



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.3 (Ver. 3.0.9, 02/01/2022)

1.1 General Information

1. **Agency or State Entity Name:** 4300 - Developmental Services, Department of

If Agency/State entity is not in the list, enter here with the [organization code](#).

4300

2. **Proposal Name and Acronym:** Life Outcomes Improvement System (LOIS)

3. **Proposal Description: (Provide a brief description of your proposal in 500 characters or less.)**

The Department of Developmental Services (DDS) proposes to implement an integrated, cloud-based solution to support individuals with Intellectual and Developmental Disabilities (ID/DD).

The new solution will replace existing tools, systems, and processes with a modern platform, enabling efficient case management, service delivery, and financial management. Components of the integrated solution will include case management, financial management, federal reimbursement and revenue recovery, and self-service functionality for individuals and families and service providers.

4. **Project Planning Start Date:** 8/2/2021

5. **Proposed Project Execution Start Date:** 4/12/2027

6. **S1BA Version Number:** Version 5

1.2 Submittal Information

1. **Contact Information**

Contact Name: Jim Switzgable

Contact Email: jim.switzgable@dds.ca.gov

Contact Phone: 916-896-6488

2. Submission Type: [Updated Submission \(Post-Approval\)](#)

If Withdraw, select Reason: **Choose an item.**

If Other, specify reason here: **Click or tap here to enter text.**

Sections Changed, if this is a Submission Update: (List all sections changed.)

[All sections are changed.](#)

Summary of Changes: (Summarize updates made.)

[Substantial simplification and clarifications were made throughout.](#)

3. Attach [Project Approval Executive Transmittal](#) to your email submission.

4. Attach [Stage 1 Project Reportability Assessment](#) to your email submission.

1.3 Business Sponsorship

1. Executive Champion (Sponsor)

Title: [Directorate, including Director and Chief Deputies](#)

Name: [Pete Cervinka, Aaron Christian, Michi Gates, Carla Castaneda and Yang Lee](#)

Business Program Area: [Department-wide](#)

2. Business Owner

Title: [Regional Center Executive Directors](#)

Name: [21 regional center \(RC\) executive directors: https://www.dds.ca.gov/rc/listings](#)

Business Program Area: [All programs within the developmental disabilities services system](#)

3. Product Owner

Title: [Department of Developmental Services' Executive Team](#)

Name: [See CalHR CEA and Exempt Rosters](#)

Business Program Area: [All programs of the Department](#)

1.4 Stakeholder Assessment

The Stakeholder Assessment is designed to give the project team an overview of communication channels that the state entity needs to manage throughout the project. More stakeholders may result in increased complexity to a project.

1. Indicate which of the following are interested in this proposal and/or the outcome of the project. (Select 'Yes' or 'No' for each.)

State Entity Only: **No**

Other Departments/State Entities: **Yes**

Public: **Yes**

Federal Entities: **Yes**

Governor's Office: **Yes**

Legislature: **Yes**

Media: **Yes**

Local Entities: **Yes**

Special Interest Groups: **Yes**

Other: **Yes**

2. Describe how each group marked 'Yes' will be involved in the planning process.

The LOIS project will replace legacy systems for case management and fiscal management that support developmental disability services 365 days per year, 24 hours per day for almost 500,000 people each year that interact with the Department and regional centers. The solution will need to be scalable to accommodate approximately 30% year-over-year caseload growth, as well as other ancillary users of the system such as families, regional centers, and service providers. Individuals and families, the Department, regional centers, service providers, advocacy organizations, researchers, the Legislature, media, the California Health and Human Services Agency, and the Governor's Office all have important interests in the success of the project.

Activities already concluded include defining the as-is condition of the existing systems. All entities listed above were informed of or participants in this effort. Significant Department engagement with the community will be ongoing, with individuals and families, service providers, regional centers, advocates, and others, including the Department of Health Care Services (DHCS). Their assistance is needed to define requirements for the new system, secure state and federal approvals, prepare data for migration, conduct a solicitation, work with the awarded contractor to successfully implement the new solution, train regional centers and service providers and the community, and do other change management and policy update activities. Each entity has a role in all of these activities.

