

**HHSC CONTRACT 529-16-0007-00001BA**

**AMENDMENT FIFTY-THREE  
To HHSC CONTRACT NO. 529-16-0007-00001**

THIS AMENDMENT Fifty-Three (the “**Amendment**”) to HHSC Contract No. 529-16-0007-00001 (the “**Agreement**”) is entered into between the HEALTH AND HUMAN SERVICES COMMISSION (“**HHSC**” or the “**State**”), an administrative agency within the executive department of the State of Texas and having its principal office at 4601 W. Guadalupe, Austin Texas 78751, and Accenture State Healthcare Services LLC (“**CONTRACTOR**”), a limited liability corporation organized under the laws of the State of Delaware and having its principal place of business at 323 Congress Avenue, Suite 150, Austin, TX 78701. HHSC and the CONTRACTOR may be referred to in this Amendment individually as a “Party” and collectively as the “Parties.”

**WHEREAS**, in accordance with Article 9 of the Agreement, CONTRACTOR submitted to HHSC, and HHSC accepted, Change Order Request response 22-031, Version 2.0; and

Whereas, the Parties desire to revise the Scope of Work to incorporate the terms and conditions of COR 22-031 into the Agreement.

**NOW, THEREFORE**, the Parties hereby amend and modify the Agreement as follows:

1. **INCORPORATION OF COR 22-031.** The requirements, terms and conditions of COR 22-031, Version 2.0, are attached and incorporated into the Agreement as Attachment A. If the requirements, terms and conditions of COR 22-031 in any way conflict with a term or condition in the Agreement, the term or condition in this Amendment will control with respect to this Amendment only.
2. **PRICING.** CONTRACTOR will perform the Services set forth in COR 22-031 on a “fixed fee” basis in the amount and under the terms set forth in COR 22-031. Total Fees under this Amendment will not exceed \$7,223,548.00.
3. **RETROSPECTIVE COST SETTLEMENT.** The costs incurred under this Amendment will be subject to the Retrospective Cost Settlement provisions included in Section 6.03 and Exhibit C of the Agreement.
4. **EFFECTIVE DATE.** This Amendment is effective upon the last signature date below and will continue in full force and effect through the remainder of the Term of the Agreement unless subsequently terminated, amended or modified by the Parties.
5. **CAPITALIZED TERMS.** All capitalized terms in this Amendment shall have the meaning as set forth in Section 3.03 of the Agreement unless modified herein.
6. **INCORPORATION BY AMENDMENT.** The Parties agree that the terms and conditions set forth in this Amendment apply to the Services and Deliverables to be provided by the CONTRACTOR under the Agreement in consideration of certain payments to be made by

HHSC. By signing this Amendment, the Parties expressly understand and agree that this Amendment is made a part of the Agreement as though it were set out word for word in the Agreement.

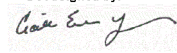
7. **ENTIRE AGREEMENT.** The Parties agree that the terms of the Agreement will remain in effect and continue to govern except to the extent expressly modified in this Amendment. The Services and Deliverables under this Amendment are subject to all other terms and requirements of the Agreement as if set forth fully therein.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR  
AMENDMENT FIFTY-THREE  
TO HHSC CONTRACT NO. 529-16-0007-00001**

**IN WITNESS WHEREOF, HHSC and CONTRACTOR have each caused this Amendment to be signed and delivered by its duly authorized representative.**

Health and Human Services Commission

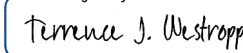
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Cecile Young  
Executive Commissioner

August 17, 2022

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Signature Date

Accenture State Healthcare Services, LLC

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Terrence J. Westropp  
Account Director

August 17, 2022

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Signature Date



## **STAR+Plus Pilot Program**

Accenture State Healthcare Services, LLC Change Order Request (COR) Response

March 17, 2022

COR 22 – 031, Version 2.0

**COR PROJECT NAME**

STAR+Plus Pilot Program

**COR NUMBER:**

22 – 031

**HHSC COR SPONSORSHIP**

The following HHSC COR sponsor for this change order and associated federal funding requests (e.g., advanced planning documents) has decision-making authority for HHSC matters related to this COR and escalates risks and issues for this COR, as appropriate.

**SPONSOR TITLE:**

Deputy Director, MCS Policy and Program, HHSC

**SPONSOR NAME:**

Michelle Erwin

**DATE(S) SUBMITTED TO HHSC**

Version 1.0 – December 6, 2021; Version 1.1 – December 22, 2021; Version 1.2 – January 6, 2022; Version 1.3 – February 15, 2022; Version 1.4 – March 4, 2022; Version 1.5 – March 15, 2022; Version 2.0 – March 17, 2022

This COR is a change to the Texas Health & Human Services Commission (HHSC) contract #529-16-0007-00001 (Agreement) with Accenture State Healthcare Services, LLC (CONTRACTOR).

**PURPOSE**

The purpose of this COR is to implement system changes to support a pilot program through the STAR+Plus Medicaid managed care program to test person-centered managed care strategies and improvements under a capitated model, as directed by House Bill (HB) 4533, 86<sup>th</sup> Texas State Legislature, Regular Session, 2019, and codified in Government Code Chapter 534.

**BACKGROUND**

The STAR+Plus Pilot Program (SP3) will operate in one service area selected by HHSC with up to two (2) STAR+Plus Medicaid managed care plans. The SP3 will test the managed care delivery of long-term services and supports (LTSS) for people with intellectual and developmental disabilities (IDD), traumatic brain injury that occurred after age 21, or people with functional needs that are like a person with IDD. SP3 participants will include members currently enrolled in STAR+Plus. Members that meet target group criteria will be automatically enrolled with the ability to opt out of the pilot. The pilot will require SP3 eligibility and enrollment processes, SP3 assessment tools, SP3 service array, and enrollment of providers for the SP3 service array.

