Report to the Legislature

Technology Assessment for the Health Licensing Boards

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Department of Administration

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Cost of Report

Minnesota Statutes §3.197 states that a "report to the legislature must contain, at the beginning of the report, the cost of preparing the report, including any costs incurred by another agency or another level of government".

The approximate cost of preparing this report was $118,000. This represents the value, in terms of salary and benefits, of the time that the Department of Administration, MN.IT, and the Health Related Licensing Boards as well as extended consulting efforts spent researching, assessing and preparing this report. This value excludes the efforts of 1) vendors/solution providers and 2) Gartner, Inc.

1. Executive Summary

This report is provided at the request of the Minnesota Legislature as noted in Chapter 278 to report "the best system for providing electronic licensing, disciplinary, regulatory, and investigative services for the health-related licensing boards."

The Department of Administration's (Admin) **goal** was to "Identify an actionable plan to improve the technology at the Health Licensing Boards."

The **approach** was:

- Led by Admin
- Independent, unbiased and objective analysis
- Gather input from the Health Licensing Boards and MN.IT
- Develop recommendations based on collective experience, best practices and in consideration of key project success factors

Admin sought to gather information from a variety of sources for this effort. Particularly, the process was intended to develop an understanding of the business needs of the boards, the potential technologies available, and the pros and cons of various approaches. The **process** included the following elements:

1. Current State Assessment, including individual board situational analysis, existing technology evaluation and a requirement assessment relying upon the previous Health Licensing Boards RFI and RFP
2. Solution Evaluation, including vendor participation, industry research, best practices and trends
3. Recommendation Formation, including the evaluation of each product's ability to meet business and technology requirements, identification of key project success factors and weighing options against business/technology needs and execution challenges

Admin's "best system" determination was the Iron Data platform of products. Because each of the technology platforms and approaches had pros and cons and because there has been limited recent implementation success at the health boards, **we recommended the following three-part action plan:**

1. Replace the technology at the critical need boards as follows:
    a. Choice of Iron Data system (CAVU or Regulation) - Nursing & Psychology
    b. ALIMS - Chiropractic & Social Work
2. Define and plan for the replacement of SBLM
3. Create a HLB IT Steering Committee

Admin presented the recommended three-part action plan to the HLB Executive Director Forum. Unfortunately, Admin **did not reach full consensus** with or obtain approval from the HLBs; however, Admin remains committed to the original recommendation. We believe the three-part action plan will

allow boards with a critical technology need to move forward. In addition, the three-part action plan will advance the development of additional detail about the costs, opportunities and challenges of implementing these systems.

2. Introduction

This report was created by Admin between July and December, 2012. The project and resulting report was executed by the Commissioner's Office of Admin, with support from MN.IT Services and representatives from the health-related licensing boards.

2. A. Authority

As passed by the Minnesota Legislature and outlined in Chapter 278:

16.16 Sec. 30. REPORT; INFORMATION SYSTEMS FOR LICENSING BOARDS.
16.17 The commissioner of administration, in conjunction with the health-related licensing
16.18 boards identified in Minnesota Statutes, section 214.01, and the Office of Enterprise
16.19 Technology utilizing business rules from the health licensing boards shall report to the
16.20 legislature by January 15, 2013, the best system for providing electronic licensing,
16.21 disciplinary, regulatory, and investigative services for the health-related licensing boards.
16.22 Any costs incurred in preparing this report must be paid from surcharges collected under
16.23 Minnesota Statutes, section 16E.22.

The complete session notes can be found online at https://www.revisor.mn.gov/bin/bldbill.php?bill=H2555.8.html&session=ls87

2. B. Definitions & Assumptions

1) "Office of Enterprise Technology"

The Legislative language cites the group, "Office of Enterprise Technology". The Office of Enterprise Technology (OET) within the State of Minnesota was renamed MN.IT Services in April of 2012. Subsequent use of the name "MN.IT Services" or "MN.IT" should be read as synonymous with the "Office of Enterprise Technology."

2) "Best" System

The Legislative language cites the word "best." For the purpose of the analysis and creation of this report, "Best":

- **Is** defined as the assessment of system functionality, ease of implementation, stakeholder support, vendor/product stability, technical architecture, etc.
- **Is not** inclusive of any or all hard costs or required expenditures. The primary method within the State of Minnesota to solicit, obtain and assess costs is through the Request for Proposal (RFP) process. An RFP was not conducted during the creation of this report. Furthermore, the State of Minnesota awards RFPs based on "best value," which includes a number of predefined criteria. Cost is one factor, however not a definitive factor.

Subsequent use of the word "best" within this report applies the above definition.

3) Best "System"

The Legislative language cites the word "system" and further defines system as "electronic licensing, disciplinary, regulatory and investigative services."

For the purpose of the analysis and this report, "system" was interpreted more globally than electronic licensing, disciplinary, regulatory and investigative services. "System" encompasses an end-to-end front and back office application to support the business processes and licensure for the boards, including but not limited to: verification, registration, licensing, permits, renewals, inspections, discipline case management, board appearance tracking, accounting & auditing, exam data, imaging, testing, continuing education (CE), document management, correspondence generation, compliance activities related to issuing various types of licenses, reporting, payment processing, and other processes as required by each board.

Subsequent use of the word "system" within this report to describe the general features of the system applies to the above, expanded definition.

4) "Health-related licensing boards"

Analysis of the following 19 groups is **included** in the assessment and report (in alphabetical order):

- Administrative Services Unit (ASU) supporting the HLBs
- Barber Examiners, Board of
- Behavioral Health and Therapy, Board of
- Chiropractic Examiners, Board of
- Cosmetologist Examiners, Board of
- Dentistry, Board of
- Dietetics and Nutrition Practice, Board of
- Health Professionals Services Program (HPSP) at the service of the HLBs
- Marriage and Family Therapy, Board of
- Medical Practice, Board of
- Nursing Home Administrators, Board of Examiners of
- Nursing, Board of
- Optometry, Board of
- Pharmacy, Board of
- Physical Therapy, Board of
- Podiatric Medicine, Board of
- Psychology, Board of
- Social Work, Board of
- Veterinary Medicine, Board of

Some of these boards, such as Cosmetologist Examiners, are not technically health-related licensing boards as defined in statute. As outlined in greater detail below, these additional boards were included in the analysis due to their current use of overlapping systems with other boards as well as similar business requirements.

Subsequent uses of the term "health-related licensing boards", "health licensing boards" or the acronym "HLB" within this report should be considered synonymous to the above definition.

The health-related licensing board bylaws (adopted 8-6-2002 and updated 9-1-2009, page 2 lines 1-21) classify the boards as follows:

- Small – Three or fewer full-time-equivalent employees.
- Medium – More than three but fewer than 13 full-time-equivalent employees.
- Large – 13 or more full-time-equivalent employees.

a. Board Scoping Approach Summary

To arrive at the scope of 19 Boards for this assessment, we started with the 17 Boards as defined by Minnesota Statute 214.01 and:

- Excluded the Office of Mental Health Practice
- Excluded the Office of Unlicensed Complementary and Alternative Health Care Practice
- Included the Board of Barber Examiners
- Included the Board of Cosmetologist Examiners
- Included the Administrative Services Unit (ASU) supporting the HLBs
- Included the Health Professional Services Program (HPSP) supported by the HLBs

b. Definition - State of Minnesota Statute 214.01 (Subd. 2.)

"Health-related licensing board" means the Board of Examiners of Nursing Home Administrators established pursuant to section 144A.19, the Office of Unlicensed Complementary and Alternative Health Care Practice established pursuant to section 146A.02, the Board of Medical Practice created pursuant to section 147.01, the Board of Nursing created pursuant to section 148.181, the Board of Chiropractic Examiners established pursuant to section 148.02, the Board of Optometry established pursuant to section 148.52, the Board of Physical Therapy established pursuant to section 148.67, the Board of Psychology established pursuant to section 148.90, the Board of Social Work established pursuant to section 148D.025, the Board of Marriage and Family Therapy established pursuant to section 148B.30, the Office of Mental Health Practice established pursuant to section 148B.61, the Board of Behavioral Health and Therapy established by section 148B.51, the Board of Dietetics and Nutrition Practice established under section 148.622, the Board of Dentistry established pursuant to section 150A.02, the Board of Pharmacy established pursuant to section 151.02, the Board of Podiatric Medicine established pursuant to section 153.02, and the Board of Veterinary Medicine established pursuant to section 156.01.

c. Rationale for Excluding the Office of Mental Health Practice

As of the writing of this report, the Office of Mental Health Practice no longer exists as an independent program. In 2005 the Minnesota Office of Mental Health Practice (OMHP) was transferred from the authority of the Minnesota Department of Health to become an independent program, with an Advisory Council under the auspices of the Minnesota Health Licensing Boards. The OMHP model did not require registration, but could investigate alleged complaints regarding unprofessional or incompetent practice against unlicensed mental health workers. However, in the experience of OMHP, often no known address was found for the respondent, and it was difficult to follow up on these complaints. Unlicensed individuals were, and still are, authorized by law to engage in "psychotherapy" without meeting standards and being regulated. In 2009 the Minnesota Legislature determined that this system was not effective, and the OMHP program was allowed to sunset.

d. Rationale for Excluding the Office of Unlicensed Complementary and Alternative Health Care Practice

The Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) is defined as a health-related licensing board by Minnesota Statues Section 214.01 however OCAP was excluded from the scope of our assessment for the following reasons:

- OCAP does not perform licensing activities. While OCAP does participate in disciplinary, regulatory, and/or investigative services, OCAP would not benefit from new technology that is focused around licensing.
- OCAP is part of the Minnesota Department of Health (MDH) and is housed in the MDH. OCAP does not share the health-related licensing Boards' physical infrastructure or operational model. OCAP is highly integrated with the Department of Health in technology, physical location, and staff. OCAPs statutory requirements are more in line with other programs operated out of the Department of Health than the independent health-related licensing boards.
- OCAP's current technology, the "Health Occupation Program System," meets their business requirements. The technology has been in place since 2006. It is well established and highly integrated with the other Department of Health programs. A technology change for OCAP connecting its technology to the health-related licensing Boards' and outside of MDH would be both cumbersome and unnecessary.
- OCAP has not been involved with the previous health-related licensing board Request for Information or Request for Proposal. Inclusion of any new group, including OCAP, would complicate an already complicated process.

The exclusion of and rationale for excluding OCAP during this assessment was approved by Department of Health and OCAP Leadership including Tom Johnson, Budget and Operations Director, Compliance Monitoring Division in for the Department of Health, Susan Winkelmann, Assistant Director, Compliance Monitoring Division in the Department of Health and Barb Hearley, Chief Information Officer for the Department of Health and Health-Related Licensing Boards.

e. Rationale for Including the Board of Barber Examiners and Board of Cosmetologist Examiners

The Board of Barber Examiners and The Board of Cosmetologist Examiners are, by Minnesota Statute 214.01 Subd. 3, explicitly cited as a **non**-health-related licensing board however considered in-scope for this assessment. While officially **non**-health-related licensing boards, these two independent boards' operational structure is parallel with the other health-related licensing boards. Furthermore, the health-related licensing boards, Barber Examiners and Cosmetologist Examiners are highly integrated. They are physically located together, share common support services (Administrative Services Unit, "ASU"), participate on the Executive Director's Forum, are represented on the IT Work Group and participate with many other administrative and managerial committees. Excluding the Barber Examiners and Cosmetologist Examiners from this assessment would not be in the best interest of these two boards and could create undue operational strains. That said, the findings in this report are not deemed authoritative or binding to these two boards, rather recommendations to these boards for their consideration.

The inclusion of and rationale for including these boards was approved by Thora Fisko, Executive Secretary, Board of Barber Examiners and Gina Stauss, JD, Executive Director, Board of Cosmetologist Examiners.

f. Rationale for Including the Administrative Services Unit (ASU)

The Administrative Services Unit (ASU) oversees a program called the Volunteer Health Care Provider Program (VHCPP). The VHCPP program 1) accepts applications and fees from providers and 2) no-fee registrations from licensed health care professionals.

The ASU and VHCPP program are considered in-scope, however with a very low priority, for the following reasons:

- The ASU does not perform formal "licensing" activities; however the underlying business needs of "application" and "registration" processing are the same as license processing.
- The ASU manages this program and fee collection off-line, using Microsoft Excel.
- The volume of activity in the VHCPP is program is very small, with ~25 approved providers and ~80 registered volunteer licensed professionals.

g. Rationale for Including the Health Professionals Services Program (HPSP)

The Health Professionals Services Program (HPSP) is not a health licensing board however it administers a program designed to support the health licensing boards. The HPSP's mission and goals are to enhance public safety in health care, promote early intervention, diagnosis and treatment for health professionals, and to provide monitoring services as an alternative to board discipline.

The HPSP program is considered in-scope, however with a very low priority, for the following reasons:

- The underlying HPSP business needs parallel those of licensing, complaint and disciplinary processing that are being assessed as part of this report.

- The HPSP implemented a custom built back-office application in 2001 that meets 100% of their business needs.
- The HPSP has stringent data privacy requirements that would require an additional layer of architectural consideration pertaining to data security.

2. C. Situational Background & Timeline

The following efforts are helpful in understanding the current state of technology with the Health Licensing Boards.

Approx. Year	MN.IT Services	Health Licensing Boards
2007	MN.IT executes a Request for Proposals covering an Enterprise-wide Electronic Licensing System. State selected Iron Data's Versa Gateway and Regulation products. State-wide Versa eLicensing implementations began and continue throughout the writing of this report. Two boards agree to be a pilot group for the enterprise-wide licensing system, Versa Gateway and Regulation: The Emergency Medical Services Regulatory Board (EMSRB) and Minnesota Board of Peace Officer Standards and Training (POST).	Discussions underway at the HLBs related to their current technology systems and a potential new, consolidated system.
2008	POST begins Versa implementation project March 2008. EMSRB begins the Versa implementation project in June 2008.	
2009	POST completes the Versa implementation and goes lives April 2009. EMSRB completes the Versa implementation and goes live May 2009.	Within the HLBs, the EMSRB and POST implementations are viewed as failures on many levels, including but not limited to inability to customize the product, data conversion deficiencies, poorly managed project timelines, vendor team members unwilling to listen to requirements, etc.
2010		The HLB Executive Directors execute a Request for Information (RFI) covering a new Licensing System. The HLB Executive Directors and their subcommittee, the IT Work Group, performed rigorous vendor demonstrations and evaluation. Versa remains an option but not an embraced option.
2011	During the 2011 legislative session, the	During the 2011 legislative session, the HLB

	State of Minnesota approves a major Technology organizational restructuring and creating a centralized technology organization referred to "IT Consolidation." Per law, the IT consolidation law mandates that the State CIO shall control and direct all executive branch information and telecommunication technology spending by July 1, 2013.	Executive Directors request and receive a special appropriation to move forward with a new Licensing System. The HLB Executive directors create a Request for Proposal (RFP). Now under the technology direction of the State CIO, the HLB Executive Directors request permission to release their Request for Proposals (RFP). MN.IT rejects the RFP based on the existence of the enterprise-wide state standard, Versa.
2012	During the 2012 legislative session, the HLBs participate in the Sunset review process. During the legislative session, meetings occur regarding the disagreement between the HLBs and MN.IT and stalled process for obtaining a new HLB licensing system. The legislature identifies Admin as an independent agency to review, assess and recommend the best system.	

2. D. Assessment Approach

1) Current State Assessment

Admin relied upon the opinions and comments of the HLB staff, as well as existing HLB documentation.

- Individual board situational analysis – Each board was interviewed independently by Admin. Each board was able to provide feedback and edits specific to their board's summary.
- Existing technology evaluation – The current systems were inventoried. During discussions with the boards, insights were captured. Follow-up discussions were conducted with knowledgeable IT staff. The HLBs were able to provide feedback and edits specific to their technology summary.
- Needs assessment relying upon the previous Health Licensing Boards RFI and RFP – The previous HLB RFI and RFP documentation, including vendor responses, were evaluated. Since this documentation was dated, the HLB requirements were extracted from that documentation and summarized in an updated Request for Information. The intent was to understand the current offerings and capabilities.

  ***NOTE**: The Request for Information published by Admin is included as Appendix A of this report.*

2) Solution Evaluation

Admin executed the RFI process with much of the same rigor as would be applied to an RFP process, with the exception of a formal grading process. Note: cost information was not solicited from the vendors, but was touched upon with them and their references.

Prior to RFI publication, Admin researched the marketplace and identified all potential vendors. Upon publication of Admin's RFI, all previous vendors responding to the HLB RFI and other potential vendors were notified. As a public publication, any vendor was invited to respond.

A small group of HLB employees were invited to participate throughout the RFI process. The members were selected because they were 1) a representative from a "critical need" board or 2) key IT representatives. The following components informed the solution evaluation:

- Vendor statements of capability using a refreshed RFI
- Vendor product demonstrations – Each vendor was provided a set of follow-up questions. Each vendor was allotted a two-hour time to address the questions and provide a demonstration.
- Vendor reference checks – Two references were conducted for each vendor. A summary is included within "evaluated solutions". Admin did not request the ability to formally publish their feedback; therefore names/agencies are not included.
- Industry research, best practices and trends – Admin received input from Gartner Inc. which "delivers technology research to global technology business leaders to make informed decisions on key initiatives." Additionally, Admin staff that contributed to this assessment have years of government and information technology experience, including employment with leading technology service providers.

3) Recommendation Formation

Admin's goal was to **identify an actionable plan to improve the technology at the Health Licensing Boards.** The formation of the actionable plan was a complex process that relied heavily on the expertise and experience of Admin staff and included:

- Evaluation of product's ability to meet business and technology requirements
- Identification of key project success factors
- Weighing options against business/technology needs and execution challenges

2. E. Independent and Unbiased Assessment

Admin is a separate and distinct cabinet agency from the health licensing boards and MN.IT Services. It was charged by the Legislature to study and report on this external agency issue.

Throughout the course of the assessment, Admin collaborated with the State of Minnesota's Health Licensing Boards and MN.IT Services. Additionally, Admin sought input from a number of external entities including:

- Gartner, Inc. — An information technology research and advisory company that provided numerous research reports, supported by multiple conference calls to discuss.
- Accenture — A global management consulting, technology services and outsourcing company. Accenture, a previous employer of Matt Bailey's, responded to the RFI as a system integrator providing "an impartial look at the COTS solution landscape that exists in the market place" and other "lessons learned" relevant to our recommendation.

- Non-Minnesota Agency Representatives — A number of non-State of Minnesota employees were interviewed, including client references for the assessed technologies.

3. Current State Situational Analysis

3. A. Overview

The following chart provides an overview of the HLBs included in this assessment.

