities, and authorities
- **Field Visits:** Conduct field visits to the transfer state for firsthand insights and alignment
- **Roadmap Alignment**: Continuously align the roadmap with HHS Coalition SMEs and executives to ensure activities deliver expected value and benefits while addressing risks and issues:
  - Key impacted groups to syndicate with throughout the modernization journey identified
  - Consensus on the overarching vision among key impacted groups achieved (i.e., through workshops or other collaborative, cross-HHS Coalition sessions)
  - Requirements gathering for the technical foundations and future state HHS Portal features to be built out in SFY 2026 completed (e.g., directly collected from different HHS Coalition SMEs or through a more automated fashion)
  - Manage cross coalition tech team dependencies and resolve prioritization challenges
  - Implement cross-coalition tech team working process, prioritization and roadmap alignment process
- **CMS and FNS Documentation**: Prepare documentation and evidence to meet CMS and FNS requirements for certification prior to any upcoming releases

B. User touchpoints (SFY 2026)

- **Minimum Viable Product (MVP) Release**: Develop, test, and prepare for the release (release to occur in SFY 2027) of the HHS Portal minimum viable product for all programs currently in WaCon, enabling clients to:
  - Access a directory of all programs to find benefits
  - Use a pre-screening tool to find out which benefits they may qualify for based on a select list of programs
  - Access portal as a guest, create an account, or log into their existing account
  - Input application details for benefits
  - Upload required documents via HHS Portal through multiple channels (e.g., via phone camera)
  - Submit their completed applications for Wave 1 programs and are re-directed to other portals (if applicable) for additional programs
  - Track updates on application status

- Receive email / SMS notifications for updates on their applications processed through the HHS Portal
- View some of their benefits status on a dashboard within the HHS Portal
- Manually review their partially pre-filled renewal application and resubmit
- Report changes to circumstances
- Set communication preferences
- Receive basic support for MVP features through a chatbot with automated responses
- Access multi-language and accessibility support ensuring compliance with state and federal policy mandates
- Register to vote manually
- Provide feedback and lodge complaints

C. Technology and Data Enablers (SFY 2026) – *Note that if the IE&E platform is used by the HHS portal then several building blocks (e.g. DevSecOps Pipelines, Cloud Foundational Services) will already be provided*

- **Technology "building blocks"**
  - **Cloud Platform Selection**: Choose the cloud service provider for the target state HHS Portal, such as AWS, Azure, or GCP
  - **Cloud Foundational Services**: Establish foundational cloud services in the development environment, including infrastructure, landing zone architecture, networking, firewalls, and VPNs
  - **DevSecOps Pipelines**: Implement DevSecOps pipelines in the development environment to facilitate continuous integration and continuous deployment (CI/CD)
  - **Security & Compliance**: Set up foundational security and compliance services in the development environment. This includes establishing security standards, audit controls, and Continuity of Operations plans aligned with data integrity and compliance standards
  - **Governance and Monitoring**: Implement foundational governance, observability, and monitoring services in the development environment. Define disaster recovery and backup strategies to ensure system resilience
  - **Environment Provisioning**: Provision the HHS Portal's non-production (Stage, UAT, Pre-Prod) and production environments
  - **Disaster Recovery Setup**: Configure disaster recovery (Active-Active or Active-Passive) based on the mission criticality of the workload
  - **Tool Configuration and Setup**: Set up and configure procured tools and services, including business rules engine, enterprise content management, identity and access management, document management, address validation and verification, letter generation and print service, and ITSM (ServiceNow) in coordination with the broader IE&E modernization

- **Development Standards**: Develop standards, policies, and ways of working for the development of prioritized use cases, encompassing data retention, sharing, lineage, privacy, security, and artificial intelligence safeguards
- **Responsive Web Design**: Implement responsive web design to ensure user accessibility across various platforms, including desktop, mobile, and tablet
- **Analytics Platform Architecture**: Design a foundational analytics platform architecture to support standard reporting and prioritized use cases
- **Business Rules Extraction and Configuration**: Configure the extracted business rules into the chosen Business Rules Engine
- **Application Prefill:** Application information that is common for the client across HHS programs (e.g. client demographic information) will be pre-populated in on-line application forms

- **Data and integrations**
  - **Cross-Organization Collaboration**: Initiate collaboration with data privacy officers to determine data sharing and update capabilities across systems and programs
  - **Optimized Data Model**: Conduct a current state analysis to develop an initial optimized data model that manages and secures critical business data (e.g. client demographic, program enrollment, benefits).
  - **Data Governance**: Establish and validate data governance for the optimized data model. This includes defining roles, prioritizing data domains, piloting a governance model, and mapping data governance needs for future data platform tools (e.g., data quality, classification). Identify roles to support the federated data governance model, including current data owners and stewards
  - **Data Consent**: Enforce data consent policies to ensure that client has agreed to the use of their data (e.g. storage, analytics, insights, referrals) prior to their data being used. Washingtonians will have the right to data consent checks for storing data and using data for analytics or referrals to other programs
  - **IAM Service Integration**: Integrate the HHS Portal with the new IAM service (e.g., Okta as a replacement for SAW)
  - **API Management**: Implement Mulesoft Anypoint Platform for API management and cross-system integrations
  - **Backend System Integration**: Integrate with backend eligibility systems (e.g. ACES, HPF)
  - **HHS Coalition Systems Integration**: Integrate with other HHS Coalition systems, including Barcode, BVS, IVR, etc.

- **Master Person Index (MPI) Integration**: Ensure integration with the Master Person Index (MPI)
- **Trading Partner Integration**: Integrate with trading partners, including state, federal, and local agencies, as well as third-party vendors, if applicable

These technology and data enablers are crucial for developing a robust and scalable MVP, ensuring seamless integration, and maintaining high standards of security and compliance.

D. Operational changes

The potential business process changes based on incremental HHS Portal functionality delivered in SFY 2026 are defined below. These are non-exhaustive and may be further defined during the change management process outlined above.

Client journey steps	Business process	Relevant HHS Portal features	Potential process implications
Find and learn about programs	Pre-screening	○ Pre-screening	• Provide support for interpreting real-time eligibility outputs • Troubleshoot client issues with pre-screening features
	Information access & content management	○ Program directory	• Conduct initial training on updating program directory content • Engage staff to ensure accurate program descriptions in program directory, with application modalities for programs not yet on HHS portal • Monitor feedback on content clarity
Apply for programs	Application intake & processing	○ Application input and management ○ Account creation and sign-in ○ Application support ○ Application pre-fill ○ Authorized representative (AREP) access	• Train staff to assist with account creation and initial application process • Train staff on account setup and sign-in troubleshooting • Provide support for first-time applications • Engage eligibility staff to identify specific set of AREPs (e.g., family members) for complete functionality • Set up data sharing agreements for visibility of client data shared across programs & agencies, specifically for returning clients • Train community-based organizations (e.g., assistors, navigators, enrolment specialists) on new functionality for assisting clients • Review authorization process for AREPs and update as needed
	Document submission & verification	○ Document upload	• Train staff on digital document upload and management

Client journey steps	Business process	Relevant HHS Portal features	Potential process implications
			• Provide support for clients with initial document upload issues • Institute data sharing agreements for visibility of documents uploaded across programs & agencies • Review data retention guidelines and updated as needed
	Eligibility determination & communication	○ Application status tracking ○ Notifications ○ Automated eligibility determinations	• Train staff to handle automated eligibility determinations for MVP programs • Provide support for clients with eligibility notifications • Train staff on multi-channel communication
Use & manage benefits	Benefit enrollment and issuance	○ Reporting changes ○ Benefits dashboard ○ Profile and preference management ○ Benefit renewals	• Create reference manuals for supporting renewals and change reporting
Cross-cutting	User authentication & security	○ User management ○ Data storage, privacy, and encryption	• Train staff and CBOs on account creation, sign-in, and data consent processes • Provide tech support for clients with authentication issues • Conduct training on data privacy and consent management
	Tech Support, Customer support & service center	○ Live support ○ Accessibility support ○ Multi-language support	• A new technical support process has to be established, with a clear responsibility matrix outlining ownership of tasks related to both the integrated systems and the portal • Train call center staff to support initial inquiries on MVP features (e.g., account setup, document upload)
	Reporting & analytics	○ Feedback mechanisms ○ Complaint mechanisms ○ Auditing and activity monitoring	• Train staff on initial analytics tools for tracking MVP program outcomes • Focus on early performance insights and adjustments • Report on client feedback • Develop process to unify existing operational functions fielding complaints