Forms that will need to be included on the Long-Term Care Online Portal (LTCOP) to support SP3 include:

- SP3 Screening Tool – Form 2424
- International Resident Assessment Instrument (interRAI) Functional Needs Assessment, including Collaborative Action Plan (CAP) section and Summary
- My Life Plan (MLP) person-centered service planning tool
- SP3 Individual Service Plan (SP3 ISP)

### ASSUMPTIONS

The requested changes to the Statement of Work (SOW) set forth in Functional Requirements Exhibit B in the Agreement including Deliverables and the pricing schedule in this COR are based on the following Assumptions. For the avoidance of doubt, the Assumptions contained in this COR only relate to the contemplated changes to the SOW in this COR and do not relate to the remainder of the SOW.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
1.	Both	HHSC and CONTRACTOR agree to review the SOW and timeline included in the COR prior to the beginning of the Operations phase of the Project. HHSC and CONTRACTOR will jointly agree upon all applicable contract requirements, any required amendments, and Key Measures.
2.	Both	Unless otherwise specified in this document, any reference to the agency HHSC is considered a joint collaboration between the relevant Health and Human Services System agencies. Notwithstanding the foregoing, HHSC itself remains the only party who may obligate the State for additional expenditures and direct or approve CONTRACTOR's performance under this COR.
3.	Both	HHSC is responsible for providing a Product Owner for each Sprint Team. The Product Owner will have the authority and is accountable for setting priorities and business value associated with each of the User Stories for this Project. The Product Owner is accountable for communicating the required features and functionality that are being requested in each Sprint to the Sprint Team and collaborating with the Sprint Team to align development with those requirements.
4.	Both	CONTRACTOR is not responsible for delays or additional Sprint impacts associated with the unavailability of required HHSC resources or delays in the delivery or performance of third-party tools and/or services.
5.	Both	HHSC and CONTRACTOR will jointly prepare the Sprint schedules, inclusive of meetings, delivery target dates, review cycles, and Sprint completion milestones.
6.	Both	HHSC and CONTRACTOR will jointly specify the level of status reporting and metrics required in the Monthly Status Report deliverable.
7.	Both	CONTRACTOR will maintain a record of hours expended on the Services activities, including a separate record for each Agile Sprint, and provide this information to HHSC with each Monthly Status Report.
8.	Both	CONTRACTOR will not determine client eligibility for SP3 participation. SP3 participants will already be enrolled in the STAR+Plus Medicaid managed care program and will be selected for auto-enrollment in SP3 based on HHSC defined target group criteria.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
9.	Both	The number of STAR+Plus members that will transition to the SP3 pilot is estimated to be 15,000 participants. Clients will be allowed to opt out of the pilot. Clients that opt out of the SP3 pilot will no longer be assigned to the plan code(s) associated to the SP3 Managed Care Organization(s) (MCOs) and will be reassigned to their original STAR+Plus plan. Clients that are excluded from the SP3 pilot based on SP3 Screening Tool evaluation by HHSC will no longer be assigned to the plan code(s) associated to the SP3 MCO(s) and will be reassigned to their original STAR+Plus plan.
10.	Both	There will be no more than two (2) MCOs participating in SP3, operating in one (1) existing managed care Service Delivery Area.
11.	Both	A new managed care line of business will not be required for SP3. SP3 will be considered part of the STAR+Plus line of business.
12.	Both	This COR does not include effort that may be required by SP3 MCOs, Local IDD Authorities (LIDDAs), HHSC interRAI vendor or other impacted Trading Partners, such as the Enrollment Broker and the Pharmacy Claims and Rebates Administrator (PCRA) to implement SP3.
13.	Both	System modifications required by trading partners, including SP3 MCOs, LIDDAs, and other vendors, although not included in this COR, will be completed according to the HHSC-approved project work plan in order to conduct trading partner testing and production readiness.
14.	Both	Modifications for automation of the interRAI to allow direct data entry by SP3 MCO(s) and LIDDA(s) contracted with SP3 MCO(s) will be made by HHSC interRAI vendor and will be completed according to the HHSC-approved project work plan in order to conduct trading partner testing and production readiness.
15.	Both	CONTRACTOR modifications included in this COR will be based on specifications received from the HHSC Product Owner prior to procurement of the SP3 MCO(s) and the HHSC interRAI vendor. This COR does not include additional time and effort to rework those modifications based upon further changes that may be requested by the SP3 MCO(s) or HHSC interRAI vendor.
16.	Both	SP3 assessment forms included in this COR will not be accepted via paper or fax submissions to CONTRACTOR.
17.	Both	CONTRACTOR is not required to validate service hours or services approved by the SP3 MCO according to the submitted SP3 interRAI, SP3 MLP, or SP3 ISP data compared to services actually provided by the MCO.
18.	Both	Analysis and/or evaluation by CONTRACTOR for determining and identifying procedure codes for the SP3 service array is not included in this COR.
19.	Both	A new call type and /or call issue will not be required to track SP3 calls separately from other calls.
20.	Both	SP3 MCOs will produce and mail client letters to notify clients of pilot participation denial based on the SP3 Screening tool, along with information about the MCO appeal process.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
21.	Both	There are no changes to H-1700 ISP forms used by other programs. Rather this COR creates a new SP3 ISP form (e.g., no changes to the STAR+Plus Waiver H-1700 ISP form included in this COR).
22.	Both	CONTRACTOR technical and Operations staff to support a post-implementation Green Room is not included in this COR.
23.	Business	No new CONTRACTOR Operations manual or paper processes are required or included for this Project.
24.	Business	MCO Liaison support, including setting up TexMedCentral folders for new SP3 MCO(s), will be provided per the Agreement without additional CONTRACTOR staff.
25.	Business	The combined page count for the four (4) Item by Item Guides related to each of the four (4) forms will not exceed sixteen hundred (1,600) pages.
26.	Business	The combined slide count for the webinar will not exceed one hundred fifty (150) slides.
27.	Business	CONTRACTOR will not be required to perform medical necessity (MN) determinations for SP3 participants.
28.	Business	CONTRACTOR will not be required to participate in appeals or fair hearings related to member eligibility for SP3 or services provided and/or authorized through SP3.
29.	Business	CONTRACTOR will not be required to track complaints or inquiries directed to SP3 MCOs.
30.	Business	Modifications to CONTRACTOR internal staff training materials will be completed per the Agreement without additional staff.
31.	Business	Onboarding and training of new EVV providers will be completed per the Agreement without additional staff.
32.	Technical	Client eligibility and enrollment in SP3 will be sent to CONTRACTOR via the existing System for Application, Verification, Eligibility, Referrals, and Reporting/Texas Integrated Eligibility Redesign System (SAVERR/TIERS) interface and layout without changes to the format or data elements.
33.	Technical	SP3 participants will be identified on eligibility interfaces to CONTRACTOR by Managed Care plan code(s) specific to SP3 MCO(s).
34.	Technical	Clients cannot be enrolled in both an SP3 MCO plan and another MCO plan such as STAR, STAR+PLUS, STAR Health, STAR Kids or Medicare/Medicaid Plan (MMP) for the same or overlapping dates. Clients may be enrolled in a Dental Maintenance Organization (DMO) for the same or overlapping dates.
35.	Technical	MCO non-capitated (carve-out) services for SP3 will be the same carve-out services identified for STAR+Plus.
36.	Technical	Acute care MCO carve-out services for SP3 participants will continue to be processed and paid under Fee-for-Service (FFS), consistent with STAR+Plus carve-out services.



ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
37.	Technical	Acute care MCO capitated (carve-in) non-EVV services for SP3 participants will continue to be forwarded to the SP3 MCO for payment or denied with instructions to bill the SP3 MCO, consistent with STAR+Plus carve-in services.
38.	Technical	LTC MCO carve-out services for SP3 participants will continue to be processed and paid under FFS, consistent with STAR+Plus carve-out services.
39.	Technical	LTC MCO carve-in non-EVV services for SP3 participants will continue to be denied with instructions to bill the SP3 MCO, consistent with STAR+Plus carve-in services.
40.	Technical	MCO capitated (carve-in) EVV services for SP3 participants will continue to be forwarded to the SP3 MCO for adjudication and payment, consistent with STAR+Plus carve-in EVV services.
41.	Technical	There are no changes to FFS vouchers to separately report expenditures related to acute care carve-outs for SP3 clients from other managed care members included in this COR.
42.	Technical	All SP3 clients are currently enrolled in STAR+PLUS plans, so there will be no open FFS authorizations that will need to be transitioned to the SP3 MCO(s).
43.	Technical	Transformed Medicaid Statistical Information System (T-MSIS) impacts for SP3 plan code(s) will be prioritized by HHSC and completed per the Agreement without additional CONTRACTOR staff.
44.	Technical	SP3 MCO(s) or their contracted LIDDA(s) will submit interRAI data from the MCO system to the HHSC interRAI vendor. The SP3 MCO(s) will transmit batches of interRAI to CONTRACTOR electronically. There will be no interRAI direct data entry (i.e., add, change, delete) functionality in the portal.
45.	Technical	HHSC interRAI vendor will validate and apply any required algorithms to interRAI data prior to sending the data to the SP3 MCO. CONTRACTOR will receive interRAI data from the SP3 MCO and not from the HHSC interRAI vendor. CONTRACTOR will not process incomplete interRAI data received from the SP3 MCO and will not be required to perform calculations for resource utilization group (RUG), or other acuity algorithms on interRAI data received from the SP3 MCO.
46.	Technical	SP3 MCO(s) will send interRAI data to CONTRACTOR using a common format and customized file layout.
47.	Technical	Data files exchanged with SP3 MCO(s) for interRAI data in the custom format will be through TexMedCentral Secure File Transfer Protocol (SFTP).
48.	Technical	The SP3 Screening tool will be data entered directly into the LTCOP by SP3 MCO(s) or their contracted LIDDA(s) and will not be received as a custom data file loaded into the LTCOP.
49.	Technical	The SP3 MLP will be data entered directly into the LTCOP by SP3 MCO(s) or their contracted LIDDA(s) and will not be received as a custom data file loaded into the LTCOP.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
50.	Technical	The SP3 ISP will be data entered directly into the LTCOP by SP3 MCO(s) or their contracted LIDDA(s). The SP3 ISP will not be received as a custom data file loaded into the LTCOP, nor will it be submitted electronically via American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12 278 Health Care Services – Request for Review and Response transactions by SP3 MCO(s).
51.	Technical	The SP3 interRAI and MLP forms will not require workflow processes within the LTCOP.
52.	Technical	Creation or generation of client or provider letters is not required or included in this COR.
53.	Technical	CONTRACTOR will not be required to apply algorithms or perform calculations for RUG on the SP3 ISP forms.
54.	Technical	CONTRACTOR will not be required to provide SP3 Screening tool, interRAI, or MLP data to the HHSC LTC Service Authorization System (SAS). CONTRACTOR will be required to provide SP3 ISP data to SAS. Any manual updates to SP3 ISP data made in SAS will not be reflected in the LTCOP.
55.	Technical	HHSC will provide data to CONTRACTOR that identifies vendor/contract numbers associated with SP3 plan code(s) for LTCOP access to SP3 Screening tool, interRAI, MLP, and SP3 ISP data.
56.	Technical	CONTRACTOR will not be required to create and maintain fillable portable document format (PDF) forms for SP3 Screening tool, interRAI, MLP, or SP3 ISP data.
57.	Technical	There will not be a separate provider network file (i.e., P84/P88/PNR) specific to SP3 MCO(s). Provider network information for SP3 MCO(s) will be included with provider network information for STAR+Plus MCOs.
58.	Technical	SP3 MCO LTSS provider enrollments will follow existing MCO LTSS enrollment processes, and will not require changes to workflow, letters, outbound interfaces, agreements, or additional enrollment questions.
59.	Technical	Modifications included in this Project will be based on HHSC prioritization during product backlog refinement and will be limited in scope by the total number of Sprints (54 Sprints) included in this COR. Should HHSC prioritization result in a backlog exceeding the Sprint capacity of this COR, a contract amendment will be required to complete the effort.
60.	Technical	SP3 services added to the EVV Services Table will not conflict with other program table entries for EVV.

Changes which invalidate Assumptions or materially revise this COR will require a review and written approval by HHSC and CONTRACTOR of the staffing, design, development and/or Project Implementation Schedule, and related Fee Schedule(s). Supporting full time equivalents (FTEs) or any other costs requested in this change order are not already allocated in previous CORs and/or the Agreement. HHSC will not be liable for multiple costing associated with the same

resources. Notwithstanding the foregoing, CONTRACTOR may utilize personnel on both base services and Amendments/CORs.

After this COR is incorporated into the Agreement via an executed Amendment, any changes to this COR will be accomplished in accordance with Article 9 of the Agreement.

## REVISIONS TO THE STATEMENT OF WORK

Upon execution of an Amendment, the following revisions are incorporated into the SOW as if set forth fully therein.