Board Name	Board Size Per HLB Bylaws	Executive Director	Total Board FTE
Medical Practice, Board of	Large	Rob Leach	22.8[A]
Nursing, Board of	Large	Shirley Brekken	32.5[A]
Chiropractic Examiners, Board of	Medium	Larry Spicer	4.8
Cosmetologist Examiners, Board of	Medium	Gina Stauss	14.3
Dentistry, Board of	Medium	Marshall Shragg	10
Pharmacy, Board of	Medium	Cody Wiberg	14.0
Psychology, Board of	Medium	Angelina Barnes	9.6
Social Work, Board of	Medium	Kate Zacher-Pate	11.6[A]
Barber Examiners, Board of	Small	Thora Fisko	3.0
Behavioral Health and Therapy, Board of	Small	Kari Rechtzigel	4.0
Dietetics and Nutrition Practice, Board of	Small	Ruth Grendahl	.88
Marriage and Family Therapy, Board of	Small	Jennifer Mohlenhoff	1.6
Nursing Home Administrators, Board of Examiners of	Small	Randy Snyder	1.5
Optometry, Board of	Small	Randy Snyder	.88
Physical Therapy, Board of	Small	Stephanie Lunning	3.0
Podiatric Medicine, Board of	Small	Ruth Grendahl	.5
Veterinary Medicine, Board of	Small	John King	2.0
Administrative Services Unit (ASU)	N/A	Julia Vangsness	6.6[B]
Health Professionals Services Program (HPSP)	N/A	Monica Feider	7.48

Notes:

A. Includes agency based MN.IT staff: Medical=2, Nursing=2, Social Work =1.

B. Includes the two shared MN.IT staff located within the HLB office.

3. B. Cross-Disciplinary Board Efficiencies

The Health Licensing Boards are mission-driven and statutorily mandated to protect the public. The program and operations of each Board serve to keep Minnesotans safe by assuring that applicants meet standards for education, ethics, and competence; and by holding licensees accountable for their conduct based on legal, ethical, and professional standards.

Board operations are consistent with profession-specific practice acts; other applicable statutes including the Administrative Procedures Act and Government Data Practices Act; and state-wide policies including those from Minnesota Management and Budget and Admin. Minnesota Statute section 214.06 requires the Boards to collect fees sufficient to cover all expenditures.

Efforts to improve Board efficiencies fall into two major categories, those related to agency operations and others related to cross disciplinary collaboration. Efficiencies in board operations include maximization of technology for licensure, regulatory, complaint investigation, and disciplinary services; access and data submission to national data bases; and efficient data exchanges with other state agencies.

Efficiencies related to cross-disciplinary collaboration are achieved through inter-board operation of the following groups:

Group Name	Function
Administrative Services Unit	The Administrative Services Unit, (ASU), is a voluntary cooperative which provides shared service to the Boards in the areas of finance, budgeting, accounting, purchasing, reporting, banking, human resources, professional and technical contracts, information technology, policy development and payroll. ASU also facilitates the Boards' cooperative policy and planning efforts, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU performs common administrative functions for all the boards, leaving individual boards free to concentrate on the technical and unique aspects of licensure and discipline in order to better serve and protect the public. The Boards share in the funding of the ASU.
Health Professionals Services Program	The Health Professionals Services Program (HPSP) provides the Boards with an alternative method for monitoring health care professionals whose ability to safely practice may be impaired by chemical dependency or by physical or mental illness. The case workers at HPSP work with impaired health professionals to ensure that they have appropriate evaluation, treatment and monitoring. Those case workers have special training and expertise in performing these duties. Please note that the HPSP is authorized by Minnesota Statutes §214.31. The HPSP is funded based on a pro rata share of participation by each Board.
Council of Health Boards	Minnesota Statutes §214.025 reads: "The health-related licensing boards may establish a Council of Health Boards (CHB) consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee". The Boards have, in fact, established the Council of Health Boards (CHB), which consists of the Executive Director and one member

	of each of the health licensing boards and the Emergency Services Medical Regulatory Board (EMSRB). Minnesota Statutes §214.001 permits the chair of a standing committee in either house of the legislature to request information from the CHB on proposals relating to the regulation of health occupations. The CHB has provided the legislature with many reports concerning proposals to regulate health occupations. The CHB also acts as an additional forum at which the Boards can discuss issues of mutual concern.
Executive Directors Forum	The Executive Directors (ED) Forum consists of the Executive Directors of each independent board. The Forum meets at least once a month to discuss issues and concerns affecting all boards, and is governed by a standard set of Bylaws. The Forum was created with a goal of working together on matters of common concern, including policy development, legislation, and technological improvements, thus increasing the efficiency and effectiveness of each individual board. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee. The primary objective of public safety is achieved most effectively if primary staff is assigned to focus on a specific health profession. To assure fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication of similar effort.
Management Committee	The Management Committee makes recommendations to the Executive Directors Forum on issues relating to the internal management of the boards' cooperative activities. The responsibilities of the committee include the following: • Management of the Administrative Services Unit budget and review of ASU performance • Administering shared conference rooms and technology hardware, such as servers, copiers, and printers • Coordinating the boards' computer collaboration efforts • Developing recommended policies and procedures for all Boards, and reviewing best practices • Oversight of the Administrative Services Unit
Policy Committee	The functions of the Policy Committee are to make recommendations to the Executive Directors Forum on issues relating to public policy. The responsibilities of the committee have included the following: • Reviewing legislative proposals • Making recommendations on legislative initiatives affecting all the boards • Undertaking efforts to make investigative data more readily available to share among health boards

Information Technology Workgroup	Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technology projects and implementation of technological improvements. The IT Team is transitioning to a shared delivery service model including the functions of security, project management, and solutions development.

3. C. Current State – Individual Board Summaries (Alphabetical)

1) Administrative Services Unit (ASU) supporting the HLBs

The Administrative Services Unit (ASU) has 4.6 FTE, excluding the shared MN.IT technology staff. The ASU is not a health licensing board but was created by statute to support the health licensing boards.

The ASU does not manage licenses but is accountable to "establish a volunteer health care provider program to facilitate the provision of health care services provided by volunteer health care providers through eligible health care facilities and organizations" per Minnesota Statue 214.40. https://www.revisor.mn.gov/statutes/?id=214.40

The Volunteer Health Care Provider Program (VHCPP) allows:

1) Eligible health care facilities or organizations to apply to be a Volunteer Health Care provider. The annual application is a $50.00 fee.
2) Interested, actively licensed professionals within the state of MN without malpractice insurance can get state issued malpractice insurance while providing services at an approved Volunteer Health Care Provider. Although an application is required, there is no fee to apply for or renew this state covered malpractice insurance.
3) ASU purchasing and maintaining a master malpractice insurance policy on behalf of the providers and licensed professionals.

Initial registrations, renewals, and financial transactions are managed manually, off-line and recorded on a Microsoft Excel spreadsheet. Volume in the VHCPP is very low but the current manual process is very time consuming. The ASU is content using this approach but would be interested in adopting a technology system, if available, to better manage all aspects of the program.

2) Barber Examiners, Board of

Note: The Board of Barber Examiners (Barbers) was not able to be interviewed due the Executive Director being on leave of absence during this project. This summary was submitted by Jennifer L. Mohlenhoff, Executive Director for the Board of Marriage and Family Therapy.

The Board of Barber Examiners became an independent board in 2009, after previously being combined with the Board of Cosmetology Examiners. Barbers has 3 FTE, supporting 8 licenses with approximately 3,000 active licensees.

Barbers currently uses GL Suite. GL Suite was implemented in 2008 for the then-combined boards of Barbers and Cosmetology. It is a cost-effective, single-source system that meets Board technology needs and any proposed conversion efforts would be simplified by maintaining the existing technology. The Board is confident that GL Suite is flexible enough, and can be successfully enhanced, to meet current and future technology needs. The Board would also support moving to a HLB-shared technology system if such a system was adopted by a majority of boards, in order to benefit from collective knowledge, experience, and cost savings that would result from shared software and online services development and support.

3) Behavioral Health and Therapy, Board of

The Board of Behavioral Health and Therapy (BBHT) is a small board, with 4.0 FTE, supporting 4 license types with just over 3,000 active licensees. Renewals are automated and on-line. Initial applications are off-line and manual.

BBHT implemented a new, custom developed combination of "Online Services" and ALIMS in 2010. Independently, they initiated, paid for, staffed and executed this technology replacement initiative. While utilizing existing code bases, their system was custom adapted to meet 100% of the business needs.

BBHT's new licensing system is highly stable and relatively free of defects. Some small, enhancements are planned. They board is completely satisfied with their current system. They neither want nor need a new system.

4) Chiropractic Examiners, Board of

The Board of Chiropractic Examiners (MBCE) has 4.8 FTE, supporting 6 license types, with just over 4,000 active licensees. Renewals are automated and on-line. Initial applications are off-line and manual. MBCE has used the custom built License Manager (LicMan) system since 1999. This system was conceived within the MBCE. They are the only board to use this system. LicMan is integral to each employee's daily activities to the extent that "if the system goes down, we may as well go home." Fortunately, the system is stable and down-time is rare.

The MBCE Executive Director likes the LicMan application but desires a replacement for a number of reasons: 1) his business needs and system requirements have increased, 2) his awareness of other board's advancing technical capabilities, 3) the general aging and stability of the current platform.

From a technical perspective, this system should be replaced. 1) The underlying development language Visual Basic 6.0. Microsoft's extended support ended for VB6 in March 2008. 2) Additionally, LicMan can no longer be enhanced because of lack of external or internal knowledgeable resources. Thus, MBCE has a new license type that is issued and renewed external to the LicMan system.

5) Cosmetologist Examiners, Board of

The Board of Cosmetologist Examiners (Cosmetology) has 14.3 FTE, supporting 14 license types, with over 41,000 active licensees. Board staff is divided between four main work functions; 1) Administrative, 2) Licensing, 3) Compliance and 4) Inspections.

Cosmetology uses the GL Suite database system. Implemented in 2008 and with consistent support and enhancement, GL Suite generally meets the needs of all four work functions. It is a valuable, single source system for all board information. Cosmetology staff actively makes minor system changes and manages all projects with the vendor.

The Executive Director is confident that their GL Suite system in most instances is flexible enough through system enhancements to successfully meet the business needs of the Board. They are happy using GL Suite platform and its functionality and do not see an immediate need to change database systems.

6) Dentistry, Board of

The Board of Dentistry (Dentistry) has been stable with 10 FTE over recent years. They support 18 regulatory types with nearly 19,000 active licensees, registrants, and certificate holders.

Dentistry uses GL Suite. Generally, GL Suite is functioning well for Dentistry but has areas for functional improvement. Renewals are automated and on-line for the high volume license types. They have not pursued, nor do they desire, automating initial applications for any license types due to the stringent supporting documentation requirements.

Dentistry did mention the following system support challenges:

1) Dentistry would like to leverage features or enhancements of other health boards, including but not limited to the State of MN, however the vendor generally works from Dentistry's requirements and does not offer suggestions. Furthermore, enhancement requests require more definition from Dentistry than they desire.
2) The vendor's new, formalized support structure (GL Simple) has improved board results; however the board questions whether they are getting full value from the investment.
3) The system needs to be able to handle changes and additions to its business rules. Since Dentistry has had GLSuite in place, nearly every year a significant process has been added or modified. (Examples of changes that have been made include: converting renewal dates from annual to biennial; CE requirements changed to an auditing process; various license/registration/certifications have been added – all with different rules; new inspection process implemented; on-line requirements added).

The Executive Director stated that if the board can adequately resolve their support challenges, they would like to stay with GL Suite and enhance where necessary. They reluctantly supported the HLB RFI/RFP, as they would prefer not to change systems. They would be open to replacing GL Suite if the

new system is 1) more robust, 2) simplified, and 3) cheaper; however they are skeptical that a combination of all three conditions is possible.

7) Dietetics and Nutrition Practice, Board of

The Board of Dietetics and Nutrition Practice (Dietetics) is a small board, with .88 FTE, supporting 2 license types with nearly 1,400 active licensees.

Dietetics uses a custom instance of the SBLM system. Renewals are automated and on-line. Initial applications will be automated and on-line after the current renewal period closes on Dec. 31, 2012. (The initial application functionality has been developed and tested and is pending deployment.)

8) Health Professionals Services Program (HPSP)

The Health Professionals Services Program (HPSP) has 7.48 FTE. The HPSP is not a health licensing board but created by statute to support the health licensing boards.

The HPSP mission is to enhance public safety in health care. The HPSP goals are to promote early intervention, diagnosis and treatment for health professionals, and to provide monitoring services as an alternative to board discipline.

Participation is the HPSP is highly confidential and involves:

1) Initial enrollment and intake — Similar to the initial application for any license within the various HLB boards with basic licensure data and more involved illness related data gathered.
2) Description of participant monitoring conditions — Similar to illness related "discipline actions" for licensees at the various HLB boards.
3) Participant monitoring and tracking — Similar to "discipline tracking" for licensees at the various HLB boards.

The HPSP built a custom application in 2011, using external contractor resources. The new system is a dramatic improvement from the previous system.

The HPSP does not need or want a front-office system to serve their program participants. Additionally, HPSP staff and sponsoring board does not want a new back-office system since they just completed a replacement initiative. The HPSP are very enthusiastic about their current system and the system meets the majority of their business needs and operates relatively defect free.

9) Marriage and Family Therapy, Board of

The Board of Marriage and Family Therapy (Marriage and Family Therapy) is a small board, with 1.6 FTE, supporting 2 license types with just over 1,800 active licensees.

Marriage and Family Therapy has used a custom instance of SBLM since 2001. Both licenses have online renewals. Additionally, Marriage and Family Therapy provides online capabilities for 1) licensees to

change their address and 2) license verification requests and payments. Initial applications are manual and off-line and all licensee paperwork is entered manually by board staff. Automation is ultimately desired.

The Executive Director acknowledges a desire to increase automation however the need to automate is not a current board priority. Further, the Board would lack resources to support any independently-funded automation efforts. In selecting a new technology system, the Board of Marriage and Family Therapy is committed to continued collaboration with other small boards. The choice of technology is far outweighed by the need to share the same technology as the other small boards. The small board collaboration, both knowledge and support, is most critical.

10) Medical Practice, Board of

The Board of Medical Practice (BMP) has 22.8 FTE, supporting 10 license types, with over 27,000 active licensees.

Renewals are automated and on-line for most volume license types. They have not pursued, nor do they desire, automating initial applications for any license types due to the stringent supporting documentation requirements.

BMP was proactive in the late 90's in acknowledging the need for and taking actions to acquire a new technology infrastructure by raising their license fees to fund a long-term project to develop and maintain a new technical solution. BMP developed ALIMS, a custom application that is 100% customized to meet the needs of BMP. BMP employs two full-time, well qualified and highly respected IT personnel that proactively maintain the technology stack and continue to enhance the application business functionality.

BMP neither wants nor needs a new technology. There is no perceived impending end-of-life for ALIMS. While BMP supported the RFP for a new system, BMP did not anticipate being impacted by a technology replacement. Rather, BMP was interested in evaluating and, possibility, incorporating enhanced business or technology improvements.

The BMP Executive Director highly supports the other HLBs in their desire to replace their technology by offering to share the ALIMS code. BMP believes some of the smaller boards could use ALIMS with only minor modifications. Furthermore, the BMP Executive Director is willing to share their IT resources when/if the ALIMS code is implemented.

11) Nursing Home Administrators, Board of Examiners of

The Board of Examiners of Nursing Home Administrators (BENHA) is a small board, with 1.5 FTE, supporting 1 license type with approximately 850 active licensees.

BENHA uses a custom instance of the SBLM system. Initial applications and renewals are both offered on-line.

The Executive Director is shared with the Board of Optometry. For over four years, he has been a very active participant in the HLB technology discussions and is a strong advocate for an improved and consolidated technology platform for his board and all HLBs. The Executive Director promotes moving to a system similar to BBHT's new licensing system, which he states is proven to be highly successful in meeting the BBHT's licensee needs. He believes BBHT's new licensing system is the best system for the BENHA licensees.

12) Nursing, Board of

The Board of Nursing (MBN) has 32.5 FTE, supporting 11 license types, with nearly 130,000 active licenses/registrations. MBN is the fourth largest state agency in terms of issued license counts. The agency initiated online services in 2002; 50,000 renewals are processed per year with a 93% on-line adoption rate. Additional services directed at public protection are investigation of approximately 2,800 nursing practice complaints per year and monitoring 70 nursing education programs.

MBN is a mature organization with well-defined business processes. It operates with a high degree of awareness of the importance of its technology infrastructure; however lack of support and funding has hindered its ability to advance its technology suite.

The MBN technology infrastructure has been built over time, resulting in approximately six core technology systems, with minimal integration. The technology suite is becoming more challenging and difficult to enhance, and the majority of the systems are nearing or at end-of-life. MBN employs two full-time, well qualified and highly respected agency-based IT staff that are qualified to lead a technology replacement.

MBN has a strong desire to make a technology change, the knowledge to proceed, and resources (if appropriated) to support a new technology program. MBN leadership is a strong supporter of the HLB RFP. Many of the HLB's RFP requirements are in the current MBN regulatory management system or desired enhancements.

13) Optometry, Board of

The Board of Optometry (Optometry) is a small board, with .88 FTE, supporting 1 license type with approximately 1,200 active licensees.

Optometry uses a custom instance of the SBLM system. Renewals are automated and on-line. Initial applications will be automated and on-line after the current renewal period closes on Dec. 31, 2012. (The initial application functionality has been developed and tested and is pending deployment.)

The Executive Director is shared with the Board of Examiners of Nursing Home Administrators. For over four years, he has been a very active participant in the HLB technology discussions and is a strong advocate for an improved and consolidated technology platform for his board and all HLBs. The Executive Director promotes moving to a system similar to BBHT's new licensing system, which he states is proven to be highly successful in meeting the BBHT's licensee needs. He believes BBHT's new licensing system is the best system for the Optometry licensees.

14) Pharmacy, Board of

The Board of Pharmacy (Pharmacy) has 14 FTE, supporting 19 related business processes (10 license types, 1 registration, 8 sub-categories) with nearly 24,000 transactions during calendar year 2011. Initial applications are automated and on-line for one license type. Pharmacy offers online renewals for some of its license types with a very high adoption rate. Pharmacy has not pursued automating initial or renewal applications for certain license types due to the stringent supporting documentation requirements. However, Pharmacy does intend to pursue at least partial automation of initial and renewal applications for all license types by automating the licensee initiation process by entering data and paying online. Required offline processes would remain as-is.

Pharmacy uses GL Suite. Implemented in 2006 and with some continued support and enhancement, GL Suite meets the board needs. Pharmacy desires to continue moving their technology forward and has an ongoing list of system enhancements to achieve it. Most substantially, they desire to become a paperless office and incorporate a document management system.

Pharmacy is happy using GL Suite and happy with the vendor. The vendor has made some changes in recent years, all reported as for the better. The Executive Director believes that GL Suite is an "excellent and massive" system "that is capable of a lot of things" and can be enhanced to meet their technology goals. Furthermore to date, he has not seen an alternative system that would be worthy of the board's time, effort or money to convert. Pharmacy does not wish to be included in a system replacement effort.

Pharmacy has acknowledged a part-time need and resource gap to properly manage the GL Suite product. They acknowledge a "product manager" role that would manage the vendor relationship and product enhancements. Although not ideal, they will continue to manage their GL Suite installation using existing board resources.

15) Physical Therapy, Board of

The Board of Physical Therapy (Physical Therapy) is a small board, with 3.0 FTE, supporting 2 license types with approximately 6,000 active licensees.

Physical Therapy uses a custom instance of the SBLM system that was implemented in 2001. Numerous enhancements have been developed in conjunction with, and shared by, the other small boards. Renewals are online with a high adoption rate of over 93%. Initial applications are also available on-line.

The Executive Director reports that SBLM is cost effective, efficient, and easy to use; and follows the workflow of all basic processes. She has been actively involved in the consideration of a move to a new system similar to BBHT's new licensing system.

In selecting a new technology system, the Board of Physical Therapy is committed to continued collaboration with other small boards in order to reap the benefits of collective knowledge and experience, as well as cost savings, in software and online services development and technology

support. This collaborative approach has been highly successful and efficient for the past 11 years with the SBLM platform.

16) Podiatric Medicine, Board of

The Board of Podiatric Medicine is a small board, with .5 FTE, supporting 3 license types with approximately 267 active licenses.