Table 8: Operational Changes, End of SFY 2026

11.4.3 HHS Portal – SFY 2027

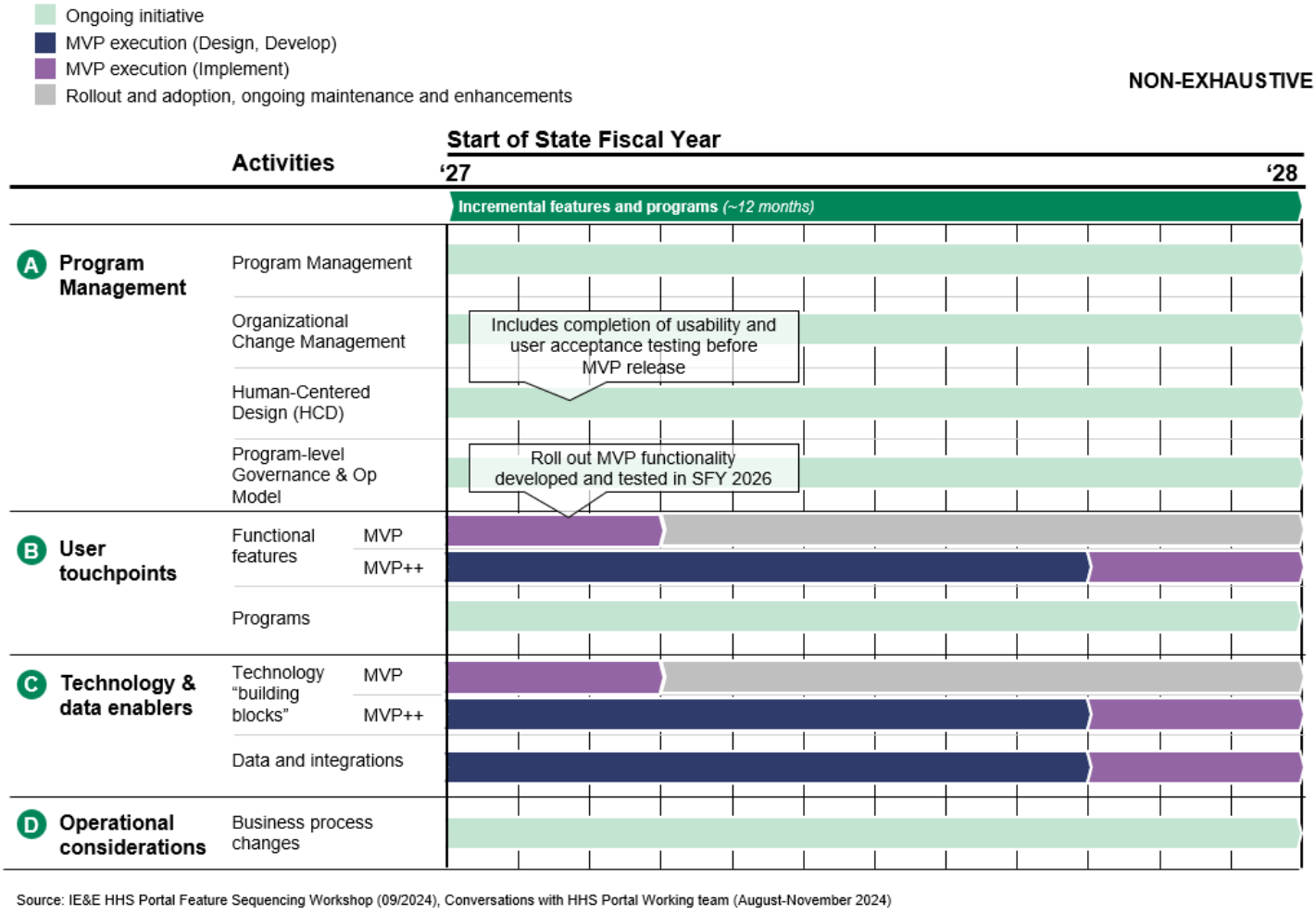
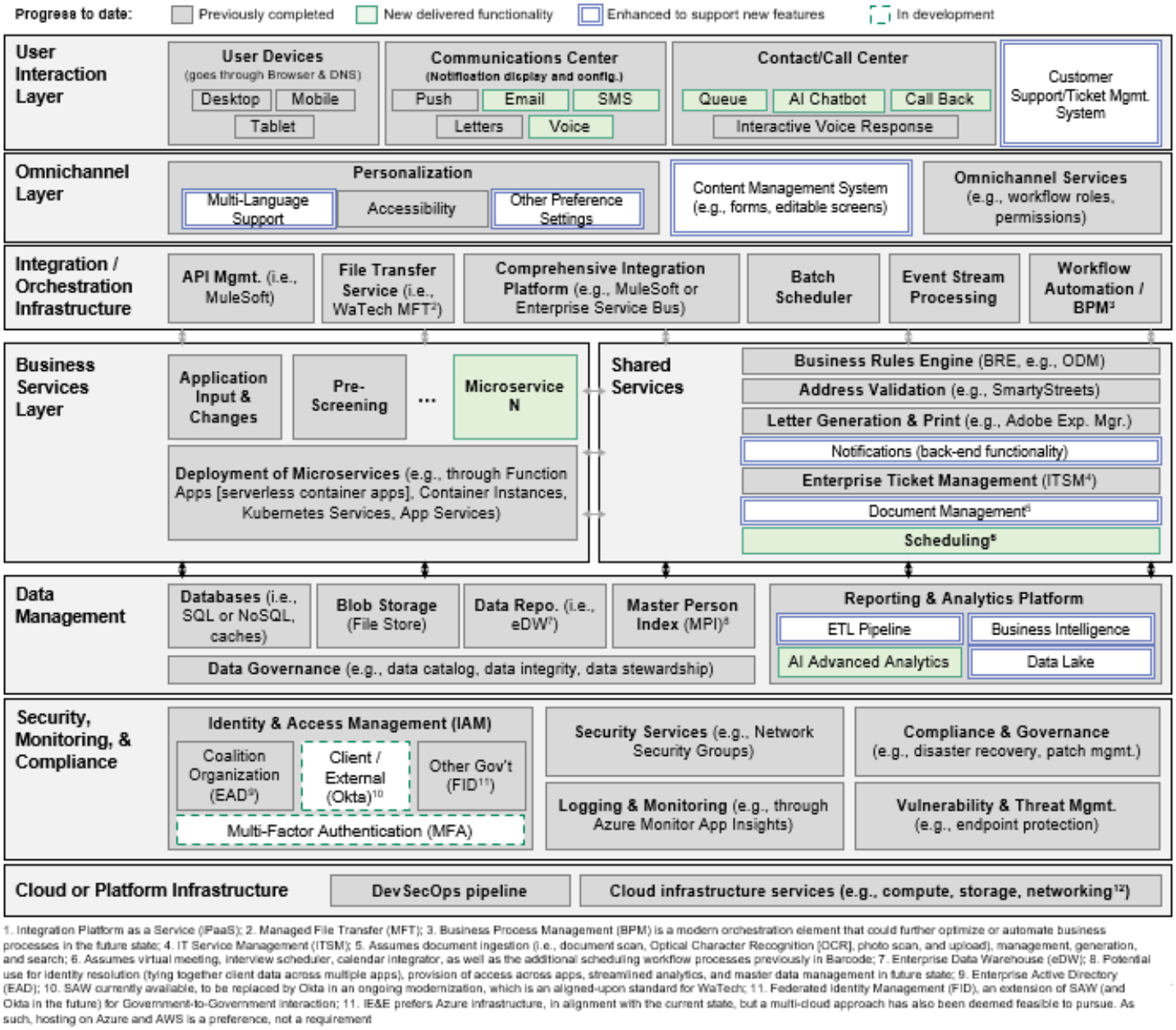


Figure 21: SFY 2027 Snapshot of Preliminary HHS Portal Roadmap

Target Logical Architecture – SFY 2027

Figure 22: Target State Logical Architecture, End of SFY 2027 below shows a snapshot of the target state logical architecture (introduced in *Figure 13: Overview of Potential Portal "Building Blocks"*) by the end of SFY 2027. The activities to follow describe the incremental configuration of building blocks that culminate in the new delivered functionality.



1. Integration Platform as a Service (iPaaS); 2. Managed File Transfer (MFT); 3. Business Process Management (BPM) is a modern orchestration element that could further optimize or automate business processes in the future state; 4. IT Service Management (ITSM); 5. Assumes document ingestion (i.e., document scan, Optical Character Recognition [OCR], photo scan, and upload), management, generation, and search; 6. Assumes virtual meeting, interview scheduler, calendar integrator, as well as the additional scheduling workflow processes previously in Barcode; 7. Enterprise Data Warehouse (eDW); 8. Potential use for identity resolution (tying together client data across multiple apps), provision of access across apps, streamlined analytics, and master data management in future state; 9. Enterprise Active Directory (EAD); 10. SAW currently available, to be replaced by Okta in an ongoing modernization, which is an aligned-upon standard for WaTech; 11. Federated Identity Management (FID), an extension of SAW (and Okta in the future) for Government-to-Government interaction; 11. IE&E prefers Azure infrastructure, in alignment with the current state, but a multi-cloud approach has also been deemed feasible to pursue. As such, hosting on Azure and AWS is a preference, not a requirement

Figure 22: Target State Logical Architecture, End of SFY 2027

SFY 2027 Highlights NON-EXHAUSTIVE	
Key Milestones	• HHS Portal MVP++ features such as Profile and Preference Management, Benefits Management, Self-Service Scheduling deployed (refer to Figure 18: Sequencing of functional features for features that start development or go-live in SFY 2027) • Additional programs onboarded to the HHS Portal (e.g., WIC)