## ONE-TIME CONTRACT REQUIREMENTS

ITEM #	TYPE	REQUIREMENT
<b>STAR+Plus Pilot Program Plan Codes</b>		
22-031-01	Technical	Modify the TMMIS via the Expedited Plan Code (EPC) tool to include managed care plan code(s) specific to SP3 MCO(s), including: <ul style="list-style-type: none"> <li>• Creation of SP3 plan code(s)</li> <li>• Promotion of SP3 plan code(s) data to Compass21 (C21)</li> <li>• Promotion of SP3 plan code(s) data to Long-Term Care Claims Management System (LTC CMS)</li> <li>• Promotion of SP3 plan code(s) data to Electronic Data Interchange (EDI)</li> <li>• Promotion of SP3 plan code(s) data to Vision21 (V21)</li> </ul>
22-031-02	Technical	Modify the TMMIS for association of SP3 plan code(s) data for tables not updated by the EPC tool.
22-031-03	Technical	Modify C21 Stat Assigner to include SP3 plan code(s) in Managed Care Stat Reporting.
22-031-04	Technical	Modify Electronic Visit Verification (EVV) payer web service to include SP3 plan code(s) for EVV claims forwarding.
22-031-05	Technical	Modify V21 routing rules for SP3 plan code(s) and SP3 MCO(s).
22-031-06	Technical	Modify Automated Inquiry System (AIS) to link SP3 plan code(s) to existing voice clip(s).
<b>STAR+Plus Pilot Program Screening Tool</b>		
22-031-07	Technical	Create one (1) LTCOP form to display SP3 Screening Tool data to portal users according to security roles.
22-031-08	Technical	Create process to allow entry of SP3 Screening Tool data directly into the LTCOP form by SP3 MCO(s) or their contracted LIDDA(s) according to security roles, including functionality for: <ul style="list-style-type: none"> <li>• Save as draft</li> <li>• Corrections with audit trail notes.</li> </ul>
22-031-09	Technical	Create a process to perform business validations on SP3 Screening Tool data entered directly into the LTCOP form by portal users, limited to code set validations, list of value validations, conditional fields, and required fields.
22-031-10	Technical	Create a workflow process to allow portal users to perform actions related to SP3 Screening Tool data on the LTCOP according to security roles.
22-031-11	Technical	Create LTCOP database tables to store SP3 Screening Tool data entered on the LTCOP form.

ITEM #	TYPE	REQUIREMENT
22-031-12	Technical	Modify the Medicaid/CHIP Data Analytics (MCDA) Managed Care Member Service Universe to store SP3 Screening Tool data from the LTCOP.
22-031-13	Technical	Modify LTCOP Portal security to allow SP3 MCO(s) and LIDDA(s) contracted with SP3 MCO(s) to view, enter, update, search, and print/download PDFs of SP3 Screening Tool data for the SP3 MCO enrolled SP3 members.
22-031-14	Technical	Modify LTCOP Portal security to allow Comprehensive Service Providers (CSPs) contracted with SP3 MCO(s) to view, search, and print/download PDFs of SP3 Screening Tool data for the SP3 MCO enrolled SP3 members.
22-031-15	Technical	Modify LTCOP Portal security to allow HHSC staff to view, search, and print/download PDFs of SP3 Screening Tool data on the LTCOP.
<b>STAR+Plus Pilot Program interRAI (including CAP Section and Summary)</b>		
22-031-16	Technical	Modify the TMMIS to accept SP3 interRAI data files (including CAP section and Summary) from the SP3 MCO(s) in a State-approved custom format and perform format validations.
22-031-17	Technical	Create a process to perform business validations on SP3 interRAI data files (including CAP section and Summary) received from the SP3 MCO(s) in a State-approved custom format, limited to code set validations, list of value validations, conditional fields, and required fields.
22-031-18	Technical	Create a process to send a response file to SP3 MCO(s) to acknowledge receipt of the SP3 interRAI data files (including CAP section and Summary), and acceptance or rejection of the SP3 interRAI data files, based on validations.
22-031-19	Technical	Create one (1) LTCOP form to display SP3 interRAI data (including CAP section) and one (1) LTCOP form to display SP3 interRAI Summary data accepted by CONTRACTOR in the common file format from SP3 MCO(s), to portal users according to security roles.
22-031-20	Technical	Create LTCOP database tables to store SP3 interRAI data (including CAP section and Summary) accepted by CONTRACTOR in the common file format from SP3 MCO(s).
22-031-21	Technical	Modify the MCDA Managed Care Member Service Universe to store SP3 interRAI data (including CAP section) from the LTCOP.
22-031-22	Technical	Modify LTCOP Portal security to allow SP3 MCO(s) and LIDDA(s) and CSPs contracted with SP3 MCO(s) to view, search, and print/download PDFs of SP3 interRAI data (including CAP section and Summary) for the SP3 MCO enrolled SP3 members.
22-031-23	Technical	Modify LTCOP Portal security to allow HHSC to view, search, and print/download PDFs of SP3 interRAI data for SP3 members.
<b>STAR+Plus Pilot Program MLP</b>		
22-031-24	Technical	Create process to allow entry of SP3 MLP data directly into the LTCOP form by SP3 MCO(s) or their contracted LIDDA(s) according to security roles, including functionality for: <ul style="list-style-type: none"> <li>• Save as draft</li> <li>• Corrections with audit trail notes.</li> </ul>
22-031-25	Technical	Create a process to perform business validations on SP3 MLP data entered directly into the LTCOP form by portal users, limited to code set validations, list of value validations, conditional fields, and required fields.
22-031-26	Technical	Create one (1) LTCOP form to display SP3 MLP data entered directly into the LTCOP form by portal users, to portal users according to security roles.
22-031-27	Technical	Create LTCOP database tables to store SP3 MLP data entered on the LTCOP form.

ITEM #	TYPE	REQUIREMENT
22-031-28	Technical	Modify the MCDA Managed Care Member Service Universe to store SP3 MLP data from the LTCOP.
22-031-29	Technical	Modify LTCOP Portal security to allow SP3 MCO(s) and LIDDA(s) contracted with SP3 MCO(s) to view, enter, update, search, and print/download PDFs of SP3 MLP data for the SP3 MCO enrolled SP3 members.
22-031-30	Technical	Modify LTCOP Portal security to allow CSPs contracted with SP3 MCO(s) to view, search, and print/download PDFs of SP3 MLP data for the SP3 MCO enrolled SP3 members.
22-031-31	Technical	Modify LTCOP Portal security to allow HHSC to view, search, and print/download PDFs of SP3 MLP data for SP3 members.
<b>STAR+Plus Pilot Program ISP</b>		
22-031-32	Technical	Create one (1) LTCOP form to display SP3 ISP data to portal users according to security roles.
22-031-33	Technical	Create process to allow entry of SP3 ISP data directly into the LTCOP form by SP3 MCO(s) or their contracted LIDDA(s) according to security roles, including functionality for: <ul style="list-style-type: none"> <li>• Save as draft</li> <li>• Corrections with audit trail notes.</li> </ul>
22-031-34	Technical	Create a process to perform business validations on SP3 ISP data entered directly into the LTCOP form by portal users, limited to code set validations, list of value validations, conditional fields, and required fields.
22-031-35	Technical	Create a workflow process to allow portal users to perform actions related to SP3 ISP data on the LTCOP according to security roles.
22-031-36	Technical	Create LTCOP database tables to store SP3 ISP data accepted by CONTRACTOR.
22-031-37	Technical	Modify the MCDA Managed Care Member Service Universe to store SP3 ISP data from the LTCOP.
22-031-38	Technical	Modify LTCOP Portal security to allow SP3 MCO(s) and LIDDA(s) contracted with SP3 MCO(s) to view, enter, update, search, and print/download PDFs of SP3 ISP data for the SP3 MCO enrolled SP3 members.
22-031-39	Technical	Modify LTCOP Portal security to allow CSPs contracted with SP3 MCO(s) to view, search, and print/download PDFs of SP3 ISP data for the SP3 MCO enrolled SP3 members.
22-031-40	Technical	Modify LTCOP Portal security to allow HHSC to view, search, and print/download PDFs of SP3 ISP data for SP3 members.
22-031-41	Technical	Create a process to transmit SP3 ISP data from the LTCOP to the SAS database.
<b>STAR+Plus Pilot Program LTSS Provider Enrollment</b>		
22-031-42	Technical	Modify Provider Enrollment Maintenance System (PEMS) to allow enrollment of MCO LTSS providers with additional internal provider types for nine (9) SP3 specific LTSS services.
<b>Business Operations</b>		
22-031-43	Operations	Develop and publish four (4) Item by Item Guides related to each of the four (4) new forms implemented in the LTCOP.
22-031-44	Operations	Develop one (1) educational webinar, to be delivered twice. Each session will include a live question and answer (Q&A) session.