Podiatric Medicine has used a custom instance of SBLM since 2004. Podiatric Medicine does not currently offer online capabilities for initial applications or renewals. All licensee paperwork is submitted offline and entered manually by board staff. Podiatric Medicine does provide the online capabilities for 1) licensees to change their address and 2) license verification requests and payments. Podiatric Medicine is planning to launch online renewals during the next renewal cycle.

While SBLM has the capability for online initial applications, the Executive Director has not pursued it due to credentialing requirements in statute that require board receipt of primary source documentation to be received directly from the source. Additionally, the associated credit card costs have been cost prohibitive.

The Executive Director is shared with the Board of Dietetics and Nutrition Practice. She actively promotes moving to a system similar to BBHT's new licensing system, which she states is proven to be highly successful in meeting the BBHT's licensee needs. She believes BBHT's new licensing system is the best system for the Podiatric Medicine licensees. She also stated the need to share the same technology as the other small boards, because the small board collaboration promotes her board's success.

17) Psychology, Board of

The Board of Psychology (Psychology) has 9.6 FTE, supporting 8 related business processes (4 license types, 1 registration, and 3 applications) with over 4,100 transactions during calendar 2011. Psychology has one core license type, Licensed Psychologist, which makes up the majority of their total volume. In late 2012, renewals went online for this core license type; otherwise all other new or renewal transactions are offline and the majority of paperwork entered manually by board staff.

Psychology uses GL suite and was the first health licensing board to go live on GL Suite in 2006. Independent of technology platform, the 2006 technology conversion has resulted in poor data quality and controls. Psychology believes they have allocated the appropriate staff attention to improving GL Suite however they have been hampered by the vendor's service model and staff.

Psychology has a strong desire to automate and simplify business processes, provide online services and increase payment controls and tracking. One strategic planning goal for Psychology is, "innovative use of technology". They want to be a leader in online services within 3-5 years. They have had limited success in improving GL Suite and no longer see the ability to achieve their technology goals within the confines of their current product or vendor.

18) Social Work, Board of

The Board of Social Work (Social Work) has 10.6 FTE, supporting 6 license types, having licensed over 12,500 professionals. Social work offers online initial applications, renewals and license verification. All online services have a high adoption rate, consistently about 80% utilization. Compliance information, including public non-disciplinary and disciplinary orders is also online and can be viewed in PDF format at the website. Review of confidential compliance documents is done via a secure password protected VPN System for enhanced efficiency and security.

Social Work has used the custom General Licensing System (GLS) since 2000. They are the only board to use this system. GLS meets most of the board's feature and requirement needs. The board has employed since 2006 one full-time, well qualified and highly respected agency-based IT staff that spends the majority of her time supporting and enhancing GLS's business features, functionality, and online services.

The business users view GLS as solid, feature rich and a reliable system. The business users like GLS, "it works well and is effective", and are extremely satisfied with the current front-end system. GLS was designed in 1999 and went live in January of 2000. It is large and has become a complex codebase. GLS is a Visual Basic V6 (VB6) desktop application that communicates with the back-end SQL 2000 database. While the board manages to keep this mission-critical asset operational and stable, it has become difficult to customize for the business requirements and to maintain this legacy software in a modern client computing environment. Also, Microsoft support for VB6 applications has ended with the life cycle of Windows Vista, which raises the risk of GLS compatibility with the Microsoft as well as third party products in future.

The Executive Director acknowledges the need to begin planning to replace their technology, particularly the back-end licensing system with the goal to "provide excellent, efficient service to the customer and back-end user." She understands the amount of effort that would be required of the board to support a replacement project, as well as the business training on a new system. Timing, resources, and system features are key factors in making an informed and prudent decision about a replacement system. The Executive Director is concerned about the board's ability to adequately staff a replacement effort within the next 1-2 years based on implementing new legislation beginning 2013-mid 2015, and an electronic data management initiative. Changes to comply with these initiatives have been incorporated into GLS and current online services.

19) Veterinary Medicine, Board of

The Board of Veterinary Medicine (Veterinary Medicine) is a small board, with 2.0 FTE, supporting 3 related business processes (2 license types and 1 professional entity registration) with just over 2,800 transactions during calendar 2011. Veterinary Medicine has one core license type, Veterinarian, which makes up the majority of their total volume.

Veterinary Medicine has used a custom instance of SBLM since 2001. Initial applications and renewals are both offered online for their core license type. Veterinary Medicine has one new, very small volume license that is managed manually, off-line.

The Executive Director believes their current SBLM system is very good and meets the needs of the licensees and board business functions; however it can be made better. He desires to "improve and enhance our current system, affordably." The Executive Director promotes moving to a system with similar features as ALIMS, the technology currently used by BMP and BBHT. The Executive Director has played a very active role in the previous HLB RFI/RFP processes and is a significant proponent of a technology enhancement or replacement.

20) MN.IT Services within the HLBs

To understand the existing health licensing board systems and their technology support model, it is important to understand how MN.IT Staff are structured within the health licensing boards.

Following the 2011 State of Minnesota IT Consolidation, all MN.IT staff within the HLB offices report up through Rick Bostrom. Rick Bostom works through the Administrative Service Unit (ASU) and has MN.IT accountability to the Minnesota Department of Health's CIO.

The IT Consolidation initiative has blurred the lines of MN.IT staff supporting the health licensing boards. MN.IT Leadership acknowledges the ambiguity and continues to work towards clarifying roles, responsibility and accountability.

At the writing of this report and in the opinion of Admin, the following structure was observed:

- **Agency Based** MN.IT Staff – Some boards have technology resources seated within the board's office space. The technology staff salaries are paid from their sponsoring Board's annual budget. Agency based technical staff work at the direction of their sponsoring board's Executive Director. Additionally, agency based technical identify their top priority as the needs of their sponsoring board. Agency based technical staff, along with their Executive Directors, support sharing agency based technology resources with other boards when capacity presents itself. There are five agency based MN.IT staff within the health licensing boards as follows: Medical Practice (2), Nursing (2), and Social Work (1).

  ***Notes**:*

  1) *In mid-2012, Pharmacy closed one open technology FTE because 1) the board did not need a full-time developer and 2) there was concern that the board would be responsible for the full salary of the technology FTE even though most duties would be performed for other agencies, at direction of MN.IT. Pharmacy is considering repurposing the technology FTE to a business FTE.*
  2) *Emergency Medical Services (EMS) is not considered a health related licensing board although it is located in the same facility and receives many HLB administrative and IT*

services. In early 2011, EMS eliminated one technology FTE thus increasing the overall demand on the shared MN.IT staff.

- **Shared** MN.IT Staff – The health licensing boards have two technical resources located in the HLB office building that are not assigned to an agency. They are the primary support for boards without technical resources and partner closely with the agency based technical staff. The staff salaries are paid through the Administrative Service Unit (ASU) and allocated back to all HLB boards.

  ***NOTE**: ASU eliminated one desktop support position (ITS 1) FTE during 2012.*

- **Central** MN.IT Staff / MN.IT Services – MN.IT Services provides enterprise-wide technology direction, oversight, infrastructure, and is otherwise accountable for the technology throughout the State of Minnesota. Additionally, MN.IT Services has ultimate accountability for technology staff across the State of Minnesota, including the health licensing boards. All State of Minnesota technology staff report through MN.IT Services and the commissioner, Carolyn Parnell.
- **External IT Contract Resources –** The health licensing boards often rely upon external IT support for much of their non-production support technology needs. In acquiring external IT support, the HLBs issue solicitations to the State of Minnesota's 902TS Master Contract Program. One vendor, Lynmark Consulting, has been awarded a number of contracts touching many of the HLB systems.

3. D. Current State - Technology Summaries (Alphabetical)

1) Technology Overview

The following chart inventories the core technology systems in place at the HLBs.

Core System Name (alphabetical)	Front or Back Office	Vendor Custom	Health Related Licensing Board Name
Automated Licensure Information Management System (ALIMS)	Back Office	Custom	Behavioral Health and Therapy/BBHT
			Medical Practice
Case Management System (CMS)	Back Office	Custom	Health Professionals Services Program
General Licensing System (GLS)	Back Office	Custom	Social Work
GL Suite	Front Office & Back Office	Vendor	Barber Examiners
			Cosmetology Examiners
			Dentistry
			Pharmacy
			Psychology
License Manager (LicMan)	Front Office & Back Office	Custom	Chiropractic Examiners
MBN (multiple systems)	Back office	Custom	Nursing

Small Board License Manager (SBLM & SBLM Online)	Front Office & Back Office	Custom	Dietetics & Nutrition Practice
			Marriage and Family Therapy
			Nursing Home Administrators
			Optometry
			Physical Therapy
			Podiatric Medicine
			Veterinary Medicine
Web-Based, Front-Office Module called "Online Services"	Front Office	Custom	Behavioral Health and Therapy/BBHT
			Medical Practice
			Nursing
			Social Work

2) Automated Licensure Information Management System

Two boards use the Automated Licensure Information Management System (ALIMS), Board of Medical Practice (BMP) and Board of Behavioral Health and Therapy (BBHT). ALIMS is a back-office system only. BMP and BBHT have paired ALIMS with the front-office tool, "Online Services".

ALIMS was first designed and developed by BMP between 2001 and 2004, using a blend of BMP employees and external IT contract resources. It launched in 2004. In June 2011, BBHT developed and launched their own, customized version of ALIMS, using external IT contract resources. The customization of ALIMS for BBHT was due to the different Statutes requirements and needs of BBHT.

The BMP and BBHT versions of the ALIMS code share a high amount of similarity even though they are permanently branched and maintained separately. Additionally, there is little business or IT knowledge sharing between the two boards and two ALIMS installations, since each board is an independent executive branch entity, and is responsible of its own database.

ALIMS is a Microsoft centric platform using Client-server (VB.net), Microsoft-centric solution Microsoft® .NET platform with a SQL Server backend database. It is a windows application that utilizes Crystal Reports for reporting needs. ALIMS is a highly advanced, custom application. It is a highly stable application.

The State of Minnesota owns the ALIMS code, therefore the ALIMS application can operate royalty/license-fee free. The support model for ALIMS is dramatically different;

- The BMP installation is well supported. For BMP, all defect and enhancement work is completed by two agency based MN.IT staff. (The effort is estimated as one FTE equivalent.) The BMP Executive Director places heavy emphasis and importance on the proactive maintenance and enhancement of this system.
- The BBHT installation has been generally unsupported by MN.IT since its initial launch. The shared MN.IT staff supporting the infrastructure has not assumed responsibility of the code, reports, and database due to lack of resources and authority. BBHT does not have agency based MN.IT staff and relies exclusively upon external IT contract resources for code defects and enhancements. BBHT maintains a small budget to cover external IT contract resources. The

technology suite used by the BBHT installation is common to acquire. However, technical domain knowledge of the BBHT installation is a risk since technical knowledge transfer to MN.IT staff has not occurred.

Board Feedback: The two boards using ALIMS have no desire to change systems. Both boards are satisfied and do not need or want a replacement. Elsewhere at the HLBs, ALIMS is highly regarded as the leading technology.

BBHT ALIMS Extension Project Notes: The total external resource cost for the BBHT project was $204K, or approximately 2,400 contract work hours. The amount of HLB resource time is unknown. The duration from start to launch was approximately 12 months with 2 part-time, external contractors. The scope of the project included:

1. ALIMS Extension/Customization
2. "Online Services" Extension/Customization
3. Data Conversion
4. Six-month warranty period (in addition to the 12 month project period)

The amount of code change required to the BMP ALIMS code for BBHT is generally as follows:

- Original BMP ALIMS codebase
    a. 80% of the code base required only basic or minimal changes to change the naming conventions
    b. 20% of the code included more involved changes, however the changes were still relatively insignificant
- The addition of new code (perhaps increasing the codebase by 5%)
- Configuration of the database table data to support lookup tables, license type property values, correspondence templates, complaint activities, and others
- Relatively insignificant changes to the database schema

The required code changes can be categorized as follows:

- The BMP process did not fit BBHT and a better solution was designed
- New functionality (i.e., Supervisors and supervision plans)
- Simplifying the workflow was required by BBHT
- Optimizing code (e.g. correspondence generation) to operate more efficiently with MS Word 2010 and the storage of Word documents

3) Case Management System

The Case Management System, or CMS, is used by one group, the Health Professional Services Program (HPSP). It is a custom application that launched in early 2012. This system replaces an old CMS that was built in the 1990s. CMS is a standalone database, which provides necessary functionalities to register and monitor healthcare professionals licensed by all HLBs who have substance, psychiatric and other

medical disorders. Since implementation, the CMS has been highly stable and generally defect free. Only two enhancements are identified and planned for the next budget year.

The CMS application is only a back-office application, fulfilling internal board functions only. The HPSP does not need or desire a front-office system to serve their program participants.

The CMS back-office is a Microsoft SQL Server 2008 R2 database. The CMS user interface, drug testing results batch entry program, and reports are developed in Microsoft Access. The Microsoft SQL Server and Microsoft Access communicate using a Window Server. A "letter processing" module was built in the CMS, which generates and maintains the case notes and other correspondence in Microsoft Word. The primary goal when creating the CMS was to consolidate existing case management data from different sources into a new, single system. The HPSP data MUST be managed with the highest degree of confidentiality and privacy.

CMS was designed and developed by external IT contract resources for approximately $55,320. The State of Minnesota owns the code, therefore the CMS application can operate royalty/license-fee free. Technology support of the CMS system is decentralized and varied. Since the code is proprietary and the HPSP does not have in-house technology staff, the HPSP looks to the HLBs and MN.IT for all technology support needs. Known technical support needs are varied and as follows:

- MS Access/User Interface – Externally contracted MS Access developers
- Reporting – SQL and MS Access, provided by board staff or agency based, MN.IT staff
- Networking and PC support – ASU and the local MN.IT staff
- Email and backup – Central MN.IT Services
- Security – ASU and the local MN.IT staff
- Vulnerability Screening – Central MN.IT Services

Board Feedback: The HPSP is enthusiastic about its new CMS application. It is a dramatic improvement from their previous application and meets the majority of their business needs.

4) General Licensing System

The General Licensing System, or GLS, is used by one board, Social Work. It is a custom application that launched around 2000.

GLS is a back-office, desktop application written in Visual Basic 6.0. The Board of Social Work uses the front-office, web-based "Online Services" for their public and licensing needs.

The State of Minnesota owns the GLS code, therefore the GLS application can operate royalty/license-fee free. The Board of Social Work employs one agency based MN.IT Staff and nearly all GLS support is met by this one FTE.

Board Feedback: The Executive Director states that GLS "works well and is effective," and, yet acknowledges the need to keep current with technology. The Executive Director has been very active in discussions for a new HLB system.

Shared MN.IT Staff Feedback: MN.IT staff has significant concerns about the health and supportability of GLS and state the GLS back-office desktop application has exceeded end-of-life as Microsoft stopped all support of the Visual Basic platform in 2008. Furthermore, adequate technical support requires 1) deep domain knowledge 2) ability to traverse a complex code structure and 3) a depleting Visual Basic 6.0 technical skillset. The current GLS technical support is highly reliant upon the one agency based MN.IT staff resource.

5) GL Suite

GL Suite is a commercial off-the-shelf (COTS) software system provided by GL Solutions and installed by the following boards; Cosmetology, Dentistry, Pharmacy, Psychology, and Barbers. It was implemented by the first board in 2004.

Per their website, GL Suite is a front-office and back-office application and handles all aspects of government regulation and licensing. GL Solutions states that GL Suite is "is easy to use, configurable by you, and tailored to meet your needs." GL Suite supports the management of licenses and automates registration, credentialing, permitting, certification, compliance and enforcement activities. Capture, store and track any type of data, documents and forms necessary for licenses, credentials, permits, inspections, complaint, enforcement and continuing education. GL Suite manages and automates every step the application and renewal processing, from licensee data updates, history, letters/correspondence, payment processing and certificate generation. Information is easily accessible at all times, enabling quick response to complaints and timely inspections. Customers and the public can access the information they need online. GL Suite eliminates duplication of data entry by fully integrating license, regulation and document management system functions.

GL Suite is a browser-based application available 24/7 online. The underlying technology is ASP.NET, VB.NET, SQL Server.

The level of automation configured within GL Suite varies significantly for each board. Some boards have full, online applications and renewals. Some are in the process of implementing automation. Each board invests time, money, and energy to developing the solution and is committed to making the solution better.

When installed, each Board has a separate instance of the application code, web code and database. The vendor maintains the source code and the shared MN.IT staff supports the infrastructure. Additionally, the shared MN.IT staff has implemented a custom add-on reporting tool to better meet business needs.

***Note**: The health related licensing boards do not take advantage of the "hosting" solution that is typical for a GL Suite installation (and included in the annual, license fees) and has chosen to install the code within the State of Minnesota's technical infrastructure.*

Each board using GL Suite manages their own budget and contract directly with GL Solutions. Each board selects a "plan" that best meets their needs. Each "plan" includes a fixed amount of "tasks"

(minor enhancements or defects) as well as "projects" (larger enhancements). Additional tasks and projects are available for additional fees. The approximate, annual cost by board is $25K-$45K depending upon the board's chosen support plan. The total 2011 payment for annual maintenance agreements was reported as $191K.

The application is configured to varying extents for different boards. All development and customization requires vendor assistance, since the code is vendor owned and cannot be modified internally. Most boards need customization rather than configuration. Each board is responsible for providing their own user testing and business analyst. They often rely upon peers for knowledge, training, or assistance.

Board Feedback: Boards are generally happy with GL Suite and the system functionality. Several boards using GL Suite expressed little or no interest in changing technology. However, boards are not satisfied with the vendor:

1) Most boards expressed the lack of board staff availability and/or competency to work as a "systems analyst" or GL Suite subject matter expert. There has been difficulty defining and translating board requirements into system functional requirements. Often times, this translates into the vendor delivery not matching client requirements.
2) Boards are highly dissatisfied with the vendor's delayed delivery of defects or enhancements. Board staff does not have the capacity to perform adequate vendor management or oversight. They feel unsupported by MN.IT and feel they have no recourse to address vendor issues.

6) License Manager

License Manager, or LicMan, is used by one board, Chiropractic Examiners. It is a custom application that launched in 1999-2000. The Executive Director originally defined the logical data and user interface requirements for LicMan. While his involvement with development and support was limited, the Executive Director remains the most knowledgeable about LicMan features and functionality. There is no longer technical domain knowledge to extend the application with new features.

The Executive Director believes LicMan was the second system within the State of Minnesota that was made available to public licensees for on-line licensing renewals. He acknowledges the system is old and needs replacement.

LicMan is both a front-office and back-office application. It is written in Classic ASP, Visual Basic 6.0, and SQL Server.

The State of Minnesota owns the LicMan code, therefore the LicMan application can operate royalty/license-fee free. The Board of Chiropractic Examiners does not have an agency based technical FTE and relies upon the shared MN.IT staff for application support. LicMan is critical to daily operations of the board and "if it goes down, board staff may as well all go home because all staff use it constantly." LicMan is reported to be a highly stable application, only coming down once for a planned outage in recent memory.

Board Feedback: The Executive Director states that, while LicMan was once leading edge and superior, it has reached end-of-life. LicMan fulfills the board's basic system requirements, however is unable to be maintained or extended to meet the growing business or technical needs. The Executive Director is pleased with the user interface; it is logical and well organized.