SFY 2027 Highlights NON-EXHAUSTIVE	
	• ACES Interfaces assessed and identified for updates from batch to real-time (e.g., REST APIs) • Budget acquired for 2027-2029 biennium, updated as necessary using supplemental process • WaCon decommissioned by end of SFY202
Process Impacts	Process impacts associated with MVP development are rolled out: • Clients can submit applications through a streamlined process through a mobile-friendly HHS Portal for Medicaid, Food, Cash, and Child Care Subsidy programs • Clients can check the status of their eligibility applications through HHS Portal • Clients (and community partners) can upload documents for their submittals (e.g., applications, change of circumstance) through HHS Portal Additional process impacts associated with MVP++ development being iteratively rolled out: • Clients can view and manage their benefits through a comprehensive benefits dashboard • Clients can view scheduled appointments, interviews and call-backs • Clients can receive a pre-filled editable application for renewals and be approved in real-time for WaCon programs initially • Clients can apply for new Wave 2 programs using all MVP functionality from Wave 1 • Clients can access detailed educational resources for all programs
Systems Impacted	System impacts associated with MVP development and testing in SFY 2026 are rolled out: • WaCon – Migration of client accounts from WaCon to HHS Portal, modification to interfaces and preparation for decommissioning • MyWABenefits – Microservice used for application status tracking, notifications and benefits dashboard • Business rule engine (BRE) – Integration of HHS Portal to legacy BRE (e.g., ODM) before the system is modernized • IAM (Identity and Access Management) – Integration of HHS Portal with new IAM service (i.e., Okta) for WA • MPI (Master Person Index) – Integration of HHS Portal with MPI • API management system – Integration with MuleSoft API system • Downstream Eligibility Systems: ACES mainframe (for Food, Cash, Classic Medicaid), ACES eServ (for MAGI / APTC), Barcode integrated with HHS Portal, and systems associated with DDA eligibility, as applicable Additional system impacts are iteratively rolled out: • WaCon – decommissioned • HPF – modifications to interfaces with WaCon and new integration to HHS Portal • Barcode – modifications to interfaces to receive data from HHS Portal for new applications, an interface to the HHS Portal for Child care Subsidy information, as well as potential other information currently shared with

SFY 2027 Highlights NON-EXHAUSTIVE	
	WaConACES.online/3G - modifications as required to support updated applications forms and process in HHS Portal • ACES Legacy - modifications to share data and receive data from HHS Portal

Table 9: Key Milestones, Expected Process Impact, Systems Impact, End of SFY 2027

Detailed Activities – SFY 2027 by workstream

A. Program Management

i. Program Management

- **Ongoing Priorities**: Execute program management office activities in alignment with the IE&E roadmap, priorities, and design principles, as well as the approved IE&E Program Management Plan
- **Funding Assessment**: Conduct assessment of SFY 2027 to ensure the availability of needed funds, and ensure funding for SFY 2028 projects has been secured. This includes building cost allocation models, preparing Advanced Planning Documents (APDs), and aligning with state and federal funding agencies, with the biennial budget submitted
- **Program Management Office Assessment:** Conduct assessment of the program management office structure, framework, processes, software, licenses, and resources, with necessary updates and recruitment of resources to support activities in SFY 2027

ii. Organizational Change Management

- **Impact Assessment and Stakeholder Engagement**: Refine the Enterprise Impact Assessment and stakeholder engagement plan for features and “building blocks” being enabled in SFY 2027
- **Readiness Assessment**: Complete readiness assessments for impacted groups for features and “building blocks” being enabled in SFY 2027
- **Ongoing Communications**: Develop and publish continued communications to provide transparency to impacted groups regarding vision and roadmap.
- **Process Transition Engagement**: Engage impacted groups through trainings and workshops to ease process transitions
- **Skills Development**: Assess skills development requirements based on projected resourcing needs for upcoming features, with necessary trainings pursued and set up (e.g., specific programming languages, cloud platforms, technical tooling, project management, data analytics)
- **Business Process Changes**: Review and update business process changes and corresponding documentation for new functionality deployed in SFY 2027
- **Cataloguing Learnings**: Catalogue learnings from the modernization efforts in SFY 2026, and utilize as features are deployed in SFY 2027

- **Sequencing Review**: Review and update feature deployment sequencing based on learnings from SFY 2026
- **Refined Vision:** Refine the overarching vision through continued engagement with impacted groups to ensure alignment with their needs and expectations
    - **Consensus Building:** Achieve consensus on the overarching vision among key impacted groups through workshops or other collaborative sessions across the HHS Coalition activities, in alignment with the IE&E roadmap, priorities, and design principles, as well as the approved IE&E Program Management Plan

iii. Human-centered Design (HCD)

- **Usability and User Acceptance Testing:** Complete end-to-end usability and user acceptance testing in advance of MVP release
- **Expanded User Research**: Gather feedback to refine personas and adjust for new program areas
- **Co-Design Workshops:** Engage users and cross-coalition stakeholders in design sessions to generate ideas and gather feedback on MVP++ functionality and layout
- **Prototype Testing for New Features**: Conduct usability and user acceptance testing for additional MVP++ features (e.g., announcements, appeal management, program-specific workflows) across diverse program areas
- **User Journey Updates**: Update journey maps with insights from additional program-specific workflows and complex cases
- **Feedback Loops**: Establish regular feedback channels (e.g., surveys, focus groups) to gather ongoing user feedback on added features
- **Enhanced Accessibility Checks**: Ensure new features meet evolving accessibility standards, with specific testing for different program scenarios

iv. Program-level Governance & Operating Model

- **Governance and Agile Execution:** Review the governance structure and execute agile processes with clearly defined roles and responsibilities in development and configuration teams for features in SFY 2027
- **Ongoing Alignment:** Align on the roadmap with HHS Coalition SMEs and executives on an ongoing basis to ensure activities in the modernization journey deliver expected value and benefits while addressing risks and issues
    - *Key Groups Syndication*: Continually identify key impacted groups to syndicate with throughout the modernization journey
    - *Requirements Gathering*: Gather and verify requirements for the technical "building blocks" and future state features to be built out in SFY 2027
- **Documentation Preparation:** Prepare documentation and evidence meeting CMS and FNS requirements for certification and prior to any upcoming releases

B. User touchpoints

- **Additional Programs Onboarded:** Onboard programs to the HHS Portal (e.g., WIC) with MVP functionality

- **HHS Portal MVP++ Release:** Release some HHS Portal MVP++ features, as depicted in *Figure 18: Sequencing of functional features*, for all released programs, enabling clients to:
    - Apply for new onboarded programs using all MVP functionality from SFY 2026
    - View all approved benefits information on dashboard, including transaction summaries for EBT cards
    - Access “one-touch” renewals for Medicaid
    - Receive support for MVP++ features through a chatbot with automated responses
    - Access enhanced multi-language and accessibility support such as live translation, text-to-voice etc.
    - Access comprehensive educational resources in a centralized repository

C. Technology & data enablers

Building on the technology and data enablers defined and implemented in SFY27, the following enhancements and developments can be implemented in the subsequent phase:

- **Document Management**: Expand document management capabilities to include OCR, document scanning, and photo capture functionalities
- **Personalization Services**: Enhance personalization services to capture user behavior, enable persona-based view rendering, and manage notification preferences
- **User Experience**: Improve user experience by enhancing mobile and other device accessibility and compatibility
- **Customer Support**: Implement a self-service support ticket center using ServiceNow or Zendesk to enhance customer support
- **Notification Services**: Broaden notification services to increase the modes of alerting and notifying Washingtonians
- **Content Management System**: Enhance the content management system to support document edits and workflow management
- **Mulesoft Anypoint Platform**: Leverage advanced features of the Mulesoft Anypoint Platform to improve integrations through additional interfaces
- **Data & Analytics Platform**: Enhance the data and analytics platform to include additional reporting and business intelligence capabilities. Implement ETL pipelines, a Data Lake, and a Data Warehouse solution to generate KPIs, optics, and various business-critical metrics
- **Data Governance and Data Loss Prevention**: Strengthen data governance and data loss prevention through advanced data governance techniques
- **ITSM Tool (ServiceNow)**: Enhance and leverage features of the ITSM tool (ServiceNow) to automate security incident and problem ticket creation by integrating it with various log analytics services
- **Application Prefill:** Washingtonians application will be pre-filled based on previously collected account information and also based on the integration with other systems

- **Self-service scheduling:** Clients can schedule, change, or cancel intake appointments, interviews and call-backs (including both virtual and in-person) with synchronization across distinct systems to allow clients to see real-time eligibility staff availability
- **Educational Resources:**
    - **Tutorial Videos:** Embed system tutorial videos and help functions to assist users with system usage
    - **Centralized Information Portal:** Create a centralized information portal with a document library where users can access, read, and download all relevant resources

These enhancements will further develop the technology and data enablers, ensuring continuous improvement and alignment with evolving business needs and technological advancements.