**ADDITIONAL ONGOING CONTRACT REQUIREMENTS**

No additional Ongoing Contract Requirements have been identified as necessary through COR development based on the One Time Requirements above, but should there be Ongoing Contract Requirements identified following Amendment execution, additional effort and/or cost by CONTRACTOR will be mutually discussed and agreed between HHSC and CONTRACTOR.

### **REVISED CONTRACT REQUIREMENTS**

No Contract Requirements requiring revision because of the One Time Requirements above have been identified through COR development, but should there be Revised Contract Requirements identified following Amendment execution, additional effort and/or cost by CONTRACTOR will be mutually discussed and agreed between HHSC and CONTRACTOR.

### **DEACTIVATED ONGOING CONTRACT REQUIREMENTS**

No ongoing Contract Requirements requiring deactivation because of the One Time Requirements above have been identified through COR development, but should there be Deactivated Contract Requirements identified following Amendment execution, additional effort and/or cost by CONTRACTOR will be mutually discussed and agreed between HHSC and CONTRACTOR.

### **STAFFING**

CONTRACTOR estimates the need for the following staffing resources. Supporting FTEs or any other costs requested in this COR are not already allocated in previous CORs and/or the Agreement. The supporting financial documentation and estimate breakdown is included in the Cost Model.

#### **Temporary Staff**

##### **A. Business Operations:**

##### **Operations Project Office (OPO)**

Operations Business Analyst to manage and track the completion of Operations requirements defined for the project. Manage, track, update/develop and publish Job Aids/Training Materials as needed for both external and internal customers. Assist in managing Trading Partner Testing readiness. Includes FTEs as follows:

- One-half (0.5) for ten (10) months

##### **Training Services Group**

Learning and Development Consultant responsible for educating State staff and providers with knowledge, resources, and support required to interface with TMHP. Develop and deliver State staff and the provider community training to include webinars, user guides, and item-by-item guides. Includes FTEs as follows:

- One (1) for one (1) month
- Two and one half (2.5) for six (6) months

- Three (3) for four (4) months

## B. TMMIS Technology:

### Project Agile Delivery Staff

CONTRACTOR will provide resources to staff four (4) Scrum Teams for each Sprint Cycle. Each Scrum Team will include the following CONTRACTOR resources:

#### Scrum Team 1

CONTRACTOR Role	Department	FTE	Duration (Months)
Sr. Business Analyst	Portal	0.5	1
		1	11
Business Analyst	Portal	0.5	1
		1	1
		2	9
Sr. Developer	Portal	0.5	1
		1	11
Developer	Portal	0.5	1
		1	1
		4	9
<b>TOTAL at Peak Staffing Level</b>		<b>8</b>	

#### Scrum Team 2

CONTRACTOR Role	Department	FTE	Duration (Months)
Sr. Business Analyst	Portal	1	10
Business Analyst	Portal	0.5	1
		2	9
Sr. Developer	Portal	1	10
Developer	Portal	0.5	1
		4	9
<b>TOTAL at Peak Staffing Level</b>		<b>8</b>	

#### Scrum Team 3

CONTRACTOR Role	Department	FTE	Duration (Months)
Sr. Business Analyst	Portal	1	10
Business Analyst	Portal	0.5	1
		2	9
Sr. Developer	Portal	1	10
Developer	Portal	0.5	1
		4	9
<b>TOTAL at Peak Staffing Level</b>		<b>8</b>	

**Scrum Team 4**

CONTRACTOR Role	Department	FTE	Duration (Months)
Sr. Business Analyst	MDAT	0.5	1
		0.55	1
		1	9
Business Analyst	MDAT	0.5	1
		1	8
Sr. Developer	MDAT	0.5	2
		1	9
Developer	MDAT	0.5	1
		1	8
<b>TOTAL at Peak Staffing Level</b>		<b>4</b>	

In addition to the Scrum Teams, CONTRACTOR requires the following resources to satisfy the requirements of the SOW.

**Scrum Master**

- Two (2) Scrum Masters for nine (9) months

**Product Owner Liaison (POL)**

- One (1) Senior Business Analyst to function as POL for ten (10) months

**Platform Team**

- Program Manager
  - One-quarter (0.25) for ten (10) months
- Project Manager
  - One (1) for ten (10) months
- Solution Architect



- One-quarter (0.25) for four (4) months
- One-half (0.5) for three (3) months
- Three-quarters (0.75) for one (1) month
- One (1) for one (1) months
- Senior Application Architect – Portal
  - One-quarter (0.25) for one (1) month
  - One-half (0.5) for three (3) months
  - Three-quarters (0.75) for three (3) months
  - One (1) for three (3) months
- Database Administrator
  - One (1) for nine (9) months
- System Programmer
  - Eighty five-hundredths (0.85) for nine (9) months

### **Ongoing Staff**

No on-going Operations or Technical staff are requested as a result of this COR.

### **PROJECT COMMENCEMENT AND IMPLEMENTATION DATE**

CONTRACTOR will commence work under the Project according to the associated Cost Model. This may be as soon as the business day following receipt of the email transmission from HHSC of the executed Amendment, but not later than the first business day of the following month. CONTRACTOR will complete the Services and Deliverables in this COR through fifty four (54) Sprint Cycles each being ten (10) business days in duration. It is estimated the Project will complete within **twelve (12) months** after the effective date of the Amendment, unless otherwise specified in the Deliverables table below. As used in this COR, “Project Implementation Date” means the date on which all of the Services and Deliverables set forth in this COR are completed by CONTRACTOR and accepted by HHSC.