7) Nursing (Multiple Systems)

The Minnesota Board of Nursing has a number of systems to meet the daily needs of the Board, including but not limited to:

- "Online Services" (front-office) *(which is defined in a different section)*
- MBN InfoSystem (back-office)
- Discipline Case Management System (DCMS)
- Nursing Education Database (NED)
- Electronic Document Management System, MBN Docs (EDMS)

The suite of technology within the Board of Nursing meets the board's baseline requirements but meets their desired features and level of automation to a varying degree. Additionally, the suite of technology within the Board of Nursing:

- Are varied and numerous in terms of underlying technologies
- Are difficult to maintain or extend
- Has varying integration with more recent systems such as EDMS providing high levels of integration with older systems but the older systems providing only limited integration with each other
- Utilizes aging or obsolete technologies, including PowerBuilder and Visual Basic, which are nearly or completely unsupported technologies. Additionally, each has a depleting developer pool set.

The Board of Nursing employs two agency based MN.IT staff that support all applications.

Board Feedback: The Board of Nursing is happy with "Online Services" but is otherwise dissatisfied with the state of their technology. The Minnesota Board of Nursing is the primary driving force behind the acquisition of a new License and Regulatory system for the health related licensing boards. They have both a strong need and desire to update and replace their technologies.

8) Web-Based, Front-Office Module called "Online Services"

A more sophisticated, web-based, front-office module has been developed and is in use by Board of Social Work, Board of Nursing, Board of Medical Practice, and Behavioral Health and Therapy (BBHT). These boards refer to this code as "Online Services".

***Note**: Most boards have public websites that support their ability to deliver services online. "Online Services" described here is a physical system and should not be interpreted as the ability to deliver services online. Furthermore, it has been verified that "Online Services" is different than "SBLM Online".*

"Online Services" is a public-facing website for license applications, license renewals, license lookups, license verification requests, information downloading, licensee contact information update, Professional Profiles, and more. When used, it requires interfacing with an existing back-office system. Each of the boards using "Online Services" has a different back-office application.

Online Services is a web-based application coded in Microsoft ASP.NET and Visual Studio, running in Microsoft IIS (Internet Information Service) Web Server.

Online Services utilizes common features, user interface and an underlying technology suite however each installation is a unique derivative of its predecessor. Each installation is uniquely customized and little, if any, code is shared across installations. It was reported that there is a similar structure with some shared code, modules, and base classes. Generally, "Online Services" exists as a one-time, branched code base with no ongoing code inheritance. Furthermore, there is little or no discussion about unique feature enhancements or maintenance. Each Board enhances its own online services functionality according to its business need and resources. The code variant timeline is as follows:

- In approximately 2002, Online Services was originally designed and developed by the Board of Nursing
- Between 2004-2005, the Board of Medical Practice adapted the Board of Nursing code unique to their needs
- In 2004, the Board of Social Work also adapted the Board of Nursing code unique to their needs
- In 2011, BBHT adapted the Board of Medical Practice's code unique to their needs

The State of Minnesota owns the "Online Services" code, therefore "Online Services" can operate royalty/license-fee free. The ongoing maintenance and support varies by the installation as follows:

- Board of Social Work – Agency based MN.IT staff
- Board of Nursing – Agency based MN.IT staff and external IT contract resources
- Board of Medical Practice – Agency based MN.IT Staff and external IT contract resources
- Behavioral Health and Therapy (BBHT) – External IT contract resources

Board Feedback: The boards using "Online Services" have no desire to change front office systems. They are 100% satisfied and do not need or want a replacement for their front office application.

9) Small Board License Manager

Small Board License Manager, or SBLM, is used by most of the small boards including Veterinary Medicine, Podiatric Medicine, Optometry, Dietetics & Nutrition, Marriage & Family Therapy, Nursing Home Administrators, and Physical Therapy.

SBLM is a front-office and back-office system. It was originally designed and developed by a student worker in 2001, for the Board of Physical Therapy. As the project was being developed the six other small boards adopted the same common database platform, thus creating SBLM. SBLM was developed using common functions and best practices from the other existing HLB databases Since SBLM database and regulatory system supports small staffed boards, there is not a high need for process/workflow,

data tracking or data control. SBLM is "a cost effective" system. The State of Minnesota owns the SBLM code, therefore the SBLM application can operate royalty/license-fee free.

The SBLM front-office application is called "SBLM Online Services". The SBLM front-office is developed using ASP.NET and VB.net. It is an online, public-facing external website. The boards share one common production instance therefore if the SBLM front-office is brought down for maintenance, all SBLM front-office sites are down. ***Note**: The SBLM front-office application is called "SBLM Online Services" and is not the same as "Online Services" described in another section. They are unique applications and do not share any code commonality.*

The SBLM back-office is a desktop application developed using Microsoft Access Visual Basic. SBLM back-office shares some common code elements, yet is designed to allow each installation to be uniquely customized. Additionally, each board has its own production instance of the SBLM back-office and database, therefore each board has independent reliability and up-time. Each board's back-office component connects to the front-office. Batch programs sync data between the two components.

The reliance on Microsoft Access Visual Basic for the SBLM back-office is concerning in that VBA:

- Is approaching end-of-life, as licenses stopped being distributed to new customers in 2007,
- Has limitations for the enterprise, especially in the areas of security and deployment, and
- By the majority of technologists, is not considered an object oriented language or an "Enterprise" development tool.

From a business user perspective, the features and functionality meet basic board needs. The seven boards that use SBLM have a vested interest in making feature improvements and enhancements as well as leveraging the enhancements of other boards. While the business users conduct meetings to discuss desired or upcoming enhancements, funding mechanisms or required maintenance, the meetings do not include IT, are not well documented and are infrequent. In the last 18 months, approximately three meetings have been conducted.

From a technical perspective, there is no observed owner responsible for maintaining its *proactive*, *technical* health. As time permits, shared MN.IT staff support and perform occasional feature enhancements to the SBLM back-office application. SBLM has occasional, minor defects like any other database system. Nearly all support and enhancements for the front-office component rely upon external IT contract resources.

Board Feedback: Board using SBLM are generally happy, reporting:

1) SBLM is an "intuitive" system, "nimble, easy to use, and straight forward." Generally, SBLM meets core business requirements however they all desire to move forward with technology.
2) The small boards state a strong need to stay on similar technology in order to leverage business and technology staff resources and funding. If other boards were not asking for a new system, the small boards on SBLM would not be asking due to lack of resources and funding.

3) The small boards' budgets have limited funding for technology. They rely on the shared MN.IT staff for daily IT support. The small boards would like to see more support from the shared MN.IT staff.
4) Would like to see A) improvement and enhancements focused around additional applications and online functions and services B) enhanced reporting capabilities and C) emphasis on ensuring a user friendly front and back office system.

10) Public Website Content Management

The assessment of the health licensing board's public websites is not in-scope for this report however this is an opportunity for shared knowledge and technical support. The technical knowledge and current solutions vary. Additionally, each board has responsibility to maintain its own website content management application and contract.

At the writing of this report, the shared IT staff is coordinating with central MN.IT to roll-out Tridion, an enterprise-wide service offering.

4. Summary of Evaluated Systems

The following vendors and systems were evaluated:

Vendor Name (Alphabetical)	System Name	Exists within Minnesota	COTS or Custom	Current # of Implementations
Accela	Accela Automation Suite	No	COTS	17
CyberBest	License Management System (LMS)	No	Custom	1
GL Solutions	GL Suites	Yes	COTS	57
Iron Data	CAVU eLicensing	No	COTS	31
Iron Data	Versa Gateway/Online + Regulation	Yes	COTS	34
Lynmark Consulting	Automated Licensure Information Management System (ALIMS) + Online Services	Yes	Custom	ALIMS – 2 Online – 5

For each system, the following section includes:

- **Vendor Statement of Capabilities** – Each of the above vendors and systems responded to Admin's Request for Information. A summary of the vendor and system has been included. Because vendors provided a significant amount of information in their responses, the sections below were shortened and include both direct quotes and paraphrased descriptions related to the vendors.

  ***NOTE**: The vendor's formal RFI response documents are not included with this report but are available upon request.*

- **Solution Feedback from the HLBs** – HLB representatives were asked to participate in the RFI evaluation process. When these representatives submitted feedback, their feedback was summarized and included.
- **Solution Feedback from MN.IT** – MN.IT was asked to review and assess each vendor and system based on the vendor's response to the RFI. Feedback summary has been extracted from their complete report and included.

  ***NOTE**: The complete MN.IT technology assessment is included as Appendix B of this report.*

- **Solution Feedback from References** – Admin conducted at least two reference checks for each evaluated product. A summary of these reviews is included but the names/states are not noted due to confidentiality reasons. References were not asked for permission by Admin to formally publish their feedback.

4. A. Accela / Accela Automation Suite

1) Vendor Statement of Capabilities

Accela Automation® is a COTS (Commercial-Off-the-Shelf) system that includes licensing and case management functionality. The following modules are available to fulfill the HLB needs:

- **Accela Licensing and Case Management™ Module** – A back-office, web-enabled enterprise application that includes many functions for the handling of license processing through every stage from pre-application and initiation through renewal and incorporates most interim and other activities. Examples of functionality include: Alerts and Holds, Audits, Contact and Entity management, Continuing Education management, Document handling, Education Tracking, Examination tracking, Fee management, Hearings, Inspections, Performance metrics, Privileges/Specialties/Amendments, Renewal processing, Reporting, Scheduling, and Workflow.
- **Accela Citizen Access™ Add-On Module** – A front-office, web-enabled application that extends government services to the public 24-hours a day, through a self-service web portal. Citizens and other external parties can interact with government data online, eliminating the need for counter operations. Accela Citizen Access is Multilingual and supports IE 8 or 9, Firefox 5, Safari 5, and Google Chrome 12 browsers. Examples of functionality include: Application Status Review, Application for Initial License, Application for Supplemental Licenses, Collections, Continuing Education submittal, Examination scheduling, GIS Queries with Map Viewer, Inspection Request, License Verification, Provider Searches, Renewal of License, Report Link, Roster and List Download, Search for Public Documents on Maps, and Shopping Cart.
- **Accela Mobile Add-On Module** - Accela Mobile enables field-based personnel to capture, store, update, manipulate, analyze, and display geographic information for real-time licensing management activities. This enables organizations to speed up analysis and decision making by using up-to-date, accurate spatial data. Built using Microsoft Windows Presentation Foundation (WPF) framework, this add-on module is a smart client application that offers: role based configuration, elegant user interface, map-centric approach, store and forward capabilities for

on or offline work, routing with driving directions, reporting from the field, and broadcast messaging and e-mail communications.

- Other modules available include **Accela Analytics**, **Accela Inspector**, and **Accela Code Officer**.

Accela Automation is a "highly robust system with infinite configuration abilities allowing the system to meet the exacting processes of any government agency." Accela states that configuration (i.e., no other tools other than those provided internally by the system) is all that is needed to initially configure the system or to reconfigure it at any time thereafter and that Customization (i.e., the need to adjust the system source code to meet an agency's requirements) is rarely performed. Accela defines a significant difference between systems on the market that need to rely on "customization" to meet needs, rather than being a full functionality solution that has a high level of "configurability".

All Accela modules are web-based. Accela states that their product is compliant with Section 508 of the American Disabilities Act supported by highly detailed explanation of technology considerations and solution approaches.

The existing Accela modules can be delivered to the boards utilizing core functionality (e.g., workflow, contact management, license management, enforcement handling, etc.) while allowing each board the ability to change labels, order columns, add queries, and more.

Accela states they are "focused on delivering and developing solutions on a Government Platform that responds to and anticipates the needs of our government customers and the constituents they serve." Specific to the proposed solution, Accela states they are "committed to the ongoing development of its software products and works continuously to enhance solutions to remain current with new technologies and consistent with best business practices" which "manifests itself in a strong financial investment in R&D in millions of dollars each year."

Accela is a privately-held corporation located in San Ramon, California. They have been in business for 30 years and have served over 500 separate agencies, including support and maintenance. Accela's in-house total staff includes approximately 150 professionals with 30+ staff knowledgeable in the proposed Licensing and Case Management module. Accela has implemented 17 Accela Automation Licensing and Case Management systems including but not limited to:

- State of Montana Department of Labor and Industry
- State of Oregon, Department of Consumer and Business Services
- US Department of Treasury
- New York City, Department of Consumer & Regulatory Affairs
- New York City Department of Health & Mental Hygiene
- Washington D.C. Office of the Chief Technology Officer
- Washington D.C. of Alcoholic Beverage Regulation Administration
- Oklahoma City, OK
- City of West Sacramento, CA
- City of Ontario, CA

2) Solution Feedback

a. Health Licensing Boards

Category	Feedback
Strengths	• Looks impressive • Flexible, robust, feature rich. Has great business feature coverage • Good configurability for individual boards and across boards • Product appears ready and quick to implement with minimal work • Cloud deployment is possible • Nice UI • Configurability, it looks incredibly flexible and appears to have a lot of capability. It looks like the project could be done with configuration only. No customization. Thus, we can avoid total reliance on the vendor for changes. • Easy admin tool • Reporting/correspondence features • Mobile support • Regular feature packs • National presence • Can remove unwanted fields from the UI • Can meet the needs of individual board requirements and workflows while allowing for a single system • Clean interface (front end and back end) • Use of web services • Easy to navigate • Search and results export • Very rich workflow dashboard • Ability to edit form layout by drag & drop • Admin interface is intuitive • Save your own searches • Ad hoc reporting tool
Weaknesses	• The HLBs do not have deep knowledge of the technology suite. Technology is Java, which is not used by the HLB however is used by MN.IT central
Unknown	• Initial and ongoing costs

b. MN.IT Central

Accela Automation is a COTS product with front and back office functionality. Accela has mobile capabilities and is compliant with section 508 of the American Disabilities Act. The proposed architecture can use Oracle or MS SQL databases and leverages Service Oriented Architecture (SOA) for integration.

Concerns: The proposed implementation approach and 60 day issue resolution cutoff.

c. Vendor Reference #1

Reference Demographics: City Department. Permitting.

Changing systems is hard. The client has "spent a lot of time and effort on the product and when you find something good, don't want to move." There is "not a chance they will look at another vendor."

Regarding the Accela solution, the client "estimates that 20-30% is master scripting, the rest is delivered via configuration and standard out-of-box functionality." The "workflow is strong." The client "does not have, use or need disciplinary functionality." The master scripting is "where the power is" and "so much can be done in the background." "Without a doubt, master scripting is the single most powerful part" of the tool. The client does "all master scripting in-house, using a resource somewhere between an IT person and business person."

Accela "brought best practice stuff to the table" and "made recommendations" to "make it easier." They "definitely took the lead." Accela releases a lot of updates and service/feature packs and it can be difficult to keep current.

d. Vendor Reference #2

Reference Demographics: State Agency. Occupational permitting (~55-60 permits) and health licensing (22 agencies, ~110 license types). Project in-progress. Phase 1 (complete back office replacement) and Phase 2 (pilot renewal group) are complete. Phase 3 is in progress (pilot initial applications).

The "product does what they say it can do." "It is so highly configurable that all other implementations WIDELY vary, so calling the main line or getting training isn't strong because it may not be applicable." There is "A LOT OF HORSE POWER in the master scripting." It "can be an amazing software system but need IT to get under the covers and take it to the next level" and they are "very optimistic of the future of the product years down the road". All reference attendees agreed that it is "not delivered with a tidy little red bow." One to two years into their implementation, "they are realizing how their current version could be better" but achieved it mostly with internal staff. They are "now playing a bit of catch up." They have "formed a [support] team of seven" consisting of end-user configuration resources (sourced from the business) and master script writers (traditional developers trained in Java/Javascript).

The reference stated some project implementation challenges. While the vendor did help successfully implement the solution, the reference believes the vendor could have done more to:

- Proactively educate the reference on the product's underlying technology
- Offer general configuration best practice recommendation or solutions, by translating the reference's business requirements into a workable solution
- Offer the reference "licensing" knowledge and solutions, rather than "permitting"

In the end, the client "still stands by choice of Accela." They do not have regrets but "would do things much differently if would be starting again." They "feel confident there are no wrong turns that cannot be easily corrected."

4. B. CyberBest / License Management System

1) Vendor Statement of Capabilities

CyberBest Technology, Inc. proposed the License Management System (LMS). The State of MN LMS implementation would, to a large extent, reuse a previous CyberBest client's LMS implementation. The existing LMS functionality meets some of the core HLB business and technical system requirements, however generally speaking, the State of MN LMS would be customized to our business and technical requirements.

The LMS code developed by CyberBest Technology for this project would be hosted by the State of Minnesota and the source code owned by the MN HLB. By selecting and implementing LMS, the HLB would not be under any obligation for future royalty, use, or lease payments other than the creation of the software.

Configuration of LMS is primarily the ability to easily maintain dropdown values. Ease of maintenance and reusable, common code is accomplished by standardizing business rules and/or functionality and using the code for all boards. Delivery of unique board requirements would be achieved through code development. The system would utilize an open architecture approach that will allow changes to be made to fit the various board business rules.

The technology suite for LMS is .NET 4.5 technologies, MS SQL and an XML services oriented architecture. This platform "provides a rich functionality of a .NET 4.5 application and the scalability and flexibility of a Web Browser application."

CyberBest Technology, Inc. was founded in 1998, is headquartered in Florida and has a branch office in Montgomery, Alabama. It is a privately held, global consulting and technology services corporation specializing in industry-specific solutions, strategic outsourcing and integration services. They report 78% of revenues come from Public Sector information technology engagements. Their current staff count is 55 with approximately 40 more in active project sites and contract staffing engagements. Approximately 6-8 of CyberBest Technology's staff have depth of knowledge in the LMS application.

The License Management System (LMS) has one, in-progress implementation for the Alabama Board of Nursing. Some functionality is currently live. The project is expected to be complete by the end of 2012.

2) Solution Feedback

a. Health Licensing Boards

Category	Feedback
Strengths	• Web based application • User-friendly user interface • The HLBs have deep knowledge of the technology suite (Windows/.Net/SQL Server platform) • Custom built to meet all needs • While not fully "configurable," it has some capability to be configured by IT

	by modifying database tables • Used by a comparable agency, the Alabama Board of Nursing
Weaknesses	• Does not have good business feature coverage • Product is not ready to implement and would require major extensions from code base • No ability to configure across boards • Perceived to be a long implementation duration • Out of the box solution will not likely meet the need • Smaller company and breadth of internal knowledge • Sounds weak in some areas of licensing, not vendor's exclusive specialty • Custom development by outsourced firm may cause issues • Would require reliance on local IT staff for support and the future of available local IT is unknown • Alabama Board of Nursing project is not proven, still in progress
Unknown	• Cost • Ongoing vendor maintenance and support

b. MN.IT Central

CyberBest License Management System is a Service Oriented Architecture solution built around open standards. The solution would be hosted by the State and the source code will be owned by the MN HLB.

Concerns: Hardware requirements were not addressed in RFI response; consequently, the scalability and high availability capabilities of the solution are not well understood. It is not clear if the CyberBest solution could be deployed as an enterprise solution because of the various modules and potential implementation scenarios. CyberBest also appears to be missing workflow and batch processing capabilities. The extensibility of the platform may vary depending on the approach taken to extend the solution.

c. Vendor Reference #1

Reference Demographics: State Agency. (Not health-related licensing).

The reference does not regret selecting CBT "at all." CBT is "very innovative" and "were able to successfully translate business knowledge to a really usable solution." "What impresses [the reference] the most is their ability to translate problems into solutions that are better than [the reference] could have ever imagined!" The reference likes that CBT is local, "5 minute drive," and "goes the extra mile." They also "have one, dedicated client person in the next building nearly all the time." The reference believes CBT is "reliable and has no hesitation to use them again or recommend" CBT's services.

d. Vendor Reference #2

Reference Demographics: State Agency. One large, health-related licensing and regulatory agency. In-progress implementation.