D. Operational changes

The potential business process changes based on incremental HHS Portal functionality delivered in SFY 2027 are defined below. These are non-exhaustive and may be further defined during the change management process outlined above

Client journey step	Business process	Relevant HHS Portal features	Potential implications
Find and learn about programs	Pre-screening	○ Pre-screening	• Support additional program eligibility criteria as more programs integrate • Train staff on advanced pre-screening scenarios • Train staff to assist on multi-program eligibility checks
	Information access & content management	○ Educational resources ○ Announce-ments ○ Program directory	• Engage staff to update additional content and educational resources for new programs • Train staff to manage accessibility features for a wider audience • Develop process for policy SMEs to share key announcements on the portal
Apply for programs	Application intake & processing	○ Application input and management ○ Application support ○ AREP access ○ Application pre-fill	• Provide intake support for additional programs • Train staff on integrated applications across multiple programs • Review and update authorization process for new functionality / new types of AREPs added to the portal • Conduct CBO trainings for assisting clients with navigating MVP++ features • Implement operational changes for specific programs under HCA (high), DCYF (medium) since these agencies do not have dedicated call centers

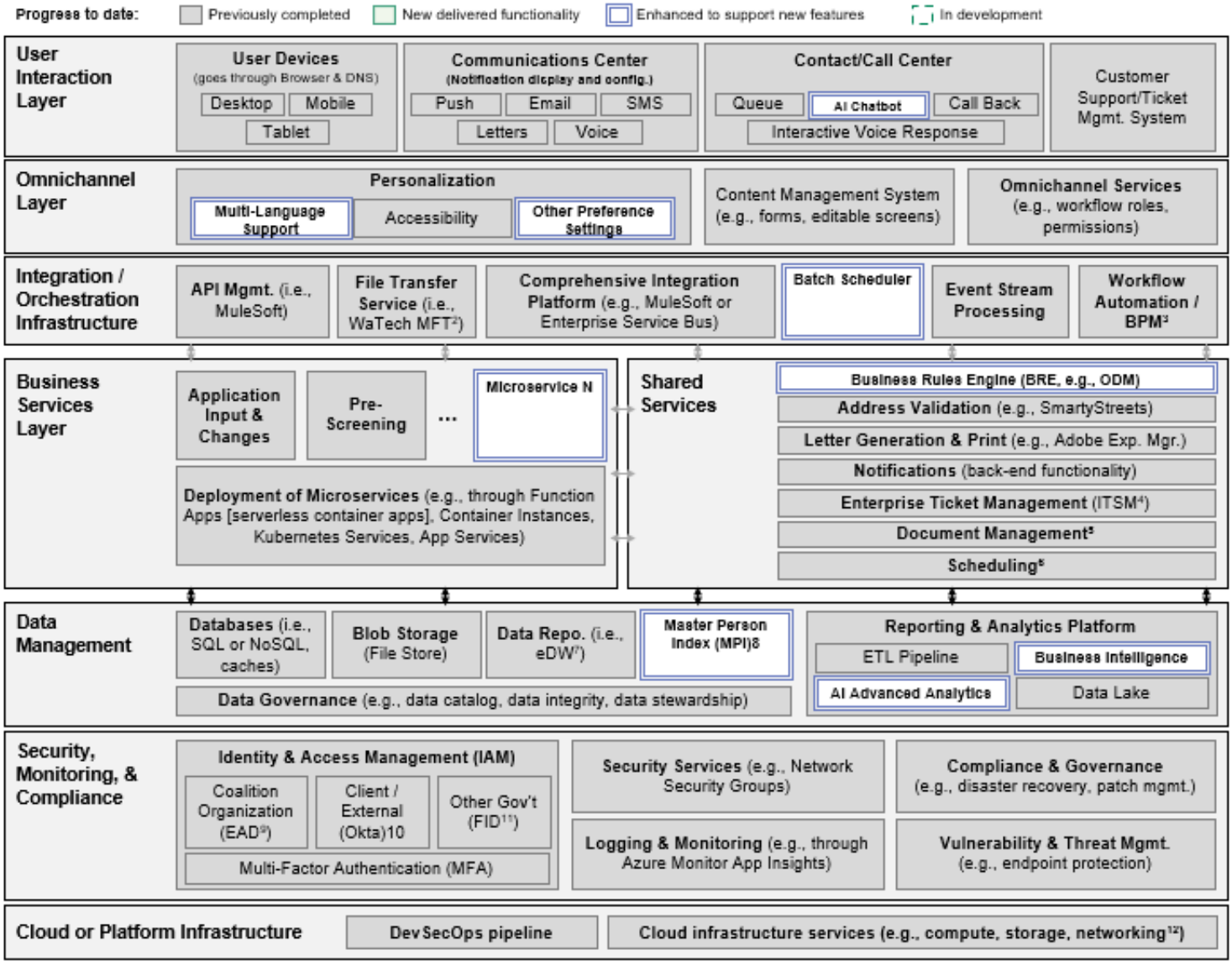
Client journey step	Business process	Relevant HHS Portal features	Potential implications
			• Create periodic verification process for data being pre-filled from external third-party sources
	Document submission & verification	○ Document upload	• Provide expanded document verification support for additional programs • Conduct training on advanced document management tools (e.g., OCR) • Review and update data sharing agreements, based on new programs included in portal • Review and update data retention guidelines, based on new programs included in portal
	Eligibility determination & communication	○ Application status tracking ○ Notifications	• Extend eligibility support to new programs and complex cases • Increase focus on personalized eligibility support for multi-program clients
Use & manage benefits	Benefit enrollment and issuance	○ Reporting changes ○ Benefits dashboard ○ Profile and preference management ○ Benefit renewals	• Support change management and ongoing learning for supporting renewals and change reporting
Cross-cutting	User authentication & security	○ User management ○ Data storage, privacy, and encryption	• Expand training on security protocols as more programs integrate • Train staff to handle increased identity verification needs • Review and update data privacy compliance for new features • Review and update process for managing access rights for edge cases (e.g., custody issues where one spouse cannot see benefits the child is getting)
	Customer support & service center	○ Live support ○ Accessibility support ○ Multi-language support	• Extend support to additional programs and features • Train staff on support tools for common issues • Increase support for cross-program inquiries
	Reporting & analytics	○ Feedback mechanisms ○ Complaint mechanisms ○ Auditing and monitoring	• Expand reporting processes to track outcomes and performance of additional programs • Develop process for compliance tracking and detailed analysis of new features (e.g., ensuring new programs meet regulatory standards, SLAs for complaint resolution)

Table 10: Operational Changes, End of SFY 2027

11.4.4 HHS Portal – SFY 2028-2029

Target Logical Architecture – SFY 2028-2029

Figure 23: Target State Logical Architecture, End of SFY 2029 below shows a snapshot of the target state logical architecture (introduced in *Figure 13: Overview of Potential Portal "Building Blocks"*) by the end of SFY 2029. The activities to follow describe the incremental configuration of building blocks that culminate in the new delivered functionality.



1. Integration Platform as a Service (iPaaS); 2. Managed File Transfer (MFT); 3. Business Process Management (BPM) is a modern orchestration element that could further optimize or automate business processes in the future state; 4. IT Service Management (ITSM); 5. Assumes document ingestion (i.e., document scan, Optical Character Recognition [OCR], photo scan, and upload), management, generation, and search; 6. Assumes virtual meeting, interview scheduler, calendar integrator, as well as the additional scheduling workflow processes previously in Barcode; 7. Enterprise Data Warehouse (eDW); 8. Potential use for identity resolution (tying together client data across multiple apps), provision of access across apps, streamlined analytics, and master data management in future state; 9. Enterprise Active Directory (EAD); 10. SAW currently available, to be replaced by Okta in an ongoing modernization, which is an aligned-upon standard for WaTech; 11. Federated Identity Management (FID), an extension of SAW (and Okta in the future) for Government-to-Government interaction; 11. IE&E prefers Azure infrastructure, in alignment with the current state, but a multi-cloud approach has also been deemed feasible to pursue. As such, hosting on Azure and AWS is a preference, not a requirement

Figure 23: Target State Logical Architecture, End of SFY 2029

SFY 2028-2029 Highlights NON-EXHAUSTIVE	
Key Milestones	• HHS Portal MVP and MVP++ features enhanced incorporating genAI and personalization capabilities • MAGI Medicaid and CHIP onboarded on the HHS Portal (additional entry point, in addition to HPF) • Bidirectional integration with HPF enabling seamless transfer of application data between HPF and HHS Portal using one set of credentials. This may require coordinated planning, funding, prioritization, and further assessment of the impact on customers, the Assister network, carriers, and others • Budget acquired for 2029-2031 biennium, updated as necessary using supplemental process
Process Impacts	• Clients can access enhanced personalization and self-service capabilities through genAI enablement • Clients can use one set of credentials to seamlessly transfer their application from HHS Portal to HPF for enrolling in health plans • Clients can view enrolled health plan information in the HHS Portal benefits dashboard • Clients can schedule interviews, appointments and call-backs based on program specific requirements • Clients can appeal decisions and be notified of hearing requests through the HHS Portal • Clients can manage benefit issuance preferences and EBT cards
Systems Impacted	• HPF – new bidirectional integrations with HHS Portal • Barcode – modifications to interfaces to receive data from HHS Portal for new applications • Multiple ACES Interface partners (e.g., Barcode, eJAS, ProviderOne) - modifications to interfaces to receive data from HHS Portal for new applications • BRE – modifications to interfaces with HHS Portal to utilize selected BRE

Table 11: Key Milestones, Expected Process Impact, Systems Impact, End of SFY 2029