### **DELIVERABLES**

On-going and one-time Deliverables will be submitted to the State via the Vendor Initiated Correspondence (VIC) process. CONTRACTOR must document the due date and the contract requirement number of the Deliverable on the VIC cover. CONTRACTOR will produce the Deliverables, which the State will review and approve or provide required revisions per the Deliverables acceptance process outlined in Section 4.05 “Acceptance” in the Agreement unless otherwise noted with a specific deliverable below. In accordance with Section 4.05, the parties may increase or decrease the Review Period.

CONTRACTOR will provide the following one-time Deliverables by the Project Implementation Date or the specified due dates.

### **LIST OF DELIVERABLES**

ITEM #	RQMT ID	DELIVERABLE	DUE DATE
1.	STAR PLUS PILOT - 0001	Submit a Project Work Plan including Operational and Technical components for HHSC approval using an approved work plan template containing key Agile Scrum milestones.	Within twenty (20) business days of the Project Commencement.
2.	STAR PLUS PILOT - 0002	Submit a Monthly Project Status Report for HHSC approval using an approved Agile Monthly Project Status Report template for key Agile Scrum activities and milestones.	During Project Implementation and due by the fifteenth (15 <sup>th</sup> ) business day of each month beginning the month after Project Commencement.
3.	STAR PLUS PILOT - 0003	Submit Agile Baseline Document (ABD) for HHSC approval.	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
4.	STAR PLUS PILOT - 0004	Agile Solution Blueprint	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
5.	STAR PLUS PILOT - 0005	Agile Test Model	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
6.	STAR PLUS PILOT - 0006	Submit an updated Companion Guide(s).	N/A
7.	STAR PLUS PILOT - 0007	Submit Technical Report documentation including updates to Joint Interface Plans (JIPs).	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
8.	STAR PLUS PILOT - 0008	Submit, report, and maintain the management of Project risks and issues in the CONTRACTOR's Project and Portfolio Management (PPM) tool for reporting at Project Governance. COR Action through the life of the Project.	Reported on a frequency consistent with Project governance meetings per the HHSC-approved Project Work Plan.
9.	STAR PLUS PILOT - 0009	Conduct Project Status meetings with HHSC, including the creation and distribution of meeting minutes for HHSC approval.	Meetings to be scheduled according to the HHSC-approved Project Work Plan. Meeting minutes due within five business days after the meeting occurs.

The Work Plan may be adjusted in accordance with the Agreement if the delivery of services is accelerated or delayed and the total cost is not changed.

#### KEY MEASURES

No new Key Measures are requested or modified as a result of this COR.

#### SYSTEMS INVENTORY UPDATE

Exhibit B Attachment 40 SYSTEMS APPLICATION INVENTORY is not applicable to this Project.

**POST PROJECT IMPLEMENTATION REVIEW**

CONTRACTOR will conduct a Post Project Implementation Review for this COR in accordance with contractual requirements (FIN – 0085, GOC – 0130). A Post Project Implementation Review meeting will be scheduled by HHSC on a date following CONTRACTOR’s submission of the Post Implementation Review materials.

**CHANGES TO CONTRACT PRICE**

Services and Deliverables of this COR will be performed on the financial basis described in Appendix A. The pricing in Appendix A is based on the assumptions, scope and timing stated in the COR. A pricing schedule by Federal Fiscal Year (FFY) and State Fiscal Year (SFY) is included in Appendix A.

Notwithstanding any provision of this COR or the Amendment that incorporates this COR into the Agreement, unless and to the extent already required by the Agreement, CONTRACTOR shall only provide data relating to its underlying costs or profit margin in accordance with the Financial Terms, Exhibit C to the Agreement.

**FINANCIAL STRUCTURE**

Upon request, CONTRACTOR will submit to HHSC documentation of costs associated with FCS-0019 set forth in Attachment 1 to Exhibit C of the Agreement. For the purposes of this Amendment, these costs will be represented as hours worked by resource multiplied by the CONTRACTOR rate for the level of that resource, according to the CONTRACTOR rates set forth in Exhibit D-04 of the Agreement.

HHSC will pay CONTRACTOR for services and Deliverables associated with this COR according to the attached Pricing Schedule included in Appendix A and in accordance with the terms of the Agreement. If CONTRACTOR cannot demonstrate actual costs, as defined above, that were reflected in the Pricing Schedule, HHSC may exercise their right to dispute all or any portion of the CONTRACTOR'S invoice according to Section 8.14 of the Agreement.

**FINANCIAL TYPE**

The financial type of the change order is:

- No Price Impact                       Implementation  
 Implementation and/or Ongoing    Analysis

**CHANGE ORDER CATEGORY**

The category of this change order is:

- Modification to Contractual Requirements  
 Modification to Business Processes and/or Business Rules  
 New Requirement: Contract Amendment Required

**APPENDICES**

The following appendices are attached to and incorporated into this COR:

Appendix A – Pricing Schedule

Appendix B – Federal Financial Participation for Texas Medicaid Management Information System (TMMIS) Projects

Appendix C – CMS Conditions and Standards

Appendix D – Final Cost Model

Appendix E – Glossary of Acronyms and Terms

**APPENDIX A****COR 22-031 STAR+Plus Pilot Program (SP3)  
Pricing Schedule (Extension)**

	<b>SFY23</b>		<b>Total</b>
Accenture Labor (Tech)	6,843,367		6,843,367
Accenture Labor (Ops)	380,181		380,181
Consulting	-		-
Pass Through HW/SW	-		-
Pass Through- Other	-		-
Non Pass Through	-		-
<b>Total Cost</b>	<b>7,223,548</b>		<b>7,223,548</b>

	<b>FFY22</b>	<b>FFY23</b>	<b>Total</b>
Accenture Labor (Tech)	297,619	6,545,748	6,843,367
Accenture Labor (Ops)	40,089	340,092	380,181
Consulting	-	-	-
Pass Through HW/SW	-	-	-
Pass Through- Other	-	-	-
Non Pass Through	-	-	-
<b>Total Cost</b>	<b>337,708</b>	<b>6,885,840</b>	<b>7,223,548</b>