The reference would use CBT again because the client is "not sure there are any other vendors they would like to try." The project experienced "significant" delay due the unexpected death of the CBT

project manager and CBT "did not have anyone ready to take over." The reference is "now in the 4th year of user acceptance testing" and "confident they are going live in January."

The reference stated one key project implementation challenge. The reference would have liked CBT to bring "licensing" domain knowledge to the table and believes the lack of this knowledge contributed to the lengthy project duration.

CBT uses off-shore team members and, therefore, the client has "some issues with language and following standards." Additionally, the client IT "has mixed feedback on quality of the code."

4. C. GL Solutions / GL Suite

1) Vendor Statement of Capabilities

GL Solutions' software system, GL Suite, is a stable and mature commercial-off-the-shelf (COTS) software solution designed to handle every aspect of government regulatory processes. GL Suite is easy-to-use, requires minimal IT involvement, is easily configurable by your own administrators, and is delivered to you tailored to meet your particular needs.

The vendor, GL Solutions, believes a single "canned" solution or a one-size-fits-all relationship is not best for the parties involved and that different agencies have different needs. GL Solutions partners with their clients to explore their needs and the best fit for their solutions as they fit.

GL Suite's functionality includes (but is not limited to):

- Configurability
- Tracking and managing individuals, groups, and committees
- Applications and renewals
- Workflow automation
- Automatic batch/triggered actions
- Work Queues
- Track, audit, search
- Document management and imaging
- Conduct and case management
- Billing and invoicing
- Predefined and ad-hoc reporting
- Website integration
- Integration/Interface with third parties
- Public search, verification, complaint

GL Suite Version 6 has just been released and is built upon Microsoft's 4.0 version of .Net.

GL Solutions was founded in 1997 by former licensing administrators. It is a privately held company with between 50-60 full-time employees. Their software, GL Suite, is live at 57 clients with 26 clients having similar businesses needs as our HLBs. Examples of implementations include, but are not limited to:

- Arkansas State Board of Nursing
- Arkansas State Board of Pharmacy
- North Carolina Medical Board
- Oregon Medical Board
- Alabama State Board of Cosmetology
- Kansas Dept. of Health and Environment
- Chiropractic Physicians' Board of Nevada
- Kansas Department for Aging and Disability Services
- Wyoming Board of Professional Geologists
- Idaho Bureau of Occupational Licenses
- Arkansas State Board Of Public Accountancy
- Nevada Private Investigators Licensing Board
- Five Health Licensing Boards within the State of Minnesota; Barber Examiners, Cosmetologist Examiner, Dentistry, Pharmacy, and Psychology

2) Solution Feedback

a. Health Licensing Boards

Category	Feedback
Strengths	• Has good business feature coverage • HLBs have deep knowledge of the technology suite • Product/platform has a lot of potential • Vendor employees are nice people • End-user configurable • Highly-flexible • Meets needs • Individual instances allow for flexible upgrade path and maintenance windows • Experience with similar business processes (i.e. Health Licensing Boards both here and elsewhere) • Configurability (with reservations – see Cons) • Support model. Allows agencies to budget money more effectively. This may be much more important in the centralized environment where agencies will probably be held to a higher standard in terms being forced to budget/plan expenditures in advance
Weaknesses	• Product does not appear ready to implement, needs a lot of board configuration and customization • No ability to configure across boards • Perceived to be a long implementation duration • Concerns for appropriate vendor support • The boards' experience with vendor has, at times, been strained, categorized

	by insufficient consulting, poor project management, and missed delivery times • The board's choice to deviate from vendor hosting to internal hosting has caused some technical challenges • Configuration tool complexity and unsure of the ability to really meet configuration expectations • Individual instances do not have a tool in place for cross database querying/updating • Approach to "core code", each instance has its own code version, updated individually, and at the expense of each board • Current version is not believed to be 508 compliant
Unknown	• N/A

b. MN.IT Central

GL Suite did not provide enough technical detail in their RFI response. GL Suite did not get scored.

Concerns: N/A

c. Vendor Reference #1

Reference Demographics: State Agency. (Health Related, 6 license types, 33,000 licensees)

The reference has been using GL Suite for at least 8 years. The product is "working great now" and "absolutely meets board's needs." It "took 8 years to get comfortable and work out the glitches."

The reference selected GL Suite over the competing CAVU and Regulation and do not regret their choice "at all." They confidently stated, "They would make the same choice again." Furthermore, they have no intent to change technologies when their current contract expires.

The reference selected GL Suite because they believed it was "20% core code and 80% customizable." The customization "was important to them and they could get the product to do what they wanted it to do."

The reference has approximately 1-1.5 FTE supporting the product. "[The product] takes work to keep it up and running." The reference is "always making changes and always asking for new features and enhancements." The reference "considers themselves a development partner with GL Solutions." The reference's process is: "client receives request from business, client translate and defines requirements, sends to GL Solutions, GL Solutions sends specs, client approves specs, GL suite develops, client tests, etc."

The reference is very happy with the maintenance support contract, terms and process. The reference maintains a revolving list and confidently knows how many items "will be knocked off" in a given period. GL Solutions provides due date for each submitted item. Generally, GL Solutions meets the delivery dates.

GL Solutions "could do better system testing, sometimes buggy delivery" however has recently built an internal team to do system testing now.

The reference said the people at GL Solutions "are great and available and always willing to listen."

d. Vendor Reference #2

Reference Demographics: State Agency. Health Related.

The reference stated numerous challenges with the product and vendor, characterized as follows:

- The "fees are expensive." The billing process is not intuitive and is cumbersome.
- The product has not been able to accommodate simple changes (e.g. add new status values).
- The vendor has migrated code to production with the client's review or authorization.
- Deadlines are often not adhered to and/or are late, leaving very little time for client testing.
- Despite the repeated request, GL Solutions has not provided a test environment.
- The vendor has had a high rate of key client-facing turnover. The changes have been time-consuming, frustrating and have put extra demand on the client.

This reference is considering changing technology platforms when the contract term expires.

4. D. Iron Data / CAVU

1) Vendor Statement of Capabilities

Iron Data's CAVU solution helps regulatory agencies drive efficiency and improve citizen services through a full suite of integrated licensing and regulatory applications. CAVU is a highly-secure, Web-based commercial-off-the-shelf (COTS) solution that is ideally suited for agencies that prefer cost effective Microsoft technology and a SQL Server database. It is designed to meet the diverse needs of regulatory agencies of all sizes, from single autonomous boards to multi-board agencies and large centralized departments. Over 30 agencies in 17 states use CAVU to manage back office operations and online regulatory portals.

CAVU includes standard licensing and regulatory functions, as well as a range of options to meet your agency's specific needs, including Online Citizen Services, Workflow, Document Management, Mobile Inspections, GIS and reporting tools. With CAVU, your agency can replace its outdated and disparate systems with a single, fully integrated solution that provides an enhanced user experience for internal users, license holders and the general public.

CAVU is a .NET product developed using standard Microsoft technologies and a SQL Server database, and is backed by our team of certified professionals that are skilled in the design, development and implementation of N-tier browser-deployed applications using Microsoft .NET technology. This development option delivers extensive functionality and the benefits of an Iron Data Solution at a more moderate cost point. Iron Data is a certified Microsoft solution partner whose experience includes more than 30 projects implemented using standard Microsoft technologies.

Iron Data is North America's leading supplier of professional and business licensing software for health agencies with a long history of successful system implementations in the state government regulatory marketplace. They have been in business since 1991 and have over 400 employees. Iron Data's

corporate head office is in Arlington, VA. The Licensing Solutions Division head office is in Raleigh, NC. They also operate offices in Memphis, Atlanta, St. Louis, Austin, and Toronto.

CAVU is implemented in 18 different states and three (3) local/city governments. There are over 36 unique CAVU installations, supporting over 69 different agencies/boards. CAVU is used by 31 agencies/boards that overlap with the State of MN Health Licensing Boards and are: Dental (6), Pharmacy (6), Medical (5), Nursing (5), Psychology (5) and Cosmetology (4). Examples of agencies using CAVU are:

- Louisiana State Board of Pharmacy
- State of Montana, Division of Banking & Financial Institutions
- South Dakota Division of Banking
- Illinois Department of Financial and Professional Regulation
- Colorado Department of Regulatory Agencies
- Connecticut Department of Consumer Protection
- Vermont Board of Medical Practice
- Washington State Department of Health

2) Solution Feedback

a. Health Licensing Boards

Category	Feedback

Strengths	• Rich in features and good business feature coverage, seems like it could meet minimum requirements, some nice features
	• Highly/good configurability
	• Intuitive
	• Appears ready and quick to implement with some board configuration
	• HLBs have deep knowledge of the technology suite
	• As compared to Versa Online/Regulation:
	  ○ Not as heavy, large or cumbersome
	  ○ Could be a great way for all boards to have the same platform in common while each has its own custom implementation (instead of sharing one implementation like Versa Regulation)
	  ○ More configurable and straight to the point
	  ○ Leaner, less fat - a much better fit for our board
	  ○ CAVU's configuration module was less overwhelming and more intuitive than Versa Regulation

Weaknesses	• No ability to configure across boards • UI is not very appealing but is better than Versa • Cannot remove unwanted fields from the user interface • No mobile feature? • For CAVU and Versa Online, these products would not likely be supported by MN.IT central. The only products supported by MN.IT central is Versa Gateway and Versa Regulation • Seems fairly primitive compared to other products we have seen

	• Vendor states products are "configurable" but configuration seems to be mostly by the vendor and not by users or local IT staff
Unknown	• Hard to distinguish or differentiate choice between CAVU versus Regulation • No additional cost to the state for licensing but the state still has no model for how agencies will be charged back for the costs, particularly when the surcharge expires. So licensing will NOT be free to the agency and the costs will be unknown for some time to come. Compare this situation with dealing direct with a vendor where the boards would have a contract in advance where pricing was defined. It would be very hard to recommend any of the Iron Data options as a "blank check" when costs for other options would be known and under contract. Not Iron Data's fault – but from the board's perspective, MN.IT central is basically another vendor.

b. MN.IT Central

Iron Data CAVU is a COTS product using a web based architecture built on .NET framework and leverages Service Oriented Architecture (SOA) for integration.

Concerns: The proposed solution appears to be targeted at individual deployments rather than enterprise class solution.

c. Vendor Reference #1

Reference Demographics: State Agency. (Health Related)

CAVU was implemented because of an existing state contract. The reference "does not regret the decision." The reference was "the "8th or 9th in the state to adopt CAVU." As compared to their antiquated previous system, the CAVU technology "helps licensing and compliance" and is "much more flexible and comprehensive." The reference "intends to stay with it" and "wants continued software updates."

"Generally speaking, the [CAVU] software was able to be configured without much to customize." "Comparing to other healthcare boards and comparable boards in other states, [they have the] same needs to credential generally, same enforcement needs, compliance and credentials to interrelate."

The reference uses Iron Data's implementation services and they are happy with their work. The reference has "purchased a block of report development time" to finish implementing their reporting needs. "During [the reference's] very first online renewal cycle, Iron Data was VERY RESPONSIVE and went above and beyond." Now, "critical function issues become critical tickets and are prioritized higher."

The reference's Executive Director "does the system configuration." It is "easy." He "does not consider himself a techie and he is just fine and comfortable." For example, he "just added a field to the renewal application."

d. Vendor Reference #2

Reference Demographics: State Agency. (16 different credentialing types)

NOTE: The reference has been with a banking agency for the most recent 3 years. Prior to that, he was with occupational health care licensing. The banking agency "charters, not licenses, however does licensing for exams, disciplinary proceedings, investigations, VERY similar to that of the health care licensing." In his experience, the "non-depository side is NO DIFFERENT than health care licensing."

In selecting CAVU, the reference "looked at a lot of solutions [and did a] lot of shopping around." They "polled all 50 states to see what other states were using for banking." They "narrowed it down to CAVU because of it being a web based tool." "That was a requirement for their system." "Overall, the ease of use is what they are looking at." The reference's banking agency "handles licensing, renewals, compliance monitoring (one of the best features out there), legal tracking, etc." The client is "very happy." The reference "does not regret" their decision to select CAVU. The reference is "not live on CAVU" however are in the "final stages this week." It has been about "6-months start to finish."

The reference believes CAVU has "a lot of different capabilities in different places." It does not require "a lot of time and effort." You "don't need to be a computer person to run the system." Their system is "out of box 85%, custom configured 15%." The "Iron Data Project Manager is doing the configuration" however the reference "is not an IT person" and "it looks easy to do." There is a "lot you can do with templates." "Some of the templates would be useful if someone had basic SQL knowledge." When asked about the inability to remove unwanted fields, the reference responded, "I heard that too however there is a good way to do that by using 'user groups'."

The reference is using Iron Data's implementation services. Iron Data is "a good vendor that is quick to respond." It is a "well-structured implementation program." Iron Data has a "project manager on-site." The "project has worked so well, [he] initially was not planning to not take time off but did because it was moving so smoothly." The project did have "one speed bump and some functionality that wasn't predefined in the system." It was "an important piece to them." Iron Data "got right on it." That piece took "two months start-to-finish."

4. E. Iron Data / Versa Gateway & Regulation

1) Vendor Statement of Capabilities

Iron Data's Versa solution helps regulatory agencies drive efficiency and improve citizen services through a full suite of integrated licensing and regulatory applications. Versa is a Web-based commercial off-the-shelf (COTS) solution that is highly-secure and scalable. It is designed to meet the diverse needs of regulatory agencies of all sizes, from single autonomous boards to multi-board agencies and large centralized departments.

Versa includes standard licensing and regulatory functions, as well as a range of options to meet an agency's specific needs, including Online Citizen Services, Workflow, Document Management, Mobile Inspections, GIS and reporting tools. With Versa, your agency can replace its outdated and disparate

systems with a single, fully integrated solution that provides an enhanced user experience for internal users, license holders and the general public.

Versa is built on the Java/Oracle platform and is backed by Iron Data's team of Oracle-certified professionals that are skilled in the design, development and implementation of N-tier browser-deployed applications using Java-based technology. Java thrives on open standards and widespread community support, and allows our application software to be vendor neutral and platform independent. We have clients running our Versa solution on Sun Solaris/SPARC, Intel/Linux, IBM AIX and Microsoft Windows servers.

Iron Data is North America's leading supplier of professional and business licensing software for health agencies with a long history of successful system implementations in the state government regulatory marketplace. They have been in business since 1991 and have over 400 employees. Iron Data's corporate head office is in Arlington, VA. The Licensing Solutions Division head office is in Raleigh, NC. They also operate offices in Memphis, Atlanta, St. Louis, Austin, and Toronto.

Versa Regulation is implemented in 14 different states and once at the federal level. There are over 34 unique Regulation installations, supporting 55 different agencies/boards. Regulation is used by 24 agencies/boards that overlap with the State of MN Health Licensing Boards and are: Cosmetology (6), Dental (3), Medical (3), Nursing (3), Optometry (1), Pharmacy (4), Psychology (3) and Social Work (1). Examples of agencies using Regulation are:

- Texas Department of State Health Services
- Texas Health Professions Council
- Texas Department of State Health Services
- Florida Department of Business and Professional Regulation
- Florida Department of Health - Medical Quality Assurance
- Virginia Department of Professional and Occupational Regulation
- Tennessee Department of Health
- Montana Department of Public Health and Human Services
- Arizona Board of Cosmetology
- Nevada Board of Cosmetology
- Alabama Board of Dental Examiners

2) Solution Feedback

a. Health Licensing Boards

Category	Feedback
Strengths	• Good business feature coverage • Good configurability for individual boards • Good configurability across boards • Versa Gateway/Regulation supported by MN.IT central and not reliant on local IT staff

Weaknesses	• Cannot remove unwanted fields from the user interface (a big concern) • Product requires considerable board configuration and customization • HLBs do not have deep knowledge of the technology suite or configuration
Unknown	• N/A

b. MN.IT Central

Iron Data Versa Gateway and Regulation is a COTS product built around open standards that leverages Service Oriented Architecture (SOA) for integration. The solution appears extensible and can be deployed as an enterprise class solution.

Concerns: None.

c. Reference Check #1

Reference Demographics: Large state Implementation. (23 different boards, 276 license types, 380,000+ licensee)

The reference has used the Versa solution since 2006. Overall, the product and project is viewed as a success. They do not regret and would not change their decision.

Versa is a "large, complex system" and it "takes great understanding to support it." The reference "learns new things every day." "Business owners are not going to have the comprehensive view of all modules and sections and that creates some resistance."

The current state functionality is approximately "90% out of box" with the remaining 10% a mix between customization and configuration. The configuration can be "very complex" as you "can configure one thing in 10 different ways."

Early in the implementation phase, the reference established a firm line on scope control. They made a "conscious decision to limit or avoid customization" and "tried to use everything out of box." This "didn't go over well with the business owners, however if everyone got their own way, the cost would have gone up." The reference had to "take some [business owners] kicking and screaming." "Tenured staff didn't want new" system as they had a "customized system that does exactly what they want." The "resistance to change" became "a management issue."

Iron Data has been "one of the better vendors [the reference] has worked with". Their relationship is viewed as an ongoing partnership.

d. Reference Check #2

Reference Demographics: Four large, independent, state Implementations

The reference "is very happy with the system." They "do their work and get information out." What the reference appreciates the most is that Versa is "data driven". The reference is "constantly making changes to the data" and it is "easy to make those changes." There is "NO WAY to build another system

in-house with SO MUCH ability to change data." They like the data mart functionality. They also like that they "don't have to pay for every new field such as is typical with new license types."

The reference's "biggest complaint is the layers of the system, such as pages, paths and navigation." One business user provided "Complaints" as an example. "There are some quirks to get used to and a number of screens," however "because you have so much data, it is going to require multiple screens."

The reference does the configuration in-house. "As statutory and business needs change, they have flexibility to do [it] themselves."

The reference is not hampered by the inability to hide, move or reorder fields. It would be a "nice feature but is not a hindrance."

The reference stated that the vendor is good to work with. Iron Data has a "good ticket tracking process" and works on requests by the established and agreed upon priority. If something is a "production issue, they are on it right away." Iron Data has "improved a great deal on responsiveness on ticket submission." They are "very reasonable on billing."

4. F. Lynmark Consulting / ALIMS

1) Vendor Statement of Capabilities

Lynmark Consulting recommended the extension of an existing, custom technology within the Health Licensing Boards. The following modules comprise the solution:

- ALIMS – A back-office, desktop application that tracks applications, licenses, renewals, education, continuing education, supervisors and supervision plans, complaints, disciplines, license verification, correspondence and other data elements. The system is centered on an 'Entity' and the Entity has multiple addresses, phones, licenses and applications. An Entity can be an applicant, licensee, school, company, organization, supervisor, etc. Other powerful features include correspondence templates and management of correspondence activity, document imaging and management, full complaint process, multiple ways to search data, report templates and customization and cash management. Batch and real-time processing is accomplished based on scheduled jobs and process activities within the system.
- Online Services – A front-office, web-enabled application that allows for online licensee transactions.

ALIMS and Online Services is a 3-tier windows application. The system has a MS SQL Server database, a VB.Net middle layer that encapsulates data access and business rules, and a VB.Net Windows Forms user interface. The architecture is object oriented and has great performance via stored procedures. The database has been indexed for performance and indexed with foreign keys to ensure data integrity.

ALIMS and Online Services have been reported as being compliant with Section 508 of the American Disabilities Act. Documentation to support the accessibility testing method or results was neither requested nor provided.