Detailed Activities – SFY 2028-2029 by workstream

A. Program Management

i. **Program management**

- **Program Management Office Activities:** Continue executing program management office activities in alignment with the HHS portal roadmap, priorities, design principles, and the approved Program Management Plan
- **Funding Assessment:** Conduct assessment of SFY 2028 funding to ensure availability of needed funds, and secure funding for SFY 2029 projects (e.g., cost allocation models, Advanced Planning Documents [APDs], alignment with state and federal funding agencies, biennial budget submission)

- **PMO Structure and Resources Assessment:** Assess the program management office structure, framework, processes, software, licenses, and resources, with necessary updates and recruitment to support SFY 2028

ii. **Organizational Change Management (OCM)**

- **Enterprise Impact Assessment:** Refine enterprise impact assessment and stakeholder engagement plan for features being enhanced in SFY 2028
- **Readiness Assessment:** Complete readiness assessment for impacted groups for capabilities being enabled in SFY 2028
- **Continued Communications:** Develop and publish communications to provide transparency to impacted groups (e.g., vision, roadmap)
- **Engagement of Impacted Groups**: Engage impacted groups to ease process transitions (e.g., trainings, workshops)
- **Skills Development:** Assess and pursue necessary skills development requirements based on projected resourcing needs for capabilities to be modernized (e.g., specific programming languages, cloud platforms, technical tooling, project management, data analytics)
- **Business Process Changes:** Review and update business process changes and corresponding documentation based on new functionality deployed in SFY 2028-2030
- **Modernization Learnings:** Catalog modernization learnings for features deployed in SFY 2028 and utilize them for features enhanced in SFY 2029
- **Backlog Development:** Develop a backlog of modernization activities to be conducted in SFY 2028 and 2029, informed by syndication, visioning, and requirements gathering
- **Change management / process** for dependency prioritization & alignment across the coalition technical teams / roadmaps

iii. **Human-Centered Design**

- **Continuous User Research**: Implement a research program to gather insights from ongoing portal users and identify emerging needs
- **Advanced Usability Testing**: Regularly test updates and refinements, especially for cross-program interactions and complex workflows
- **Iterative Prototyping & Testing**: Develop and test iterative improvements based on real-time feedback and analytics
- **Personalization & Inclusivity Enhancements**: Implement features to further personalize user experiences and refine support for accessibility and diverse needs based on long-term user trends

iv. Program-Level Governance and Operating Model

- **Governance Structure**: Continue executing governance structure and agile ceremonies with defined roles and responsibilities in development and configuration teams for feature enhancements deployed in SFY 2028

- **Ongoing Alignment:** Align on the roadmap with HHS Coalition SMEs and executives on an ongoing basis to ensure activities in the modernization journey deliver expected value and benefits while addressing risks and issues
    - Key Groups Syndication: Identify key impacted groups to syndicate with throughout the modernization journey
    - Requirements Gathering: Gather and verify requirements for the technical "building blocks" and future state features to be built out in SFY 2028 and SFY 2029
- **Documentation Preparation:** Prepare documentation and evidence meeting CMS and FNS requirements for certification and prior to any upcoming releases

B. User touchpoints

- **Additional Programs Onboarded:** Onboard remaining programs to the HHS Portal and enable full integration of HPF through "no-wrong-door" entry points
- **HHS Portal MVP++ Release:** Enhancements to the HHS Portal MVP++ and implementation of new MVP++ features for all onboarded programs, enabling clients to:
    - Use one set of credentials to seamlessly transfer their application from HHS Portal to HPF for enrolling in health plans
    - Schedule interviews, appointments and call-backs based on program-specific eligibility requirements
    - Appeal decisions and be notified of hearing requests
    - Set benefit issuance preferences (e.g., EFT or EBT)
    - Manage EBT cards (e.g., request replacement, disable a card
    - View enrolled health plan information in the HHS Portal benefits dashboard
    - Receive personalized recommendations on their dashboard based on their profile information
    - Access live support both through a GenAI-enabled chatbot and direct messaging with call center staff
    - Receive referrals for additional services they may be eligible for or if they are denied from a program
    - Directly connect with CBOs within the portal for assistance
    - Receive tailored push notifications specifically for their circumstances

C. Technology & data enablers

Building on the technology and data enablers defined and implemented in SFY27, the following enhancements and developments will be pursued to ensure the stability and resiliency of the HHS Portal application:

- **Cloud FinOps Strategies**:

    - **Implement FinOps**: Deploy FinOps strategies across all cloud-hosted workloads of the HHS Portal. This approach will manage the total cost of ownership (TCO) of the IT environment, driving expanded and accelerated business benefits from cloud adoption.
- **Application Stability and Resiliency**:
    - **Rigorous APM Implementation**: Ensure the HHS Portal's stability and resiliency by implementing rigorous application performance monitoring (APM). Monitor all interconnected applications to identify critical assets, applications, and single points of failure. Link these insights to business metrics to prioritize issues and allocate resources effectively, enhancing the overall customer journey.
- **Enhanced ITSM and Change Management**:
    - **ServiceNow Utilization**: Leverage advanced ITSM and change management processes using ServiceNow. Utilize mature configuration management database (CMDB) capabilities to capture asset, configuration, and software information for over 90% of configuration items, achieving operational excellence.
- **Advanced AI Tools**:
    - **Generative AI Chatbots**: Implement advanced generative AI-powered chatbots to enhance user interaction.
    - **AI-Based Analytics and AIOps**: Deploy AI-based advanced analytics and AIOps to detect early signs of failure and resolve incidents faster, ensuring proactive issue management and reducing downtime.
- **Enhanced Notification and Communication Services**:
    - **Additional Channels**: Enhance the notification and communication center by adding additional channels such as push notifications through mobile apps. This will ensure timely and effective communication with users.
- **Improved Customer Support Services**:
    - **Generative AI Chatbots**: Implement generative AI-powered chatbots to improve customer support services.
    - **IVR Enhancements**: Enhance IVR systems by incorporating queue and callback service options, ensuring a more responsive and user-friendly support experience.

These initiatives will further stabilize and fortify the HHS Portal, ensuring it remains resilient, cost-effective, and user-centric throughout SFY2028-2029.

D. Operational changes

The potential business process changes based on incremental HHS Portal functionality delivered in SFY2028 – 2029 are defined below. These are non-exhaustive and may be further defined during the change management process outlined above.

Client journey step	Business process	Relevant HHS Portal features	Potential implications
Find and learn about programs	Pre-screening	○ Pre-screening ○ Personalized recommendations	• Identify and document complex, unique eligibility cases (e.g., clients close to eligibility thresholds) • Conduct advanced training on handling nuanced eligibility exceptions (e.g., income variances)
	Information access & content management	○ Educational resources ○ Announcements ○ Program directory	• Develop process for ongoing quality control and updates for all program content • Develop process for consistent accessibility and mobile compatibility checks • Engage staff for cross-program content synchronization, including aligning program data for consistency across portals (i.e., HPF)
Apply for programs	Application intake & processing	○ Application input and management ○ Application pre-fill ○ Application support ○ AREP access ○ Self-service scheduling	• Conduct training for specialized program applications (e.g., for mental health or disability services) • Train CBOs for supporting clients in navigating portal enhancements • Review and update process for periodic verification of data being pre-filled from external third-party sources • Develop reference manual for self-service scheduling
	Document submission & verification	○ Document upload	• Train staff to handle high-priority, complex document verification cases (e.g., legal document verification, multi-state documentation) • Review and update data sharing agreements, based on new programs included in portal and integrations between HPF and HHS Portal • Review and update data retention guidelines, based on new programs included in portal
	Eligibility determination & communication	○ Application status tracking ○ Notifications ○ Appeals management	• Train staff to handle escalated cases and appeals (e.g., clients challenging eligibility decisions) • Provide additional training on exception-based eligibility management (e.g., handling outlier cases) • Develop multi-channel expertise for handling complex eligibility scenarios (e.g., communicating eligibility via text, email, or secure web portal)

Client journey step	Business process	Relevant HHS Portal features	Potential implications
			• Develop process for referring clients to additional services if they receive a denial • Train staff on new process for appeals management • Develop reference manual for clients using the new appeal functionality
Use & manage benefits	Benefit enrollment and issuance	○ Reporting changes ○ Benefits dashboard ○ Profile and preference management ○ Benefit renewals ○ Benefit issuance ○ Benefit management ○ Health plan enrollment	• Develop and document the process for health plan enrollment to reflect “no-wrong-door” integration approach • Enter into vendor agreements with EBTEdge for managing EBT cards and viewing transactions on HHS Portal
Cross-cutting	User authentication & security	○ User management ○ Data storage, privacy, and encryption	N/A
	Customer support & service center	○ Live support ○ Accessibility support ○ Multi-language support	• Extend live support to additional programs and feature enhancements • Identify and plan for call center resourcing to enable direct messaging between clients and staff
	Reporting & analytics	○ Feedback mechanisms ○ Complaint mechanisms ○ Auditing and monitoring	• Review and monitor process for analyzing outcomes across all programs, focusing on high-level findings • Review and monitor process for client feedback review and actioning • Review and monitor SLAs for complaint resolution