<b>SFY 2023</b>				
<b>Month</b>	<b>Contract Period</b>	<b>Development</b>	<b>Operations/Run</b>	<b>Total</b>
Sep-22	Ext. Yr. 3	337,708	-	337,708
Oct-22	Ext. Yr. 3	755,288	-	755,288
Nov-22	Ext. Yr. 3	765,690	-	765,690
Dec-22	Ext. Yr. 3	759,572	-	759,572
Jan-23	Ext. Yr. 3	754,396	-	754,396
Feb-23	Ext. Yr. 3	746,815	-	746,815
Mar-23	Ext. Yr. 3	740,697	-	740,697
Apr-23	Ext. Yr. 3	740,697	-	740,697
May-23	Ext. Yr. 3	740,697	-	740,697
Jun-23	Ext. Yr. 3	726,998	-	726,998
Jul-23	Ext. Yr. 3	111,858	-	111,858
Aug-23	Ext. Yr. 3	43,132	-	43,132
<b>Total</b>		<b>7,223,548</b>	<b>-</b>	<b>7,223,548</b>

<b>Other Costs</b>	<b>Development</b>	<b>Operations/Run</b>	<b>Total</b>
Capital and Supporting	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>

<b>Total Cost</b>	<b>7,223,548</b>	<b>-</b>	<b>7,223,548</b>
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CONTRACTOR will submit invoices upon the completion of each month of service in accordance with the Agreement.

**APPENDIX B****FEDERAL FINANCIAL PARTICIPATION FOR TEXAS MEDICAID MANAGEMENT INFORMATION SYSTEM (TMMIS) PROJECTS****COR 22-031 STAR+Plus Pilot  
Program (SP3)  
FFP Summary (Extension)**

<i>Title XIX TMMIS FFY 2022 Federal Funding Participation Allocation: APD Related</i>			
<b>Allocation Category</b>	<b>State Portion</b>	<b>Federal Portion</b>	<b>Total Federal &amp; State</b>
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 10,022	\$ 30,067	\$ 40,089
TMMIS Related 90/10 FFP	\$ 29,762	\$ 267,857	\$ 297,619
<b>Total Cost Title XIX FFY 2022</b>	<b>\$ 39,784</b>	<b>\$ 297,924</b>	<b>\$ 337,708</b>

<i>Title XIX TMMIS FFY 2023 Federal Funding Participation Allocation: APD Related</i>			
<b>Allocation Category</b>	<b>State Portion</b>	<b>Federal Portion</b>	<b>Total Federal &amp; State</b>
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 85,023	\$ 255,069	\$ 340,092
TMMIS Related 90/10 FFP	\$ 654,575	\$ 5,891,173	\$ 6,545,748
<b>Total Cost Title XIX FFY 2023</b>	<b>\$ 739,598</b>	<b>\$ 6,146,242</b>	<b>\$ 6,885,840</b>

<i>Title XIX TMMIS Total Federal Funding Participation Allocation: APD Related</i>			
<b>Allocation Category</b>	<b>State Portion</b>	<b>Federal Portion</b>	<b>Total Federal &amp; State</b>
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 95,045	\$ 285,136	\$ 380,181
TMMIS Related 90/10 FFP	\$ 684,337	\$ 6,159,030	\$ 6,843,367
<b>Total Cost Title XIX Total</b>	<b>\$ 779,382</b>	<b>\$ 6,444,166</b>	<b>\$ 7,223,548</b>

Above is the determination for the division of Federal Financial Participation (FFP) funds. CONTRACTOR will rely on this information as updated by HHSC for the submission of invoices.

**PROGRAM FUNDING**

This change order will be funded by the following program(s):

- Title XIX
- Children with Special Health Care Needs Services Program (CSHCN)
- Long Term Care (LTC)
- Medical Transportation Program (MTP)
- Women's Health Services
- Other \_\_\_\_\_

**ADVANCED PLANNING DOCUMENT**

An Advanced Planning Document (APD) or Advanced Planning Document Update (APD-U) will be submitted for COR 22 – 031.

An APD or APD-U is not required if the Project is 100% funded by the State, does not exceed federal funding request threshold requirements, or other special circumstances specified by the State.

The following federal regulations and constraints apply:

Centers for Medicare and Medicaid Services (CMS) requires the State to submit an APD for prior approval for any Project/COR that totals or exceeds the normal administrative rate threshold of \$1,000,000 for total TMMIS Project costs that are claimed at either a 50% FFP or the 75% FFP levels. All FFP requests at the 90% FFP rate must have APD approval from CMS. The \$1,000,000 is based on the cost of the Contract Amendment only (not the original contract cost for the Project/COR plus the Amendment).

If the SOW included in the COR is part of a project covered by a previously approved TMMIS APD, then an APD-U must be submitted for total project cost increases of \$300,000 or ten percent (10%) of project costs, whichever is less. CMS will not provide FFP for projects that are comparable in scope, but divided into separate Amendments, COR responses, or projects in order to remain under the threshold. In addition, if a project was undertaken by the State that was under the threshold, and a subsequent project is being considered, all TMMIS costs must be combined from all projects. If the total TMMIS costs exceed the threshold, an APD must be submitted for prior approval for all TMMIS activities and costs.

**APPENDIX C****CMS CONDITIONS AND STANDARDS**

CMS Conditions and Standards as prescribed in Medicaid IT Supplement (MTS 11-01, v1.0) apply to this COR as described below.

**1. Modularity Standard:**

COR 22 – 031 supports functionality for the MMIS Portal and Data Warehouse systems. The project follows a well-defined System Development Lifecycle (SDLC), producing specific deliverables as defined in the Deliverables section of the COR. The SDLC provides a structured approach to the development. It includes stakeholder reviews at each stage to keep the project on schedule and to meet project objectives.

**2. Medicaid Information Technology Architecture (MITA) Condition:**

This Project will maintain the MITA maturity of the following Care Management Business Processes: CM01 – Establish Case, CM02 – Manage Case Information, CM05 – Perform Screening and Assessment, and CM06 – Manage Treatment Plan and Outcomes.