1.5 Business Program

1.5.1 Business Program Name: Department of Developmental Services, All Programs.

1.5.2 Program Background and Context: Provide a brief overview of the entity’s business program(s) current operations. This project will modernize every aspect of the programs operated by the Department and its regional center partners, from application, enrollment, available information, communication channels, case management, service authorization and provision, fiscal functions, management reporting and business intelligence features, and self-service functions for individuals and families and service providers.

1.5.3 How will this proposed project impact the product or services supported by the state entity? The Project will significantly enhance the efficiency and effectiveness of services to the public, as well as program administration. Improved information and communication, direct self-service and reporting capabilities, unified case management and fiscal functions, improved capacity for data-sharing across programs and departments used by individuals and families, and other features will dramatically simplify, automate, and improve decision-making and the level of effort required to deliver, monitor, and evaluate programs.

1.6 Project Justification

1.7 Business Outcomes Desired

Executive Summary of the Business Problem or Opportunity:

The California Department of Developmental Services (DDS) oversees a complex network of services for almost 500,000 individuals with intellectual and developmental disabilities (I/DD) through Home and Community-Based Services (HCBS), State-Operated Facilities (SOF), and headquarters operations. These services, mandated by the Lanterman Act, aim to promote equity, choice, and independence. However, fragmented legacy systems, manual processes, and outdated infrastructure create significant business pain points, hindering DDS’s ability to deliver efficient, transparent, and compliant services. The Life Outcomes Improvement System (LOIS) Project is an essential information technology initiative to modernize operations, delivery and oversight of developmental disability services in California.

Business Challenges

Legacy case management and fiscal systems do not meet current business requirements, are inflexible for changes, do not provide direct access for service providers and individuals and families, and do not automate most program administration, oversight, and reporting activities. A new integrated case management and fiscal system will enable appropriate fiscal transactions and recording, simplify and automate numerous program administration and operations tasks, provide more timely information and transparency, facilitate timely communication with individuals and families, improve data consistency and quality across the 21 regional centers, and provide many other benefits.

Objective ID: 1

Objective: Improved Service Delivery. Improve the end-to-end user experience for providers, administrators and recipients of developmental services.

Metric: Confirmed satisfaction with the processes and tools associated with providing and receiving developmental services.

Baseline: Employees, providers and users consistently express their frustration with the underlying tools and processes. Stage 2 activities will better establish the current baseline through the current state/"as is" analysis.

Target Result: As demonstrated through user satisfaction surveys, demonstrate that within 12 months following initial registration, 85% of individuals receiving services are satisfied with their experience.

Objective ID: 2

Objective: Improved Communication- Formalize and improve communication capabilities associated with the delivery and coordination of developmental services. Currently, service coordination staff record interaction and case management activities into various existing case management systems.

Metric #1: Increase the service coordination staff satisfaction with the recording of case management notes.

Baseline: Implement a pre satisfaction survey to determine the current ease of use recording case management activities within the current system.

Target Result: Improved satisfaction scores with 85% reporting increased satisfaction with the new system.

Metric #2: Percentage of service recipients, their representatives, and their care management team that indicate improved satisfaction in communications related to developmental services delivery.

Baseline: Satisfaction levels reported through a survey completed one year before planned implementation of the solution.

Target Result: Individual survey results indicating satisfaction with communication practices post implementation and recipient registration; overall target of 85% of service recipients indicating improved satisfaction.

Objective ID: 3

Objective: Intake Process and Experience Improvement-Increase the ease with which Californians can research and access available developmental services.

Metric #1: Length of time from referral to intake for developmental services.

Baseline: Intake timelines as captured as part of Stage 2 business process analysis activities ("As Is")

Target Result: 12-months post-implementation, the completion rate within statutory required timelines should improve by a statistically significant margin above pre-intake timeliness. Required intake timelines are 45-days for Early Start services, and within 120 days Lanterman services.

Metric #2: Percentage of survey respondents who indicate satisfaction with the intake process as captured within 30 days following service authorization

Baseline: Satisfaction baseline will be determined during S2 Planning work as part of the “as is” analysis)

Target Result: 12-months post-implementation, an 85% Satisfaction level within 6 months of service authorization.

Objective ID: 4

Objective: Fiscal System Improvement- Individuals find it easier to learn about their authorized services, utilized amounts and remaining balances for their services and budgets.