Table 12: Operational Changes, end of SFY 2029

11.5 Resourcing estimates by State Fiscal Year

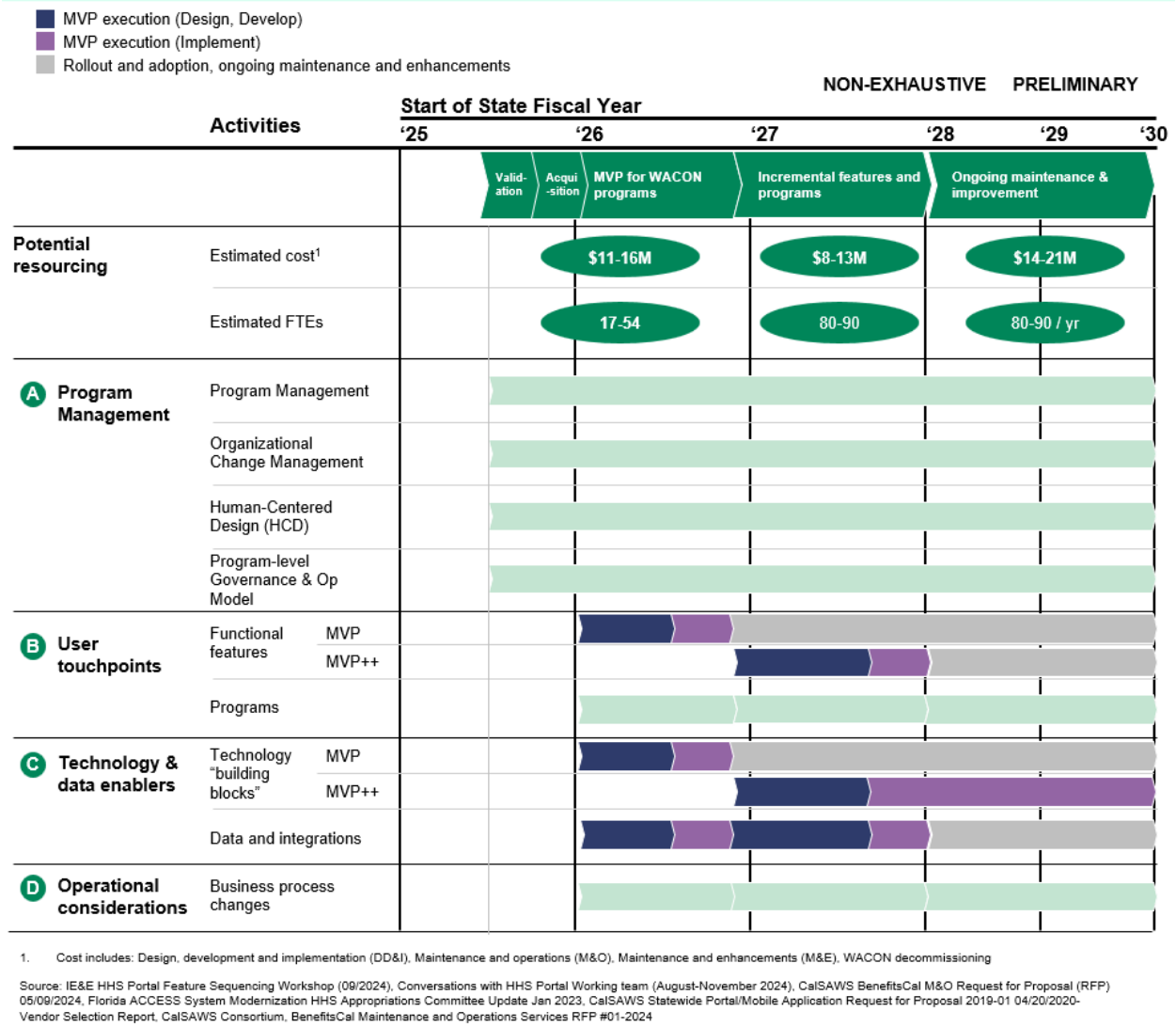


Figure 24: Overview of resourcing estimates by roadmap phase

Resource allocation for each phase of the HHS Portal roadmap has been outlined to support aspects of program management, including organizational change management, human-centered design, and program-level governance [23]. Estimated costs and FTEs cover the deployment of MVP and MVP++ features, along with essential activities like data integration,

[23] Source: IE&E HHS Portal Feature Sequencing Workshop (09/2024), Conversations with HHS Portal Working team (August-November 2024), CalSAWS BenefitsCal M&O Request for Proposal (RFP) 05/09/2024, Florida ACCESS System Modernization HHS Appropriations Committee Update Jan 2023, CalSAWS Statewide Portal/Mobile Application Request for Proposal 2019-01 04/20/2020- Vendor Selection Report, CalSAWS Consortium, BenefitsCal Maintenance and Operations Services RFP #01-2024

decommissioning of WaCon, ongoing maintenance and operations, and feature enhancements. Figure 26 provides an overview of projected costs and FTEs by state fiscal year, illustrating anticipated resource needs (overall, inclusive of existing resources) for each roadmap phase to support the phased delivery of the HHS Portal. These estimates were developed with the assumption that the WA HHS Portal is enabled via a state transfer. If WA changes direction during the validation phase in SFY 2025, these estimates will be updated to reflect the new solution design. This is a preliminary view and may change depending upon the actual activities carried out even if WA sticks with a state transfer option.

12 Conclusion

Below is an outline of the key steps and considerations for implementing the new HHS Portal, building on the preliminary roadmap (*Figure 17: Preliminary Modernization Roadmap*). The focus may shift to translating the roadmap and features into detailed functional and non-functional requirements. Key phases include engaging identified state to transfer portal from and initiate vendor onboarding (if necessary) and a gap analysis to compare the prioritized features with vendor offerings, ensuring any gaps are addressed through custom development or alternative solutions. Cross-cutting elements such as change management, training, and risk management are integrated throughout the process, supporting a smooth transition from planning to post-launch support.

Phase of work	Potential activity for HHS Portal implementation
Define requirements and plan	**Translate prioritized features into functional and non-functional requirements:** • Take the already prioritized features and translate them into detailed functional and non-functional requirements • Ensure that requirements are aligned with the overall goals of the portal (e.g., policy mandates, user experience, scalability, security)
	Funding and budget approval: • Secure necessary funding, including potential federal matching funds • Develop a detailed budget outlining costs for technology, resources, and operations
Onboard vendor and analyze potential gaps	**Procurement planning:** • Develop acquisition strategy based on the portal's technical and operational needs • Define vendor evaluation criteria and create Statement of Work (SOW) if necessary
	Onboard vendor: • Manage vendor selection process

Phase of work	Potential activity for HHS Portal implementation
	• Evaluate proposals, conduct interviews/demos, and select vendor • Negotiate contracts, timelines, and SLAs
	Gap analysis between prioritized features and vendor offering: • Conduct a gap analysis to compare the prioritized features with the capabilities of the selected vendor • Identify areas where the vendor's offering may fall short and where features will need to be supplemented with custom builds or alternative solutions • Develop strategies to address any identified gaps to ensure all critical functionality is delivered
Design, develop, and integrate	**System design and development:** • Collaborate with vendor to finalize system architecture and design • Develop detailed project plans, timelines, and milestones • Begin system development, integration, and database migration
	User Experience and design testing: • Focus on user interface design for accessibility and ease of use • Conduct user testing and gather feedback for improvement
	Data migration and system integration • Migrate legacy data and integrate with other state systems • Address privacy, security, and compliance concerns
Test and implement	**Pilot and testing** • *(If applicable)* Launch a pilot phase to test functionality, performance, and integration • Conduct system performance testing, security testing, usability testing, and UAT
	Full implementation and go-live • Roll out the portal statewide • Monitor performance and address post-launch issues
Cross-cutting activities	**Change management:** • Implement change management strategies from early planning through post-launch to ensure smooth transitions for internal teams and external users
	Training and capacity building: • Develop and deliver ongoing training programs for staff, end-users, and stakeholders at key stages
	Communication and impacted group engagement: • Maintain clear, consistent communication with impacted groups, keeping them informed at all stages • Manage expectations and address concerns throughout the project lifecycle
	Risk management and compliance • Continuously assess and mitigate risks across all phases.

Phase of work	Potential activity for HHS Portal implementation
	• Ensure adherence to legal, privacy, and security standards throughout the development and operational processes

Table 13: Potential next steps for HHS Portal implementation

13 Appendices

This section includes key appendices produced in support of the work in Deliverable 5.1.

Appendix A – Acronyms

The following acronyms have been introduced within the TAD Phase 2 Deliverable 1.1: Initial Target State Solution Strategy and Design Approach. Additional acronyms used across the IE&E Program can be found in the Project Library (i.e., Teams' Site) at IEE Program Acronyms List.