ALIMS relies mostly on customization (e.g., coding/ or development) to meet business needs. The system does provide end-user configuration in the following areas: custom form letters, reports, security/users, printers, scanners (imaging). The majority of drop down field values are also readily configurable.

The core products exist but they do not exist in a state that is ready to be deployed as an enterprise, extendable system. The vendor reports that the architecture is good, has a rich user interface and solid reusable business objects, but it would need to be adapted in order to be extended and rolled-out as a solid, enterprise application, including but not limited to:

- Core technology upgrades
- Modification to the core structure to allow for the flexible removal of unwanted fields
- Enhancing the core structure to accommodate more end-user configuration options
- Code restructuring to move business logic to a reusable and flexible layer, rather than embedded within the code

Lynmark Consulting is a privately held Minnesota company. Lynmark has supported various companies/agencies for 15+ years, including multiple State of MN agencies. The company has two employees and uses sub-contractors for larger projects, when needed. Lynmark has one staff person that is knowledgeable about the proposed solution.

The solution exists and is implemented as stand-alone applications as follows:

- Online Services – Four State of MN health licensing boards (Nursing, Social Work, Medical Practice, and Behavioral Health and Therapy) and the Oregon Board of Nursing
- ALIMS - Two State of MN health licensing boards (Medical Practice and Behavioral Health and Therapy)

2) Solution Feedback

a. Health Licensing Boards

Category	Feedback
Strengths	• Has good business feature coverage • The HLBs have deep knowledge of the technology suite • Has flexibility for extension by in-house IT staff • Seems to meet all requirements • HLBs would own the code • Proven product. Tested and true, even though it's "custom" it isn't starting from scratch. We have two variants of the system already running that we can put our hands on. Learning curve much less for all involved. Already have institutional knowledge • Versatile. Custom, tailored to meet our needs. We own it therefore we can grow it as much as we need. • It would be easier to implement to all boards, and share a common platform, yet each implementation could be unique.

	• Local vendor, proven track record, extremely competent, delivers • Has experience with the US Bank interface and various other State of Minnesota financial interfaces • Has supervision module necessary for 4 boards, so not a custom expense • Uses familiar technology (Microsoft .Net/SQL Server). One internal staff member is already proficient in supporting it and others could easily learn
Weaknesses	• Product is not ready to implement and would require considerable extensions from code base • Perceived to be a long implementation duration • Single-person company, enough knowledge base and depth? • Maintenance and support issues. We own it, so we support it -this might be both a pro and a con too. • Desktop based back-office application. • Can the HLB adapt to common code and decisions that accompany it? • Does it have all features seen in other products • Does not fit in MN.IT Central's world view of centralized services. They see centralized as being at the State level and would not regard this as a centralized system • If not supported by MN.IT Central, would the HLB be able to support considering the current HLB and board IT staffing. If the boards commit to a system that requires state employees to support it, they may find the support unsatisfactory when there is no local person to do the work and they have to submit tickets to central. • Technology unknown to MN.IT Central
Unknown	• Cost

b. MN.IT Central

Lynmark consulting services is a customized application. The proposed solution is a mix of aging workgroup class products and some modernized technology (i.e. database technology includes MS Access and MS SQL)

Concerns: The new architecture was not clearly documented and the proposed solution appears to be a retrofit of the existing custom solution. Alignment with strategic Enterprise Architecture direction of the State, scalability, extensibility and ongoing support of the product are areas of significant concern.

c. Reference Check #1

Reference Demographics: State of MN - Health Licensing Boards

The references all said that Mark Stensgard is the "sole face" of Lynmark Consulting. Many of the interviewees at the health licensing boards have, at some time, worked with Mark Stensgard. ALL interviewees that have worked with Mark Stensgard, including both business and technical, report 100% positive interactions. There were no negative reports. The HLBs appreciate Mark's dedication, domain knowledge, customer service and delivered solutions. Mark has a long track record of solid software delivery at the HLBs.

d. Reference Check #2

Reference Demographics: State Agency. Health Related.

The reference reported all positive feedback on Mark Stensgard of Lynmark Consulting. The reference has contracted with Mark several times since 2009 and would "hire him again." Mark "met every deadline he committed to." The client's "relationship with Mark is out of great respect." The reference "would use him on ANY project." He is "very honest" and "very capable." The reference "trusts him more than any other contractor they've worked with."

This client did acknowledge that Lynmark Consulting is "one person and that alone tends to cause some concern about availability or workload" however it has never been a service or delivery issue.

5. Findings & Recommendations

Up to this point, this report contains information and inputs **submitted to** Admin. This section contains key findings, insights and recommendations **made by** Admin. This assesses all inputs and relies upon Admin's collective experience, and evaluation of best practices while considering key project success factors.

5. A. Key Business Findings

The following key business findings were observed within the Health Licensing Boards:

- Large group of stakeholders with varying interests
- Wide variation of desire and need to implement a new technology, some:
  - Firmly do not want a new system
  - Acknowledge a need and desire for a new system
  - Have deep passion for a new system
- Wide variation of appreciation for how technology can be used to support board operations:
  - Run – Technology is viewed as a means-to-an-end and used to maintain operations as-is
  - Grow – The use of technology is appreciated as a way to optimize or gain efficiencies of current operations and business processes
  - Transform – Desire and willingness to adopt new technologies, change business processes and operate differently to fundamentally promote change within the board and for their licensees
- Limited knowledge of other board's business operations and regulatory requirements
- Limited focus on the need to prioritize boards or phase board replacement
- Significant funding challenges

5. B. Key Technical Findings

The following key technical findings were observed within the Health Licensing Boards:

- Large portfolio of core applications (13 total, including 10 single-board use systems)
- Aging and end-of-life technologies
    - Social Work, Chiropractic and Nursing rely on an obsolete technology - Microsoft stopped all support of Visual Basic 6.0 in 2008
    - Functionality within the Chiropractic application can no longer be extended due to lack of code knowledge
    - Social Work's application is complex to maintain and extend
    - Psychology has struggled for years, with little success, to automate initial and renewal applications
- Wide technology suite requires extensive breadth of technical support knowledge (e.g., VB.net, Microsoft® .NET, Microsoft ASP.NET, Microsoft Access, Visual Basic 6.0, Classic ASP, COTS Configuration knowledge for GL Suite, SQL Server
- Resource limitations maintaining technology portfolio (e.g. business owner/analyst, technical owner/analyst, developer, tester, etc.)
- Significant percentage of total IT spending and heavy reliance on external contract resources
- Lack of "Application Portfolio Management" (e.g., application profiling, strategy, planning, spending, etc.)
- Widespread desire for ALIMS extension
- Resistance to Versa/MN.IT eLicensing enterprise offering

5. C. Evaluation of the Systems

The following chart lists the systems, along with Admin's "grade" and key decision making factors.

System	Grade	Key Strengths	Key Weaknesses
Accela / Accela Automation Suite	B+	+ Highly sophisticated and attractive user interface, features, and configuration ability + Customization model is highly powerful, robust and proven using an encapsulated master scripting approach	- New to "licensing" (historically "permitting") and minimal proven experience with State agencies - Higher risk of failure by starting over with a new system that, according to reference checks, may result in the repeated "Versa" implementation challenges ("The devil you know versus the devil you don't") - New to the State of MN
CyberBest / License Mgmt System	D		- Application does not exist - Poor representation during the RFI process
GL Solutions / GL Suite	C	+ Adequate licensing system with the most installations	- Troublesome history with some HLBs - Poor representation during the RFI process

Iron Data / CAVU	B+	+ Industry leading, smaller-scale, occupational licensing system with many installations + Sophisticated and attractive user interface, features and configurability + Vendor relationship in place, along with a capable, internal program team ready to support it	- Usability concern that unneeded data fields from the user interface cannot be removed - New to the State of Minnesota
Iron Data / Versa Regulation + Online	B	+ Industry leading, enterprise-wide, occupational licensing system with many installations + Vendor relationship in place, along with a knowledgeable, internal program team currently supporting it + Able to leverage internal lessons learned for greater future success + Successful implementation at EMS	- Limited implementation successes within the State of Minnesota - Pending infrastructure changes, including A) significant version upgrades to take advantage of new capabilities and B) an evaluation of the merits of moving to a vendor-hosted, cloud infrastructure
Lynmark Consulting / ALIMS	B-	+ Overwhelming stakeholder acceptance + No annual licensing fees + Large amount of business features already exist with the greatest ability to deliver upon unique needs	- Very limited knowledge of technology stack and code base, both internal and external - Custom code places much more responsibility on the business to maintain and enhance the technology stack - Application requires desktop installation and is not web-enabled compatible

***Note**: The above "grade" is illustrative of the overall opinion of Admin. It is not based on a scoring algorithm.*

5. D. "Best" System Determination

All evaluated systems were determined able to meet the majority of business needs. This determination was made based upon extensive analysis. This determination was confirmed by the HLB RFI participants.

***Note**: The original HLB requirements, as documented in the HLB's RFP, were mapped to the features provided by both ALIMS and Versa Gateway/Regulation. The mapping was completed by the technology owners, not Admin. This inventory is not included but available upon request.*

Without an obvious "best" system, the determination relied upon:

- Key technology differentiators and/or deficiencies
- Industry trends and best practices
- Key environmental expectations and/or desires, including key project success factors and barriers to success
- Optimizing available funding
- Achieving tangible system consolidation
- Complicated "buy versus build" decision factors

Considering all factors, the "best" system determination for each of the health licensing boards is the Iron Data product offerings, either:

1. CAVU eLicensing or
2. Versa Gateway/Online and Versa Regulation.

However, the "best" system determination does not translate to a reasonable and effective action plan. A plan to implement Iron Data across all health-licensing boards would be risky because that plan:

1. Is not yet proven successful in this environment. Likewise, ALIMS has not yet been proven successful as an extendable solution.

- Neither recommendation has enough reliable experience to guarantee success
- Need to prove reasonability of solution and/or implementation approach

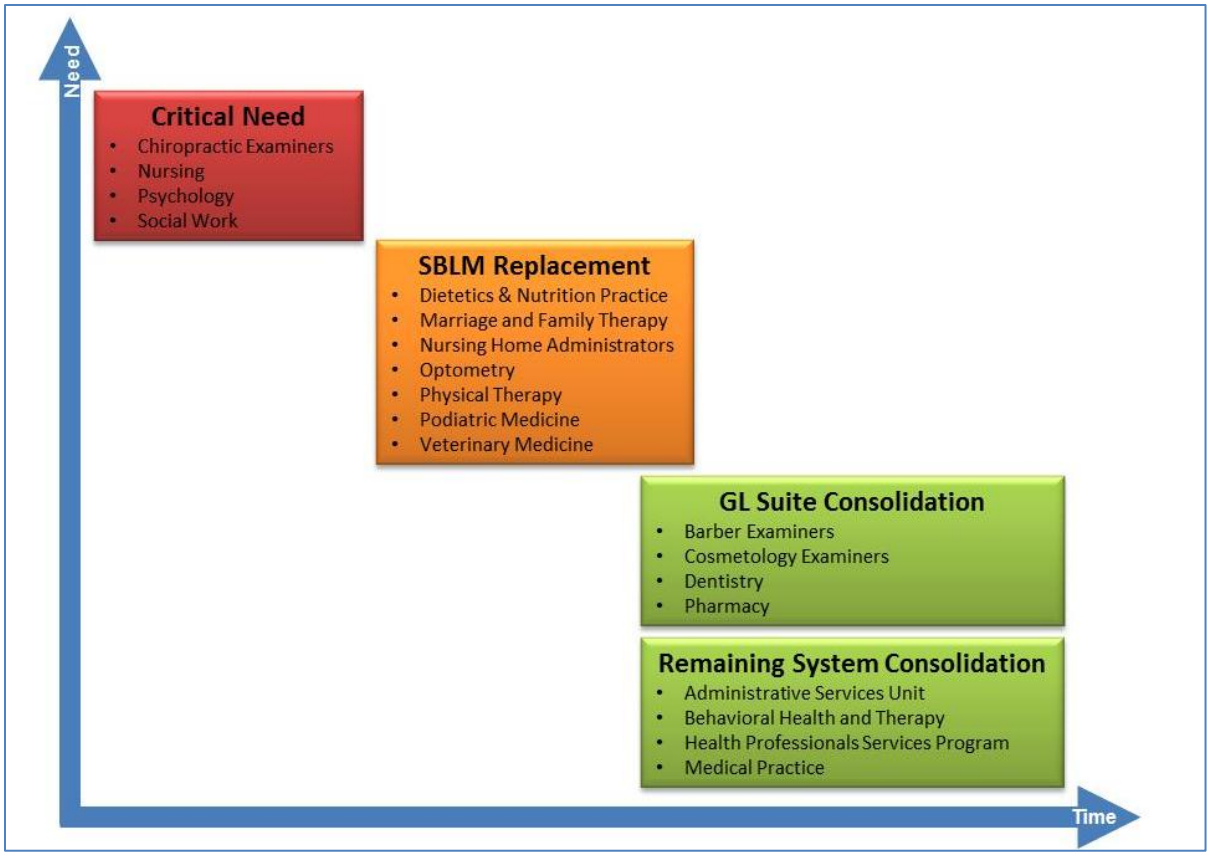
2. Is not fiscally responsible. Migration to a single, consolidated technology platform within the Health Licensing Boards should be a goal, however:

- Is not fiscally responsible. It would require significant expenditures and:
- Is not immediately necessary or required for all boards
- Is ideal in concept, but is not a practical immediate or medium-term vision
- "One size" may not fit all
- "Licensing" product offerings are expected to mature over the next 3-5 years

5. E. Board Priority and Phasing

The following board phasing has been determined for a technology replacement. This considers both current business functionality and technology necessity.

- **Critical** – Immediate need of technology replacement.
- **SBLM Replacement** – The Small Business License Manager (SBLM) application will need to be replaced in future years, however it is not immediately required due to the features and automation capabilities of the current system.
- **GL Suite and Remaining System Consolidation** – Technology replacement is suggested as A) additional business functionality is needed or B) current system reaches end-of life. Currently, these applications are not candidates for replacement.



1) Priority A: Critical Need

There is a clear distinction of boards that require immediate assessment and replacement due to need for automation, age or unstable technologies. The following boards should be addressed as soon as possible.

- Chiropractic Examiners
  - Board utilizes a proprietary and single-use, custom built application.
  - Application utilizes an obsolete technology suite.
  - Application already proven not to be extendable for new license types.
  - Application has insufficient technical architecture (not redundant, single instance, not 508 compliant).
  - Stakeholder acknowledgement of and willingness to replace technology.
- Nursing
  - High stakeholder acknowledgement of and willingness to replace technology.
  - Application utilizes an obsolete technology suite.
  - Availability of board staff to participate in and commit to a technology replacement project.
  - Significant room for technology innovation and simplicity, as the board utilizes many disparate and proprietary applications that are inefficient and difficult to support.
  - High impact, high volume board.

- Psychology
  - High stakeholder acknowledgement of and willingness to replace technology.
  - Board staff are available to participate in and commit to a technology replacement project.
  - Significant room for business process automation, as the board performs significant work offline and manual.
  - Proven and lengthy inability to automate within current technology platform.
- Social Work
  - Board utilizes a proprietary and single-use, custom built application.
  - Application utilizes an obsolete technology suite.
  - The application code is very large, complex, time-consuming and difficult to maintain and extend.

2) Priority B: SBLM Replacement

The Small Business License Manager (SBLM) application will need to be replaced in future years, however, it is not immediately required due to the features and automation capabilities of the current system. The SBLM boards are:

- Podiatric Medicine
- Veterinary Medicine
- Dietetics & Nutrition
- Nursing Home Administrators
- Optometry
- Physical Therapy
- Marriage & Family
- *Barber Examiners Note: Barbers are not currently using SBLM but should consider adopting the same, new technology and aligning with the other SBLM boards.*

Group 2 is not in need of immediate replacement because:

- The SBLM technology is aging but not yet obsolete.
- For the most part, SBLM currently meets business needs.
- Boards are still able to increase automation and system functionality within the current SBLM application.

In preparation for a successful implementation and support model, the group 2 boards should:

- Review, define and document business processes that OVERLAP, standardizing to the greatest extent possible.
- Identify implementation funding sources.
- Identify maintenance funding sources.
- Identify and allocate board staff resources necessary to support an implementation effort.
- Come to agreement on the implementation phasing of the small boards.

3) Priority C: GL Suite Consolidation

Boards using GL Suite are not in an immediate need of replacement as the technology is current, meets the majority of business needs and is perceived to be extendible to meet future needs. Boards using GL Suite (excluding Psychology) are:

- Pharmacy
- Cosmetology
- Dentistry
- Barbers (depending upon collaboration with the SBLM boards)

GL Suite boards are encouraged to embrace the common platform and migrate to a shared technology when the board becomes ready or willing, or their GL Suite implementation reaches end-of life. By migrating to the shared platform, the HLBs should reap the general operational, tactical and strategic benefits of an IT consolidation.

There is a perceived synergy in approaching the GL Suite boards in one phase, as the source system and target system is the same. Furthermore, some technical infrastructure components could likely be retired at the completion of this phase.

4) Priority D: Remaining System Consolidation

The remaining boards have no or a low need of replacement because the technology is current, meets the majority of business needs and is perceived to be extendible to meet future needs. Boards in this group are:

- Medical Practice
- BBHT
- Health Professionals Services Program
- ASU

These boards/programs are encouraged to embrace the common platform and migrate to a shared technology when they become ready or willing, or their current system reaches end-of life. By migrating to the shared platform, the HLBs could realize the operational, tactical and strategic benefits of an IT consolidation.