Metric: Percent of individuals, including those in the Self Determination Program (SDP), that find it easier to learn about their authorized services, utilization amounts, and remaining balances for both services and budgets.

Baseline: No current service participants have access to their budget and services authorized and utilization rates.

Target Result: 85% of service recipients use the system for this purpose and report satisfaction with the access to this information.

1.8 Project Management

1. Project Management Risk Score: 1.4

Follow the instructions in [Statewide Information Management Manual \(SIMM\) Section 45 Appendix B Project Management Risk Assessment Preparation Instructions](#).

Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix A Project Management Risk Assessment](#) to the email submission.

2. Project Approval Lifecycle Completion and Project Execution Capacity Assessment

Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants, or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)?

Answer: Yes

Does the Agency/state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

Answer (No, New, Existing, or Both): **Both New and Existing Processes**

1.9 Initial Complexity Assessment

1. Complexity Assessment (Business Score):3.0

Follow the instructions in the Statewide Information Management Manual (SIMM) Section 45 Appendix D Complexity Assessment Instructions.

Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix C Complexity Assessment](#) to the email submission.

NOTE: Business complexity is initially completed in PAL Stage 1. Technical complexity is initially completed in PAL Stage 2.

2. Noncompliance Issues:

Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is non-compliant.

Programmatic regulations: **No**

HIPAA/CIIS/FTI/PII/PCI: **No**

Security: **No**

ADA: **No**

Other: **No**

Not Applicable: **No**

Noncompliance Description:

3. Additional Assessment Criteria

If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, include it as an attachment to your email submission.

How many locations and total users is the project anticipated to affect? **Statewide, over 1 million.**

Number of locations:

The new system will be used by individuals (and families), service providers, regional centers, and Department users, statewide.

Estimated Number of Transactions/Business Events (per cycle):

SANDIS Case Management existing system processes 487,464 cases per month as of July 2024. UFS Financial Management and the electronic billing (eBilling) Service Provider invoice management system processes approximately 53,518 authorized transactions per month. The RC file submissions for Federal Reimbursement and Revenue Recovery include a monthly average of 36,568 Client Development Evaluation Report (CDER) records, 103,497 individual

record updates, 1,317,204 purchase of services (POS) records (with an outlier of approximately 16,000,000 records every July), and 664,241 state claim records.

Approximate number of internal end-users:

Most of Department's 2,600 employees will have access to the solution, with varying levels of privacy authorization.

Approximate number of external end-users:

The Department contracts with 21 regional centers, employing thousands of people to engage with and serve approximately 700,000 individuals each year. There are roughly 25,000 service providers, also with tens of thousands of employees. There are roughly 1 million individuals and family members that will use the system, as well.

1.10 Funding

Planning

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to **complete planning** through the project approval lifecycle framework? **Yes**

If Yes, when will a budget action be submitted to your Agency/DOF for planning dollars?

Ongoing, based upon project needs. The most recent request, a May 2025 Finance Letter, was approved by the Legislature on June 13, 2025

2. Please provide the Funding Source(s) and dates funds for planning will be made available:

Budget Change Proposal – 7/1/25

Approved CMS Enhanced Federal Financial Participation – 3/1/2025

Project Implementation Funding

1. Has the funding source(s) been identified for **project implementation**? **Yes**

If known, please provide the Funding Source(s) and dates funds for implementation will be made available:

Budget Change Proposal – TBD

CMS Enhanced Federal Financial Participation – TBD

Will a budget action be submitted to your Agency/DOF? **Yes**

If "Yes" is selected, specify when this BCP will be submitted: Following selection of a vendor per the project solicitation.

2. Please provide a rough order of magnitude (ROM) estimate as to the total cost of the project:
Greater than \$100 Million

End of agency/state entity document.

Please ensure ADA compliance before submitting this document to CDT.

When ready, submit Stage 1 and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original "New Submission" Date: [09/17/2025](#)

Form Received Date: [09/17/2025](#)

Form Accepted Date: [09/17/2025](#)

Form Status: [Complete](#)

Form Status Date: [09/17/2025](#)

Form Disposition: [Approved](#)

If Other, specify: [Click or tap here to enter text.](#)

Form Disposition Date: [09/17/2025](#)

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