Table 14: Document Acronyms

Acronym	Definition
ACES	Automated Client Eligibility System
ACD	Attestation of Coverage Declaration
API	Application Programming Interface
APD	Advanced Planning Document
APTC	Advance Premium Tax Credit
AWS	Amazon Web Service
BAMS	Benefits Application Management System
BP	Benefit Portal
BRE	Business Rule Engine
CBA	Client Benefit Account
CBO	Community-Based Organization
CHIP	Children's Health Insurance Program
CMS	Content Management System
COC	Change of Circumstance
COMPASS	(Not explicitly defined in the document but appears to be a solution or system name)
CRM	Customer Relationship Management (System)
COTS	Commercial Off-the-Shelf
CX	Customer Experience
DED	Deliverable Expectation Document
DHS	Department of Homeland Security
DOB	Date of Birth

Acronym	Definition
DSHS	Department of Social and Health Services
eJAS	(Not explicitly defined in the document but likely refers to a specific system or tool)
eServ	Eligibility Service
ESI	Employer-Sponsored Insurance
EAD	Enterprise Active Directory
EBT	Electronic Benefits Transfer
FFM	Federally Facilitated Marketplace
FNS	Food and Nutrition Service
GCP	Google Cloud Platform
HBE	Health Benefit Exchange
HCA	Health Care Authority
HCBS	Home and Community-Based Services
HHS	Health and Human Services
HPF	Healthplanfinder
IAM	Identity and Access Management
IDP	Identity Provider
IE&E	Integrated Eligibility and Enrollment
IRS	Internal Revenue Service
IVR	Interactive Voice Response
JSON	JavaScript Object Notation
KPI	Key Performance Indicator
LDAP	Lightweight Directory Access Protocol
LTC	Long-Term Care
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MPI	Master Person Index
M&O	Maintenance and Operations
OCIO	Office of the Chief Information Officer
OCM	Organizational Change Management
OOTB	Out-of-the-Box
P1	ProviderOne
POC	Proof of Concept
PMS	Profile Management System
QHP	Qualified Health Plan
RAC	Recovery Audit Contractor
REST	Representational State Transfer
RMT	(Not explicitly defined in the document but likely refers to a specific system or tool)
SAW	Secure Access Washington

Acronym	Definition
SAST	Static Application Security Testing
SDLC	Software Development Life Cycle
SFY	State Fiscal Year
SIEM	Security Information and Event Management
SLA	Service Level Agreement
SMEs	Subject Matter Experts
SNAP	Supplemental Nutrition Assistance Program
SOC	Security Operations Center
SSA	Social Security Administration
SSN	Social Security Number
TAD	Technical Architecture and Design
TANF	Temporary Assistance for Needy Families
TPL	Third-Party Liability
UX	User Experience
WA	Washington
WaCon	Washington Connection
WANDA	WaCon Chatbot
WIC	Women, Infants, and Children
XML	Extensive Markup Language
z/OS	z/Operating System

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Appendix B – Technical Architecture & Design (TAD) Roadmap

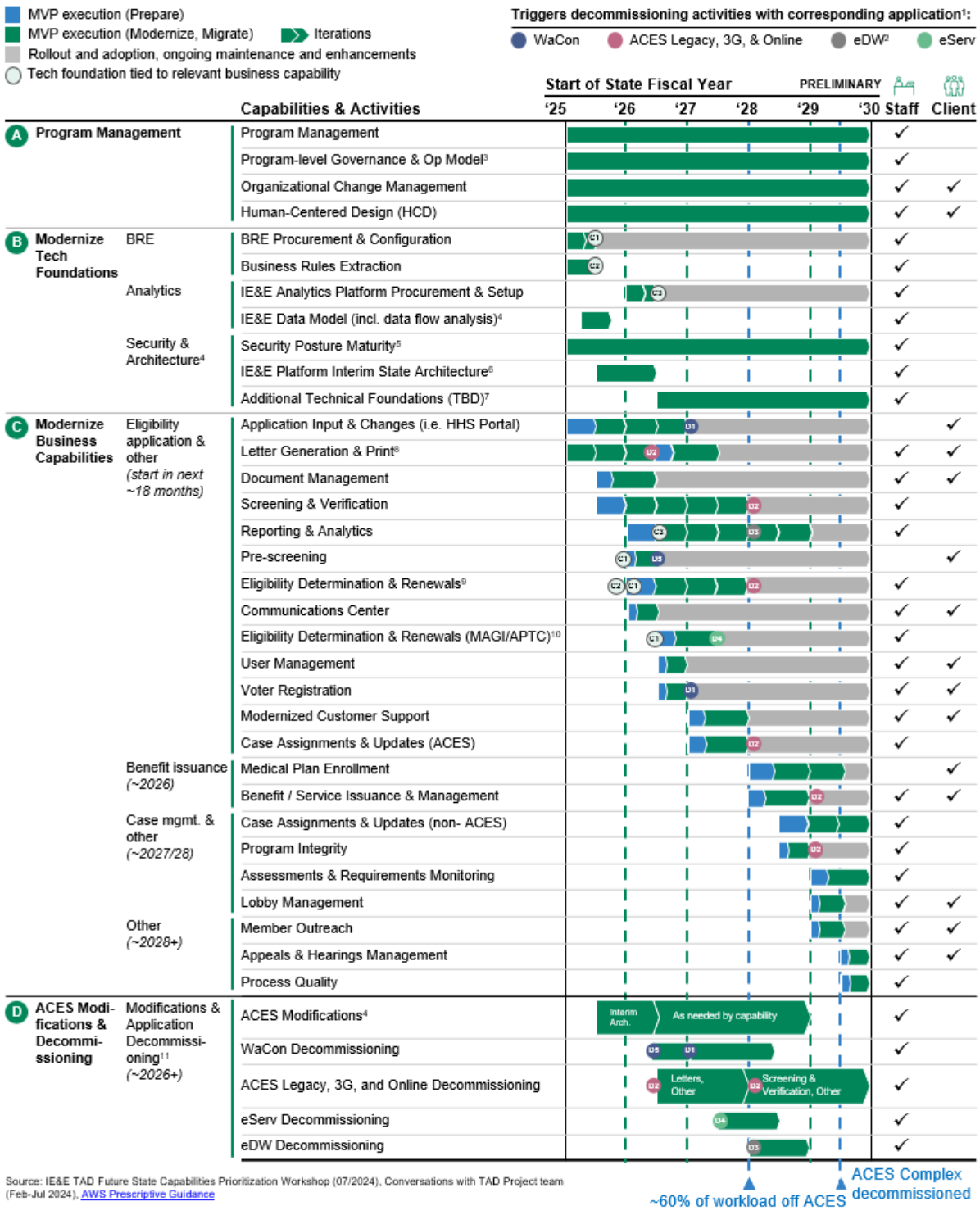
As the IE&E Modernization Program embarked on the roadmap in 2022, it looked to strengthen the assumptions on the technical feasibility to unwind ACES Complex applications and components, the core eligibility system and system of record for Medicaid (e.g., Classic, MAGI), Food Assistance, and Cash Assistance programs and a key data source for client and demographics data. TAD Phase 2 continued this work, aiming to address technical feasibility concerns by examining the ACES Complex and imagining the future state IE&E Platform architecture collaboratively with impacted groups across the HHS Coalition.

This included definition and prioritization of future state capabilities to drive a modular, incremental modernization approach that better aligns with the needs of the future state (e.g., greater adaptability). Additionally, this involved identifying the functionalities required to support the needs of today (e.g., users, Centers for Medicare & Medicaid Services [CMS] requirements) and advancements for the future (e.g., advanced analytics, AI/ML-supported functions).

The capabilities were refined and prioritized together with 70+ HHS Coalition members against business value (e.g., improving client/staff experience, reducing risk, enhancing IT operations) and technical complexity to support prioritization. The roadmap was updated to sequence these capabilities over time, based on the collaborative prioritization, implementation complexity considerations (i.e., of decoupling ACES Complex applications and data), and minimization of the business disruption and amount of legacy system modifications required to support incremental development.

The updated roadmap from the TAD phase 2 is in Appendix B[24].