5. F. An Actionable Plan

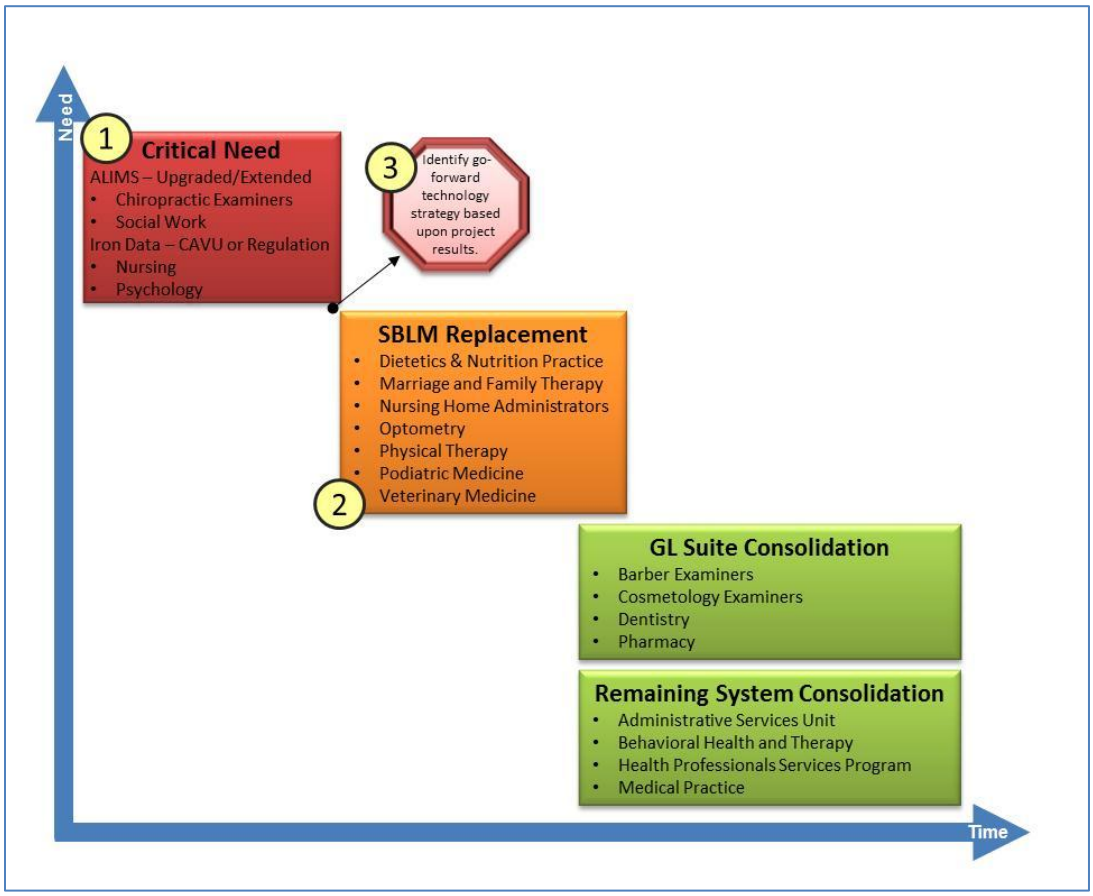
In achieving the goal to “Identify an actionable plan to improve the technology at the Health Licensing Boards”, the Admin's has defined plan a three-step plan that:

- Achieves tangible and meaningful reduction of the technology portfolio
- Decommissions aging and obsolete technologies
- Matches “best” technologies with individual board needs

- Maximizes available funding
- Promotes immediate traction where significant need exists

The three steps are:

1. Replace the technology at the critical need boards
2. Define and plan for the replacement of SBLM
3. Create a HLB IT Steering Committee



1) Replace the technology at the critical need boards

The following technology replacements are recommended as follows:

Iron Data – Nursing & Psychology

- Choice of Iron Data system (CAVU or Online/Regulation)
- Health Licensing Boards would lead the execution, with support from the MN.IT team

ALIMS – Chiropractic & Social Work

- Ownership to oversee the core technology stack upgrade and successful migration to an extendable/reusable platform (as articulated in the RFI)

- Identification and execution of resource planning effort necessary to sustain large, custom enterprise system

Funding these initiatives from either the existing 1) eLicensing Surcharge or 2) HLB Technology appropriations should be considered.

To achieve part one, the Critical Need boards have the accountability to:

- Initiate and execute replacement projects identified above
- Execute within the purview of the HLB IT Steering Committee
- Provide a complete written status report to the HLB IT Steering Committee, no later than Jan. 15, 2014, including the target implementation date
- If necessary, provide a complete written status report to the HLB IT Steering Committee no later than Jan. 15, 2015

2) Define and plan for the replacement of SBLM

Part two of the action plan is a readiness phase for the SBLM boards. The boards using SBLM should:

- Immediately cease technology replacement initiatives or major upgrades to the SBLM application stop
- Only baseline or regulatory efforts shall continue

To achieve part two, the SBLM boards have the accountability to:

- Initiate and execute an effort to align, streamline and document business processes for the greatest amount of small board collaboration, redundancy and efficiency
- Provide a report to the HLB IT Steering Committee, no later than Jan. 15, 2014, that proposes a strategic technology vision to include:
    - Clear, comprehensive and consolidated system features, functionality and needs
    - Relying upon the progress made by the critical boards and identified business needs, the intended system replacement
    - The timeline to achieve a system replacement and
    - The funding requested to deliver upon the strategic vision

3) Create an HLB IT Steering Committee

Part three of the action plan brings business and technology together while streamlining the decision making process. This creates both accountability and ownership within the Health Licensing Boards, while giving the HLBs more power to proceed.

The HLB IT Steering Committee should be:

- Formed Immediately
    - Small, nimble, trusted and cross-functional team, including external stakeholders
    - Clear decision making forum with accountability

- Maintain Continuous Oversight
    - Frequent and consistent with official reporting obligation
    - At a reasonable point, responsibility to identify a go-forward technology strategy relying upon Critical Board results
    - Iron Data platform is the default unless ALIMS is successful, economical, extendable with an adequate support model

To achieve part three, the Council of Health Boards should, no later than March 15, 2013, seek approval from the Admin regarding the proposed membership for the HLB IT Steering Committee. Furthermore, the new HLB IT Steering Committee has the accountability to:

- Govern the successful execution of part 1 (critical board system replacements), changing technology direction if warranted
- Determine the direction for part 2 (SBLM strategy)
- Identify a technology replacement strategy and timeline for the GL Suite and remaining systems

6. HLB Feedback to Admin's Recommendation

Admin presented its recommendation to the Health Licensing Boards during the Executive Directors Forum on Tuesday, Dec. 4th 2012. The Executive Directors Forum submitted one collective memo on behalf of and supported by all members of the forum. In addition, several Executive Directors submitted their own board-specific feedback. This section responds to the input formally submitted by the Executive Directors Forum.

In reviewing the feedback, Admin remains committed to the recommendation presented to the Health Licensing Boards on Tuesday, Dec. 4, 2012. Admin's **goal** was to "Identify an actionable plan to improve the technology at the Health Licensing Boards," and we are concerned that the HLBs are not fully committed to Admin's recommended action plan.

The following section highlights the Health Licensing Board feedback and Admin's response to each item.

***NOTE**: The formal, collective memo from the Health Licensing Boards is included as Appendix C of this report. The additional feedback is not included with this report but is available upon request.*

6. A. Opportunities for Pilots

Admin recommends moving forward with the most critical, **four** boards on two different platforms in order to, as the HLBs state, "examine best practices with field tested results." The HLBs do not concur.

For multiple stated reasons, the HLBs do not feel they can support four simultaneous technology replacement projects and suggest A) **two** boards and allowing the boards to B) **volunteer**. Admin does not concur with this suggestion. Admin believes the identified four critical boards are in need of

attention. Furthermore, multiple boards moving to each platform is important to the understanding of how the enterprise platform may result and support the remaining boards.

Admin believes four simultaneous technology replacement project is possible and encourages the HLBs to:

- Remain focused on the boards with significant technology need.
- For each board targeted for a phase one replacement project, independently establish thorough project plans and schedules including but not limited to identification of key resource needs for project team roles and operational support.
- Tap into the collaborative environment within the HLBs and rely upon available resources within other boards to help fill the key resource needs.
- When resource needs cannot be filled, identify the funding necessary to hire or back-fill the roles. This funding request should be included in the overall project budget requirements.

6. B. Minimize Technology Platforms

Admin and the HLBs concur that a plan to minimize technology platforms is appropriate. A plan to conform to a single platform is not reasonable in the short-term.

6. C. Financial Implications

Admin and the HLBs concur that better definition is needed for the financial operational expenses for implementation and annual budget.

Admin offers the following guidance to the HLBs:

- Establish detailed financial project implementation and operational cost estimates in the beginning phase of execution for the first four critical board implementation efforts.
- Refine the financial project implementation and operational cost requirements towards the end of the initial implementations. This will support all HLBs and the execution of the overall program.

6. D. HLB IT Steering Committee

Admin recommends the formation of a new "HLB IT Steering Committee" that can be empowered to make decisions and oversee the execution of this Initiative. The HLBs do not concur. The HLBs recommend relying upon the existing HLB Executive Director Forum. Admin believes the formation of a new and distinct HLB IT Steering Committee, including external stakeholders, is **essential**. Admin does not support relying upon the HLB Executive Director Forum as a means to achieve this need.

Generally, the role of an IT Steering Committee is:

- Monitoring and review of the program and project execution
- Reviewing scope as emergent issues force changes to be considered, ensuring that scope decisions align with the overall goals, objectives and needs

- Making recommendations and decisions with respect to major program and project elements
- Maintaining risk management focus, ensuring that strategies to address potential threats to the project's success have been identified, estimated and approved, and that the threats are regularly re-assessed

The HLB IT Steering Committee must:

1) Be nimble.
2) Be empowered to make decisions, even if unpopular or not representative of the majority.
3) Offer a broad perspective, rather than perspectives of any one individual board.

The purpose of creating an HLB IT Steering Committee is to put the project back into the hands of HLB Leadership while insuring proper oversight and meeting a long-term strategic vision. Additionally, this committee is intended to be the final and single point decision maker for the overall initiative going forward in order to prevent the current situation of inaction from reoccurring.

6. E. Project Manager

Admin did not include dialog or recommendations related to a project manager. The HLBs recommends the selection of "a Project Manager, chosen collaboratively, to drive projects forward."

Admin concurs that an effective and dedicated Project Manager be assigned to each of the projects. Best practice roles for a Project Manager include the management and monitoring of the project, including but not limited to stakeholders, team members, schedule, budget, risks, issues and scope. However, Project Managers are not typically empowered to make unilateral decisions, rather Project Managers help negotiate issues as they arise.

Admin does not agree that the selection should be "collaborative". Admin recommends that each board be given the autonomy to select their own Project Manager, one that meets the needs of their board and project. Admin sees no need for any other entity to be involved in the process of a board selecting their PM. Admin recommends that each board be in full ownership and control of the execution of their project.

Filling the role of Project Manager does not negate the need for an HLB IT Steering Committee.

7. Key Success Factors

The Health Licensing Boards have the control to make any path succeed or fail. Regardless of the recommended action plan or "best" system identified, the following key project success factors will **present a significant project risk** for the Health Licensing Boards.

- Project Management – Improve Decision Making Process
    - Overall project governance, with swift and effective decision making
    - Strong project management

    - Identified decision maker with positional power to lead
- Managing Expectations
    - Willingness to balance project management best-practice "triple constraints" (i.e., time, scope, budget) by making necessary concessions for project success
    - Control of the amount of customization
- Stakeholder Engagement and Executive Director Support
    - Willingness to change technology
    - Embracing "best" technology selection
    - Willingness to engage in business process reengineering
- Staffing – Tap into the collaboration of the boards
    - Implementation, both A) operational backfill and B) project delivery roles
    - Ongoing maintenance, such as a "Product Manager" role within each board to lead configuration/customization
- Funding – Long-term plan is needed
    - Implementation
    - Ongoing Maintenance

8. Appendices

8. A. Dept. of Administration's Request for Information

State of Minnesota
Department of Administration

Request for Information
Health Board Regulatory System
09/10/2012

1. Introduction

The State of Minnesota Health Related Licensing Boards (hereafter referred to as HLBs) are comprised of seventeen independent State of Minnesota agencies that provide licensing, compliance, regulatory and related services to health professionals, employers of health professionals and the public.

Several of the HLBs are seeking a new, comprehensive front and back office health board regulatory system (hereafter referred to as HBRS). The new HBRS should be a comprehensive, integrated and real-time system that encompasses a wide variety of features common to health professional licensure management including but not limited to a:

A. Web-enabled, front office (end-user facing) system to allow the public to apply and renew online, provide online license look-up and verification, update licensee information, etc.
B. Back office administration and management system to support the application/renewal processing, inspections, discipline case management, payment processing, reporting, etc.

The HLBs currently utilize a variety of different licensing management applications. The administration, updating and maintenance of many applications, often from different vendors or technologies, present ongoing challenges. The new system will be used by multiple health licensing boards and should be able to accommodate their unique statutory and regulatory nuances.

2. RFI Purpose

The HLBs executed an RFI for a new system in 2010. The State of Minnesota MN.IT Services (formerly OET) has an enterprise-wide licensing platform offering that has been available since 2008. At the request of the Legislature, the Minnesota Department of Administration (hereafter referred to as Admin) is assessing different technology platforms and approaches to meet the needs of the HLBs and comply with enterprise technology direction.

The language that the Minnesota Legislature passed and outlined in the H.F. No. 2555, 8th Engrossment - 87th Legislative Session 2011-2012 (posted on May 01, 2012) follows:

16.16 Sec. 30. REPORT; INFORMATION SYSTEMS FOR LICENSING BOARDS.
16.17 The commissioner of administration, in conjunction with the health-related licensing
16.18 boards identified in Minnesota Statutes, section 214.01, and the Office of Enterprise
16.19 Technology utilizing business rules from the health licensing boards shall report to the
16.20 legislature by January 15, 2013, the best system for providing electronic licensing,
16.21 disciplinary, regulatory, and investigative services for the health-related licensing boards.
16.22 Any costs incurred in preparing this report must be paid from surcharges collected under
16.23 Minnesota Statutes, section 16E.22.

The complete session notes can be found online at https://www.revisor.mn.gov/bin/bldbill.php?bill=H2555.8.html&session=ls87

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The intent of this RFI is to:
A. Identify the universe of potential solutions,
B. Understand the approaches to meeting business needs, and
C. Assess the relative merit of each potential solution.

This RFI is one component of Admin's analysis and will be supplemented by research and discussions with other states, among other activities.

3. Audience

There are no predetermined implementation providers or vendor solutions entering into this RFI. Any implementation provider or solution vendor with experience in health licensing management systems (or closely related products or solutions) is invited to respond to this RFI. All qualified responses are welcomed.

4. Description of Information Requested

Your response should be prefaced with a cover letter of not more than one page containing:

- Company name, address, and telephone number
- Name, title, address, email address and telephone number of the person designated by the firm to answer questions about the response
- Summary of response

Additionally, responses should address the information requested in each of the following appendices:
A. Vendor Information and Solution Overview
B. Ability to Meet Business Needs
C. Ability to Meet Technical Needs
D. Delivery Approach
E. Other Recommendations/Suggestions

Respondents should clearly describe their products as they exist. In general, responses should not exceed the limits defined in each of the appendices. Respondents are encouraged to be as concise as possible yet include specific and pertinent information that would enhance Admin's understanding of the information submitted.

Companies with preprinted advertising materials may submit that information under separate cover and this information will not be counted towards the page limits.

Note: If any information provided is proprietary, copyrighted or trade secret materials are provided, they must be clearly identified as such.

5. Review of Responses

Because of the nature of an RFI, there will be no response rating or formal determination of solution preference from this process. A purchase selection will not be made during this RFI phase. The responses to the RFI will aid in the development of Admin's report to the Legislature.

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6. Disclaimer

This RFI is issued solely for information and planning purposes and does not constitute a solicitation. Responses to this notice are not offers and cannot be accepted to form a binding contract. Respondents are solely responsible for all expenses associated with responding to this RFI. Respondents needing confidential treatment for any proprietary information they furnish must do so in writing. Responses to this RFI process will not be returned. Respondents will not be notified of the result of the review.

7. Disposition of Responses

All material submitted in response to this RFI is public according to Minnesota Statutes Section 13.03 except for the information submitted by the Responder clearly marked to be proprietary or trade secret materials.

8. Questions

Any questions regarding this RFI should be submitted by email no later than 5 PM Central Time Tuesday, September 18th to:

Assistant Commissioner Matt Bailey
matthew.bailey@state.mn.us
Minnesota Department of Administration
50 Sherburne Avenue, Suite 200
Saint Paul, MN 55155

All emails regarding this RFI must include "ADMIN HBRS RFI" in the subject line. A comprehensive set of questions and answers will be issued as an addendum to all parties who have requested a copy of this RFI.

9. How to Respond

All responses should be submitted via email to:

Assistant Commissioner Matt Bailey
matthew.bailey@state.mn.us
Minnesota Department of Administration
50 Sherburne Avenue, Suite 200
Saint Paul, MN 55155

All emails regarding this RFI must include "ADMIN HBRS RFI" in the subject line.

10. Deadline

The deadline for responses to this RFI is **Friday, September 28th, 2012, at 4:00 P.M. CST**. Late responses will not be considered.

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Appendix A - Vendor Information and Solution Overview

Appendix A gathers an overview of the vendor and introduction to the product/solution. The total response for Appendix A should not exceed four pages.

A. Vendor Overview

Provide a description of your firm, including:

- Location of the firm's headquarters, local facilities (if any) and satellite offices
- Number of employees (by location, if possible)
- Company history and business model
- Company's financial viability for long term product support and maintenance
- Information on business structure and capitalization: public, private, wholly owned subsidiary or a parent company (or other entity)
- Your company's ability to support an implementation and system for the Minnesota HLBs
- Any other information which will allow Admin to better understand your business model and confirm your viability as a technology partner

B. Product/Solution Overview

Provide a high-level description of your firm's recommended product/solution.

C. Credentials

Provide your firm's experience and references pertaining to this product/solution, including:

- Number of health licensing management systems (or closely related products or solutions) implemented by your firm
- Number of years' experience in developing (and/or supporting) health licensing management systems (or closely related products or solutions)
- Government agencies (preferably State) using the product/solution developed by your company, including information on which boards/functions are using the system (if multiple)
- Three references, preferably from health related licensing boards using the product/solution, including contact information

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Appendix B - Ability to Meet Business Needs

Appendix B contains high-level business needs identified by the HLBs.

For each business feature or need, your response should consider each of the following:

1. Summary of how the feature is fulfilled by the product/solution.
2. Key capabilities or strengths of the product/solution regarding the feature.
3. Discussion on how the product/solution meets the HLB needs, as specified in this RFI.
4. Possible limitations or challenges delivering upon the feature requires.
5. Areas of proven configuration within the feature.
6. Areas of proven customization related to the feature.
7. Examples of a system modification that can be made by a business user, system administer, and developer/vendor.

Please clearly describe the features as it currently exists in the recommended product/solution.

The total response for Appendix B should not exceed eight pages.

A. Registration/License Processing

The product/solution should allow the following:

- Licensees to quickly and easily apply on-line, or obtain forms for an offline submission. Additionally, allow licensees to submit supporting documentation either online or offline. The licensee should be able to submit payment online for the license or pay any associated fee throughout the application process.
- Support varying and unique rules for each "license", including but not limited to:
    - Types: Such as an individual license, facility license, individual "permits" (generally defined as a one-time issuance without the ability to renew), individual application for continuing education, application to be a continuing education provider, etc.
    - Durations: Monthly, annual, bi-annual, lifetime, etc.
    - Fees: Such as application fee, exam fee, issuance fee, fee waiver, late fee, renewal fees, etc.
    - Documentation requirements, approval steps, exam requirements, process steps, etc.
- Approved 3rd parties to easily manage licenses on behalf of their licensees. Example: The Mayo Clinic manages their doctors' licenses.
- Approved schools to easily approve their own graduates in support of the initial licensure process.
- Back-office board personnel to quickly and efficiently process the application, from initial submission (offline or online) through all required steps to final issuance/denial, either individually or in batch. The solution should support efficient offline application submissions, as well. The complete licensee application/file should also be available for offline review (e.g., printed or electronic).
- Integration with complaint processing/Discipline Case Management to initiate the complaint investigation process when required.

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- Integration with the State of Minnesota's online payment interface, including quick and efficient entry of offline payments and the generation of standardized payment-related reports.

B. Renewals

The product/solution should allow the following:

- Licensees or 3rd parties to request license(s) renewals online or offline. The licensee or 3rd party should be able to submit payment online for the license, or any associated fee, throughout the renewal process.
- Back-office board personnel to manage renewal cycles for each of their associated licenses, including individual or batch renewal initiation including licensee communications.
- Back-office board personnel to quickly and efficiently process the renewals, from initial submission (offline or online) through all required steps to final issuance/denial, either individually or in batch. The solution should support efficient offline renewals, as well. The complete licensee renewal/file should also be available for offline review (e.g., printed or electronic).
- Integration with complaint processing/Discipline Case Management to initiate the complaint investigation process when required.
- Integration with the State of Minnesota's online payment interface, including quick and efficient entry of offline payments and the generation of standardized payment-related reports.

C. Supervised Practice / Internships / Apprenticeships

Many boards share the need to define, track and monitor against a specific "observation" period for a licensee. This may be a prerequisite for an initial license application or executed as part of a compliance mandate.

