

January 14, 2022

The Honorable Christine Rolfes, Chair, Ways & Means Committee

The Honorable Lynda Wilson, Ranking Member, Ways & Means Committee

The Honorable Annette Cleveland, Chair, Health & Long Term Care Committee

The Honorable Ron Muzzall, Ranking Member, Health & Long Term Care Committee

The Honorable Joe Nguyen, Vice Chair, Human Services, Reentry & Rehabilitation Committee

The Honorable Chris Gildon, Ranking Member, Human Services, Reentry & Rehabilitation Committee

The Honorable Reuven Carlyle, Chair, Environment, Energy & Technology Committee

The Honorable Sharon Brown, Member, Environment, Energy & Technology Committee

The Honorable Timm Ormsby, Chair, Appropriations Committee

The Honorable Drew Stokesbary, Ranking Member, Appropriations Committee

The Honorable Eileen Cody, Chair, Health Care & Wellness Committee

The Honorable Joe Schmick, Ranking Member, Health Care & Wellness Committee

The Honorable Strom Peterson, Chair, Housing, Human Services & Veterans Committee

The Honorable Michelle Caldier, Ranking Member, Housing, Human Services & Veterans Committee

The Honorable Javier Valdez, Chair, State Government & Tribal Relations Committee

The Honorable Mike Volz, Ranking Member, State Government & Tribal Relations Committee

Dear Senators and Representatives:

The Health & Human Services Enterprise Coalition (HHS Coalition) is pleased to submit our report on the next steps required for a health and human services integrated eligibility and enrollment (IE&E) solution, as required by Engrossed Substitute Senate Bill 5092 (2021).

The HHS Coalition operates over 75 HHS programs serving over 2.9 million Washingtonians. The core system supporting these programs – DSHS Automated Client Eligibility System (ACES)– is a 30-year-old mainframe-based system with over 12 million lines of legacy code and a risk of failure that significantly increases after 2025. These programs are also supported by a variety of independent IT eligibility and enrollment systems. To apply for and maintain services, clients must navigate multiple online systems with lengthy applications that aren't accessible on smart phones, which are the primary form of internet access for low-income individuals. Failure of ACES would result in millions of Washingtonians not receiving benefits they rely on, and significant disruptions across all HHS Coalition organizations.

This report describes our vision for improved, and equitable, access for Washingtonians. This vision solves current challenges faced by Washingtonians and technology issues that HHS Coalition organizations must address. We propose to address these client and technology challenges through a set of IE&E enabling technologies that will ultimately allow the state to jointly deliver new and improved services to our clients, customer partners, and staff. This vision is deeply aligned with other efforts in Washington, including those of the Poverty Reduction Work Group and the Legislative-Executive WorkFirst Poverty Reduction Oversight Task Force.

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In the report, we describe a multi-year roadmap to a modernized IE&E solution that will better meet the needs of Washingtonians, be more responsive to state and federal policy goals, and be more effective to operate and maintain. Our intent is to start small, build on our successes, and complete a significant portion of the transition to this new solution by end of 2025 – when major components of the IT system supporting Washington HHS programs would no longer be supported.


Report findings informed a supplemental budget decision package from the Department of Social & Health Services, on behalf of the HHS Coalition, for the 2022 legislative session to begin the transition to an IE&E experience for Washingtonians. This request will provide Washingtonians with a single point of access for eligibility and enrollment status across multiple HHS Coalition programs and establish a technical foundation that will support this and future components of the roadmap.


Thank you for your consideration of the report findings. Please contact any of us with questions or to request a briefing on this report.


Sincerely,


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