[24] Conditionally approved by G1 in September of 2024



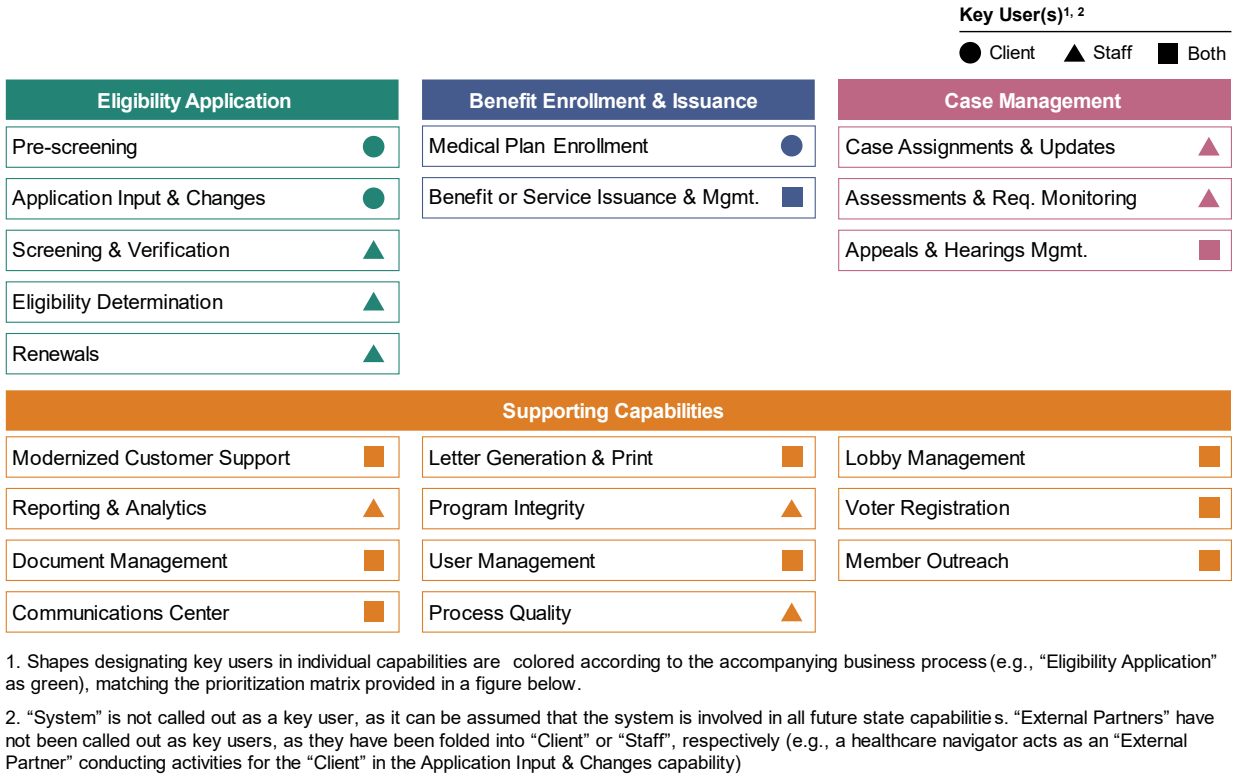
Source: IE&E TAD Future State Capabilities Prioritization Workshop (07/2024), Conversations with TAD Project team (Feb-Jul 2024), AWS Prescriptive Guidance

1. Each chevron excludes nuances associated with underlying shared databases and infrastructure, which would be decommissioned as applicable (e.g., after all supported capabilities have been modernized) and potentially not until the end of the modernization, capabilities not marked do not exist in the ACES complex (e.g., net new created or in other systems like Barcode); 2. eDW decommissioning could begin before modernization is complete as improvements in later years will focus on enabling new use cases, rather than replacing existing functionality; 3. Including vendor ecosystem, as well as hiring and skill development necessary to support the future state operating model; 4. These technical foundations set up modernization of all business capabilities; 5. Including IAM integration; 6. Including select PoCs (Data Sync, APIs, Batch interface replication), IE&E Platform Interim State Architecture and ACES Modifications flow into each other, with modifications also including activities like changing interfaces and surrounding logic; 7. Tech foundations to be defined over time (e.g., machine learning); with procurements as needed; 8. EngageOne project in progress. Prepare phase in SFY 2026 for integration between future state IE&E Platform and EngageOne; 9. Food, Cash, Classic Medicaid; 10. Preliminary timing – MAGI/APTC Eligibility Determination does not need to start at the beginning of SFY 2026 and could move forward or backward to better align with Classic Medicaid Eligibility Determination; 11. Decommissioning steps would occur by capability where applicable, though some components can only be done by application – 1 year per assumed based on 10-step decommissioning approach

Figure 25: TAD modernization roadmap

Appendix C – Crosswalk of Technical Architecture & Design (TAD) Capabilities with HHS Portal features

The TAD Roadmap identified future-state business capabilities to be supported by the modernized IE&E Platform as outlined in Figure 26.



1. Shapes designating key users in individual capabilities are colored according to the accompanying business process (e.g., "Eligibility Application" as green), matching the prioritization matrix provided in a figure below.

2. "System" is not called out as a key user, as it can be assumed that the system is involved in all future state capabilities. "External Partners" have not been called out as key users, as they have been folded into "Client" or "Staff", respectively (e.g., a healthcare navigator acts as an "External Partner" conducting activities for the "Client" in the Application Input & Changes capability)

Figure 26: TAD Future State Business Capabilities and Key Users, Grouped by Business Process

The HHS Portal roadmap project builds on this effort, defining features for the HHS Portal. Consequently, the implementation of potential HHS Portal features would be dependent upon the modernization sequence of business capabilities outlined in the TAD Roadmap. If the HHS Portal features identified as MVP are likely to be sequenced before the corresponding TAD capability is modernized, then the following scenarios may unfold:

- **"Building block" first implemented in the legacy system, then modernized with TAD capability:** If there is a significant gap between the TAD capability deployment and the HHS Portal MVP, the feature will be initially implemented in the legacy system and later updated. Cost implications will need to be assessed
- **"Building block" and feature re-sequenced post TAD modernization**: If the gap between the TAD capability deployment and the HHS Portal MVP is small, the feature sequence may be adjusted to follow TAD modernization

- **"Building block" directly implemented in the HHS Portal for TAD capability:** If delivering the HHS Portal feature may be crucial for user experience, the building block could be directly implemented in the HHS Portal, and technology leveraged for the TAD modernization

This dependency between the TAD business capabilities and HHS Portal features is mapped below in *Figure 27: Potential crosswalk of HHS Portal Features to TAD Capabilities*

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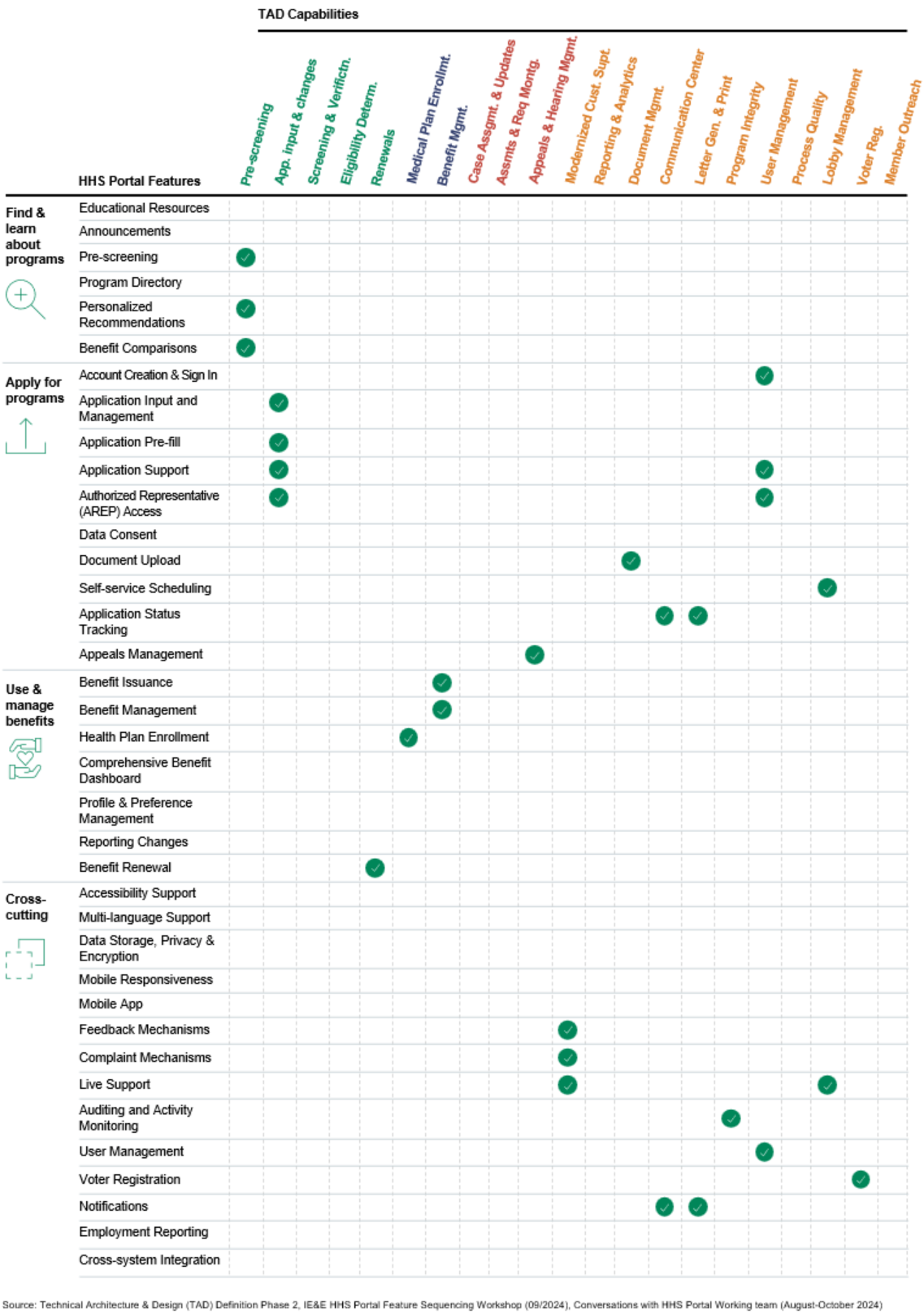

Source: Technical Architecture & Design (TAD) Definition Phase 2, IE&E HHS Portal Feature Sequencing Workshop (09/2024), Conversations with HHS Portal Working team (August-October 2024)

Figure 27: Potential crosswalk of HHS Portal Features to TAD Capabilities