During the observation period, licensees have a predetermined set of activities, each with a predetermined deadline and unique requirements for tracking and monitoring. The product/solution should support loose and formal/detailed tracking and monitoring for an "observation" period.

D. Discipline Case Management

All boards, being "health related", share the important need to receive and evaluate complaints and manage any resulting disciplinary action. The discipline case management process demands the most significant amount of board resources. This functionality is key to each board and is critical to a new product/solution. The product/solution must support an effective and efficient discipline case management process <u>and</u> meet the communication needs to the complainant and public.

While each board has unique business processes and rules, discipline case management process can be generally divided into three phases:

1. <u>Receive and track complaints</u>. Complaints may be received through a variety of sources which could be on-line, written or verbal. Complaints must be uniquely identified however at the time the complaint is accepted, the identity of the licensee and the jurisdiction of the Board may be unknown. Complaints may also be generated through the licensure process based on the

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information provided by the applicant or, in the future, the results of a criminal background check. Complainants should be able to submit documents electronically, as well as continue to be informed of the complaint process and findings.

2. Assess, investigate, and make a determination. Board staff gathers documentation, conducts investigations, and often drafts initial versions of legal documentation. The Board staff regularly engages other agencies such as the Attorney General (AGO) and Office of Administrative Hearings (OAH). All information related to the complaint should be provided electronically to Board members to support the Board's decision making process.

3. Execute and track disciplinary actions. Following Board action, the staff tracks licensee's compliance with the Board's orders. Examples of actions to be tracked or monitored include (but are not limited to) surrender of license, supervised practice, drug screenings, participation in the Health Professionals Services Program (HPSP), collection of payments of civil penalties, and numerous other possible actions.

E. Inspections

Some boards execute inspections as part of the initial license application, license renewal, disciplinary process, or random audits. Provide capabilities for your product/solution to initiate track or document the inspection process, including any mobile computing technology.

F. Testing

Many boards execute a "Question/Answer" (e.g., "Test", "Exam", "Self-selecting questions") with licensees either during the initial application or renewal process. The results/scores are evaluated and used to support the decision making process. Some tests are requested by and initiated by a licensee. Some are board-initiated and some require board approval to proceed. Some tests have a fee. Nearly all boards have the requirement to receive test results and exam scores from a third party. Provide capabilities for your product/solution to support test initiation, execution, approvals, tracking and/or incoming data feeds.

G. Continuing Education

All boards share in the requirement to monitor continuing education (CE) requirements. The boards use one of two approaches:

- Detailed CE tracking, sometimes by a specialized sub-content category
- CE compliance monitoring by "random audit" of a small sample of licensees

The product/solution needs to support both approaches to monitoring continuing education requirements.

In addition, the product/solution should be able to initiate, document, track and report upon CE status and activity. For example, the product/solution should be able to provide CE course rosters and allow the back-office to efficiently and effectively enter CE information.

Some boards share the need to pre-approve a facility/class to be a CE provider. Some boards share the need for a licensee to seek preapproval to take a CE class (pre-approved or by exception). Additionally, some boards allow a 3rd party or the board to register a licensee for a particular CE course.

H. License Lookup & Verification

The product/solution should allow a:

- Public user to search for and immediately view a licensed professional, including all publicly available information (these data elements vary by each board). Additionally, the product/solution should display disciplinary and corrective action documents related to the licensee if they exist.
- Public user or 3rd party, most often other states agencies, to request and pay for a formal license verification. Additionally, the product/solution should provide quick and efficient means to fulfill requests and allow payments to be received online or offline.

I. Correspondence

The product/solution should support customized communication generation to a licensee. Communications may be initiated either individually or in batch, either by board staff or automatically through a workflow process. Each communication should have fields unique to the licensee yet rely upon underlying, reusable templates. Correspondence can occur at any interval or lifecycle of a licensee. Outgoing correspondence could be printed and mailed, electronically emailed or electronically faxed. The product/solution should retain a detailed account of the communication, including the content of the communication, date/time sent, user who generated, method communicated, etc.

8. B. MN.IT Evaluation & Scoring of Evaluated Systems

MN.IT SERVICES

@ Central

Health Board Regulatory System Information Systems for Licensing Boards RFI Technology Assessment

Submitted to: Penny Swanson
Minnesota Department of Administration

Submitted by: Jeff Fanning, State Enterprise Architect
Information Standards and Security Risk Management Division
Office of Enterprise Architecture
11/29/2012

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Executive Summary

Background & Approach

The State of Minnesota Health Related Licensing Boards (hereafter referred to as MNHLBs) are comprised of seventeen independent State of Minnesota agencies that provide licensing, compliance, regulatory and related services to health professionals, employers of health professionals and the public.

Several of the MNHLBs are seeking a new, comprehensive front and back office health board regulatory system (hereafter referred to as HBRS). The new HBRS should be a comprehensive, integrated and real-time system that encompasses a wide variety of features common to health professional licensure management including but not limited to a:

- Web-enabled, front office (end-user facing) system to allow the public to apply and renew online, provide online license look-up and verification, update licensee information, etc.
- Back office administration and management system to support the application/renewal processing, inspections, discipline case management, payment processing, reporting, etc.

The HLBs currently utilize a variety of different licensing management applications. The administration, updating and maintenance of many applications, often from different vendors or technologies, present ongoing challenges. The new system will be used by multiple health licensing boards and should be able to accommodate their unique statutory and regulatory nuances.

At the request of the Department of Administration, the Office of Enterprise Architecture has reviewed and evaluated the RFI response from a technical perspective, scoring each response in the following areas:

Security: Review of compatibility with State Identity Management strategy, application authorization model, audit and logging features.

Technical Architecture: Overall system design, scalability and flow through application, middleware and messaging components.

Architectural Standards: Alignment with State of Minnesota Enterprise Architecture direction.

Solution Capabilities: Ability to meet identified technical requirements. (i.e. Separate "front end' and "back end" functions, document management, workflow, etc.)

Extensibility: Ease of expanding solution and configuration for multiple use cases.

Data and Reporting: Evaluation of database environment, data architecture and reporting features.

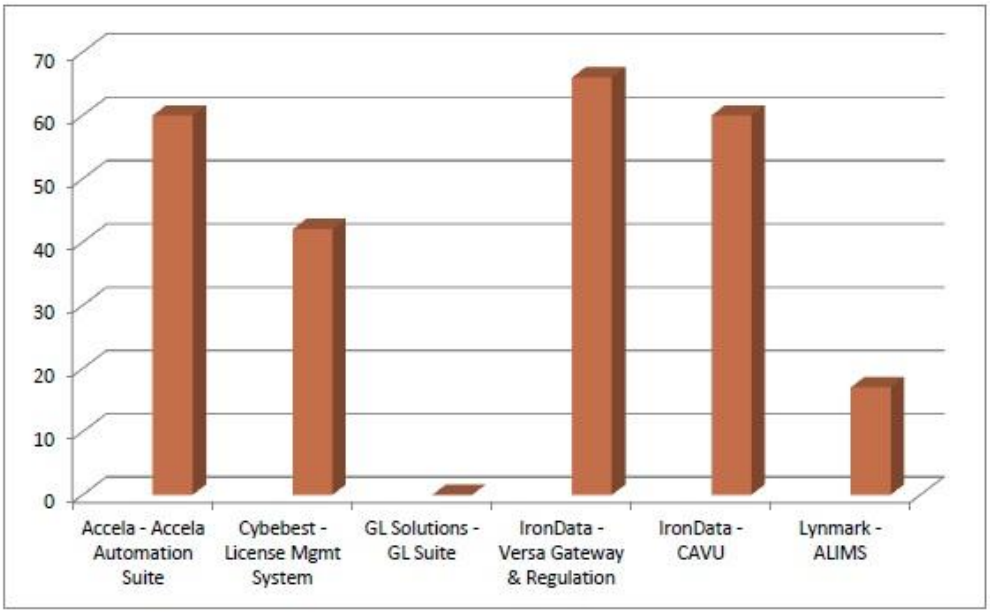
Accessibility: Compliance with Section 508 and WCAG 2.0.

Maintenance: Approach for ongoing maintenance and operation of environment. (Implementation, patching, support, etc.)

Technology Assessment Dashboard

0 – No Capabilities / Response
1 – Weak Capabilities / Response
3 – Medium Capabilities / Response
9 – Strong Capabilities / Response

Technology Area	*Accela - Accela Automation Suite*	*CyberBest - License Mgmt System*	*GL Solutions - GL Suite*	*IronData - Versa Gateway & Regulation*	*IronData - CAVU*	*Lynmark - ALIMS*
Security	3	3	0	9	3	3
Technical Architecture	9	9	0	9	9	3
Architecture Standards	9	9	0	9	9	3
Solution Capabilities	9	3	0	9	9	1
Extensibility	9	3	0	9	9	0
Data and Reporting	9	9	0	9	9	3
Accessibility	9	3	0	3	3	3
Maintenance	3	3	0	9	9	1
Total	*60*	*42*	*0*	*66*	*60*	*17*
% of Total Possible Score (81)	74%	52%	0%	81%	74%	21%



Vendor Summaries

Accela – Accela Automation Suite

Accela Automation is a COTS product with front and back office functionality. Accela has mobile capabilities and is compliant with section 508 of the American Disabilities Act. The proposed architecture can use Oracle or MS SQL databases and leverages Service Oriented Architecture (SOA) for integration.

Concerns

The proposed implementation approach and 60 day issue resolution cutoff.

CyberBest – License Management System

CyberBest License Management System is a Service Oriented Architecture solution built around open standards. The solution would be hosted by the State and the source code will be owned by the MN HLB.

Concerns

Hardware requirements were not addressed in RFI response, subsequently; the scalability and high availability capabilities of the solution are not well understood. It is not clear if the CyberBest solution could be deployed as an enterprise solution because of the various modules and potential implementation scenarios. CyberBest also appears to be missing workflow and batch processing capabilities. The extensibility of the platform may vary depending on the approach taken to extend the solution.

GL Solutions - GL Suite

GL Suite did not provide enough technical detail in their RFI response. GL Suite did not get scored.

Concerns

N/A

Iron Data - CAVU

IronData CAVU is a COTS product using a web based architecture built on .NET framework and leverages Service Oriented Architecture (SOA) for integration.

Concerns

The proposed solution appears to be targeted at individual deployments rather than enterprise class solution.

IronData – Versa Gateway & Regulation

IronData Versa Gateway and Regulation is a COTS product build around open standards and leverages Service Oriented Architecture (SOA) for integration. The solution appears extensible and can be deployed as an enterprise class solution.

Concerns

None

Lynmark Consulting - ALIMS

Lynmark consulting services is a customized application. The proposed solution is a mix of aging workgroup class products and some modernized technology (i.e. database technology includes MS Access and MS SQL)

Concerns

The new architecture was not clearly documented and the proposed solution appears to be a retrofit of the existing custom solution. Alignment with strategic Enterprise Architecture direction of the State, scalability, extensibility and ongoing support of the product are areas of significant concern.

Appendix

Comments and Feedback

Accela – Accela Automation Suite

Accessibility Compliance	No reference to state standard. Only reference to 508. No clarity as to whether the mobile apps are accessible or work with devices' accessibility features. Need this to be confirmed. "Form letters can be compiled and [SIC] MS Word formats." Need to confirm that system accepts user-generated Word templates. GIS mapping: need to have same data available in accessible format, such as flat-file spreadsheet. It state that citizen Access include (WAT- Web Accessibility Toolbar) for testing of accessibility it uses (AccVerify, a testing tool from HiSoftware and JAWS, a leading screen reader from Freedom Software
Data and Reporting	Uses Oracle and MS SQL
Architecture	Specified web services, and web technology Platform: Not specified Ability to separate: May be possible
Security	Multi-level Security IAM : Not specified Recommend System Security Assessment
Extensibility	
Maintenance and Solution Capabilities	Licensed per user, with annual fee Appears to be a stand-alone cloud solution Single agency implementation for each board and enterprise solution for many or all MN-LHB boards

CyberBest – License Management System

Accessibility Compliance	Does not answer the accessibility question. Unclear how much customization would be needed to ensure accessible reports. This will have to be answered before the solution can be considered acceptable from accessibility viewpoint. Does not appear to support mobile for either end.
Data and Reporting	Reporting formatting not specified. References SQL queries, MS Reporting Services and Crystal Reports. MS SQL
Architecture	.NET platform (4.5) with XML service with web browser Ability to separate: May be possible Note: they have a toolkit and will develop a custom solution
Security	IAM: Not specified Would recommend System Security Assessment
Extensibility	
Maintenance and Solution Capabilities	Centrally Hosted at the MN-LHB (custom code)

GL Solutions – GL Suite

Accessibility Compliance	N/A
Data and Reporting	N/A
Architecture	N/A
Security	Recommend System Security Assessment
Extensibility	N/A
Maintenance and Solution Capabilities	N/A

Iron Data – CAVU

Accessibility Compliance	CAVU is listed as "highly configurable." Unclear whether the environment is inherently accessible or if that is dependent on integrator's abilities. Reporting can either be through BO's Crystal Reports (which is a red flag for accessibility) or "simple report writer functions…through MS Office tools like Access or Excel." Unless the system is capable of generating all desired reports in accessibly formatted html, csv, or text independently of CR, this system will be judged not accessible. "Iron Data solutions are designed to be web-based and 508 compliant." Need confirmation that this is true for both back and front end as well as mobile. "Inspections may be conducted by field officers using the mobile inspections functions that operate from laptop, iPad or Android devices. " Again, need confirmation of accessibility. (it state the accessibility certification is available on request) Follow-up report notes re CAVU that it is being evaluated by Criterion 508 solutions. Again, since these are web-based solutions, **WCAG 2.0 needs to be part of this evaluation!**
Data and Reporting	CAVU SQL Server
Architecture	CAVU: runs on SQL Server which in turn only runs on Windows servers Ability to separate: Appears to support eLicensing
Security	CAVU: presumed from their appearance of support of eLicensing Recommend System Security Assessment
Extensibility	
Maintenance and Solution Capabilities	Single agency implementation for each board and enterprise solution for many or all MN-LHB boards Proposed two options: in house, or at IronData site (SaaS)

Iron Data – Versa Gateway & Regulation

Accessibility Compliance	Versa is listed as "highly configurable." Unclear whether the environment is inherently accessible or if that is dependent on integrator's abilities. Reporting can either be through BO's Crystal Reports (which is a red flag for accessibility) or "simple report writer functions…through MS Office tools like Access or Excel." Unless the system is capable of generating all desired reports in accessibly formatted html, csv, or text independently of CR, this system will be judged not accessible. "Iron Data solutions are designed to be web-based and 508 compliant." Need confirmation that this is true for both back and front end as well as mobile. "Inspections may be conducted by field officers using the mobile inspections functions that operate from laptop, iPad or Android devices. " Again, need confirmation of accessibility. (it state the accessibility certification is available on request)
Data and Reporting	Versa: Regulation uses Oracle
Architecture	Platform: Versa: Regulation- 3 tiers Java with Apache, JBOSS and Service Bus based on Open standard (SOA) and Linux RedHat for operating system. Ability to separate: Appears to support eLicensing
Security	Versa: Regulation support and use IAM: in its implementation of e-license system. Recommend System Security Assessment
Extensibility	Proposed two options: in house, or at IronData site
Maintenance and Solution Capabilities	Single agency implementation for each board and enterprise solution for many or all MN-LHB boards Proposed two options: in house, or at IronData site (SaaS)

Lynmark Consulting – ALIMS

Accessibility Compliance	Reports – No information and accessible formats. Electronic form letters: supposed to be configurable via templates. Need confirmation whether these templates can be made accessible (such as via Word) No mention of whether back end or user interfaces are accessible. Since the back end is not web-based, we would need extensive reporting re this solution, as well as configurability of web-based front end.
Data and Reporting	Database: SQL Server, MS-Access?
Architecture	Back-office desktop application. Unknown technology (not specified) Proposed current implementation can be re-architected to make it flexible that can meet LHB requirements (custom) the back end is not web-based Only mention of mobile solution references third party Ability to separate: not specified
Security	IAM: Not specified Roles based security Recommend System Security Assessment
Extensibility	Note: appears to be supplied of existing system at two boards.
Maintenance and Solution Capabilities	Can be seen as centralized system

8. C. Health Licensing Boards Memo in Response to Recommendation

Minnesota Health Licensing Boards
Executive Directors Forum

2829 University Avenue SE, Suite 440, Minneapolis MN 55414

Executive Directors

Angelina Barnes
Board of Psychology

Shirley Brekken
Board of Nursing

Ruth Grendahl
Board of Dietetics & Nutrition Practice; and Board of Podiatric Medicine

John King
Board of Veterinary Medicine

Robert Leach
Board of Medical Practice

Stephanie Lunning
Board of Physical Therapy

Jennifer Mohlenhoff
Board of Marriage & Family Therapy

Kari Rechtzigel
Board of Behavioral Health and Therapy

Marshall Shragg
Board of Dentistry

Randy Snyder
Board of Nursing Home Administrators and Board of Optometry

Larry Spicer
Board of Chiropractic

Gina Strauss
Board of Cosmetologist Examiners

Cody Wiberg
Board of Pharmacy

Kate Zacher-Pate
Board of Social Work

Minnesota Health Licensing Boards Response to Technology Assessment for the Health Licensing Boards Department of Administration Report to the Legislature

The 183 governor-appointed Health Licensing Boards (HLB) members and executive directors appreciate the effort to identify the best technology available for the HLBs. The HLBs support quality technology services for Minnesota citizens, including the 275,000 licensees currently served. Board members and staff are committed and accountable to provide effective and efficient government services.

The Boards support contemporary technology business practices for end users and licensees. The Boards have been recognized as leaders in IT services for public services and are excited to move forward with technology. Technology must effectively meet the business needs to serve the health licensing, complaint resolution and regulatory mandates for Minnesota citizens. The HLBs appreciate the opportunity to create an action plan. We agree that we require a quality product and have reached consensus on:

1. **Opportunities for Pilots**: Support the two side by side pilot projects of having ALIMS and Iron Data to examine best practices with field tested results. Financial analysis and implications including, initial startup costs and funding, and ongoing system expense must be identified. A better implementation strategy may be to identify a minimum of one volunteer board for each pilot project. Some boards have operational funding and could proceed immediately, even if not funded through the surcharge, while others could not. Some boards may need to supplement staffing to be successful.

2. **Minimize Various Platforms**: Support the intended directive to minimize various IT platforms. The HLB 2007 plan was to model two platforms using best practices and available finances.

3. **Financial Implications**: Better definition is needed for the final operational expenses for implementation and annual budget. Both of the pilot projects should be funded through the e-Licensing surcharge. While we recognize resources limitations, we cannot support any system that is less than or has fewer features than our current system, or that is not designed to accommodate advanced functionalities as needed to improve public service. Executive Directors are accountable to board members and would appreciate a presentation of the funding examples to the Council of Health Boards.

4. **HLB Governing Council**: A formal and effective governance model of collaboration and cooperation already exists within the HLB structure. Membership should have a majority of HLB board representatives who are subject matter experts. We are hesitant to create additional bureaucracy, including adding another state department to the oversight or governance of the implementation. MN.iT staff is currently fully embedded in our operations.

5. **Project Manager**: Support selecting a Project Manager, chosen collaboratively, to drive the projects forward.

The Executive Directors formally request that this HLB submission be included, in its entirety, in the report to the Legislature from the Department of Administration.

Stephanie Lunning

Stephanie Lunning, Chair, on behalf of the Executive Directors Forum December 14, 2012