<b>CM01 – ESTABLISH CASE</b>			
<b>QUESTION</b>	<b>PER 2020 MITA 3.0 SS-A: AS IS</b>	<b>PER 2020 MITA 3.0 SS-A: TO BE</b>	<b>COMMENTS</b>
Is the process primarily manual or automatic?	2	2	COR 22 – 031 supports automated electronic submission of SP3 assessments in the LTCOP.
Does the State Medicaid Agency use standards in the process?	3	3	COR 22 – 031 supports the use of State standardized SP3 forms and assessments.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3	COR 22 – 031 supports collaboration by making State standardized SP3 forms and assessment results available online.
How timely is the end-to-end process?	2	2	COR 22 – 031 supports timeliness through automated electronic submission of SP3 assessments in the LTCOP.
How accurate is the information in the process?	2	2	COR 22 – 031 supports accuracy of information through validation of SP3 forms and assessments submitted through the LTCOP.
How accessible is the information in the process?	2	2	COR 22 – 031 supports accessibility by making State standardized SP3 forms and assessment results available online.
What is the cost of the process compared to the benefits of its results?	2	2	This Project is not expected to contribute to an increase in maturity.
How efficient is the process?	2	2	COR 22 – 031 supports process efficiency through automated electronic submission of SP3 assessments in the LTCOP.
How accurate are the results of the process?	2	2	COR 22 – 031 supports process accuracy through automated electronic submission of SP3 assessments in the LTCOP.



<b>CM01 – ESTABLISH CASE</b>			
<b>QUESTION</b>	<b>PER 2020 MITA 3.0 SS-A: AS IS</b>	<b>PER 2020 MITA 3.0 SS-A: TO BE</b>	<b>COMMENTS</b>
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity.

<b>CM02 – MANAGE CASE INFORMATION</b>			
<b>QUESTION</b>	<b>PER 2020 MITA 3.0 SS-A: AS IS</b>	<b>PER 2020 MITA 3.0 SS-A: TO BE</b>	<b>COMMENTS</b>
Is the process primarily manual or automatic?	2	2	COR 22 – 031 supports automated electronic submission of SP3 assessments in the LTCOP.
Does the State Medicaid Agency use standards in the process?	3	3	COR 22 – 031 supports the use of State standardized SP3 forms and assessments.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3	COR 22 – 031 supports collaboration by making State standardized SP3 forms and assessment results available online.
How timely is the end-to-end process?	2	2	COR 22 – 031 supports timeliness through automated electronic submission of SP3 assessments in the LTCOP.
How accurate is the information in the process?	2	2	COR 22 – 031 supports accuracy of information through validation of SP3 forms and assessments submitted through the LTCOP.
How accessible is the information in the process?	2	2	COR 22 – 031 supports accessibility by making State standardized SP3 forms and assessment results available online.
What is the cost of the process compared to the benefits of its results?	2	2	This Project is not expected to contribute to an increase in maturity.
How efficient is the process?	2	2	COR 22 – 031 supports process efficiency through automated electronic submission of SP3 assessments in the LTCOP.
How accurate are the results of the process?	2	2	COR 22 – 031 supports process accuracy through automated electronic submission of SP3 assessments in the LTCOP.
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity.

<b>CM05 – PERFORM SCREENING AND ASSESSMENT</b>			
<b>QUESTION</b>	<b>PER 2020 MITA 3.0 SS-A: AS IS</b>	<b>PER 2020 MITA 3.0 SS-A: TO BE</b>	<b>COMMENTS</b>
Is the process primarily manual or automatic?	3	3	COR 22 – 031 supports automated electronic submission of SP3 assessments in the LTCOP.

<b>CM05 – PERFORM SCREENING AND ASSESSMENT</b>			
<b>QUESTION</b>	<b>PER 2020 MITA 3.0 SS-A: AS IS</b>	<b>PER 2020 MITA 3.0 SS-A: TO BE</b>	<b>COMMENTS</b>
Does the State Medicaid Agency use standards in the process?	3	3	COR 22 – 031 supports the use of State standardized SP3 forms and assessments.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3	COR 22 – 031 supports collaboration by making State standardized SP3 forms and assessment results available online.
How timely is the end-to-end process?	2	2	COR 22 – 031 supports timeliness through automated electronic submission of SP3 assessments in the LTCOP.
How accurate is the information in the process?	2	2	COR 22 – 031 supports accuracy of information through validation of SP3 forms and assessments submitted through the LTCOP.
How accessible is the information in the process?	2	2	COR 22 – 031 supports accessibility by making State standardized SP3 forms and assessment results available online.
What is the cost of the process compared to the benefits of its results?	2	2	This Project is not expected to contribute to an increase in maturity.
How efficient is the process?	2	2	COR 22 – 031 supports process efficiency through automated electronic submission of SP3 assessments in the LTCOP.
How accurate are the results of the process?	2	2	COR 22 – 031 supports process accuracy through automated electronic submission of SP3 assessments in the LTCOP.
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity.

<b>CM06 – MANAGE TREATMENT PLANS AND OUTCOMES</b>			
<b>QUESTION</b>	<b>PER 2020 MITA 3.0 SS-A: AS IS</b>	<b>PER 2020 MITA 3.0 SS-A: TO BE</b>	<b>COMMENTS</b>
Is the process primarily manual or automatic?	3	3	COR 22 – 031 supports automated electronic submission of SP3 assessments in the LTCOP.
Does the State Medicaid Agency use standards in the process?	2	3	COR 22 – 031 supports the use of State standardized SP3 forms and assessments.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3	COR 22 – 031 supports collaboration by making State standardized SP3 forms and assessment results available online.
How timely is the end-to-end process?	1	1	COR 22 – 031 supports automated electronic submission of SP3 assessments in the LTCOP.

<b>CM06 – MANAGE TREATMENT PLANS AND OUTCOMES</b>			
<b>QUESTION</b>	<b>PER 2020 MITA 3.0 SS-A: AS IS</b>	<b>PER 2020 MITA 3.0 SS-A: TO BE</b>	<b>COMMENTS</b>
How accurate is the information in the process?	2	2	COR 22 – 031 supports the use of State standardized SP3 forms and assessments.
How accessible is the information in the process?	2	2	COR 22 – 031 supports collaboration by making State standardized SP3 forms and assessment results available online.
What is the cost of the process compared to the benefits of its results?	2	3	COR 22 – 031 supports timeliness through automated electronic submission of SP3 assessments in the LTCOP.
How efficient is the process?	2	2	COR 22 – 031 supports accuracy of information through validation of SP3 forms and assessments submitted through the LTCOP.
How accurate are the results of the process?	2	2	COR 22 – 031 supports accessibility by making State standardized SP3 forms and assessment results available online.
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity.

**3. Industry Standard Condition:**

COR 22 – 031 meets the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for privacy and security. It uses State specific standardized assessment forms for the STAR+Plus Pilot program.

**4. Leverage Condition:**

COR 22 – 031 leverages existing TMMIS architecture.

**5. Business Results Condition:**

COR 22 – 031 is expected to aid in determining business practices that will help shape the future transition of IDD waiver services, through the support of assessment, service planning, service tracking, and service delivery activities.

**6. Reporting Condition:**

COR 22 – 031 provides reporting capabilities for SP3 forms and assessments.

**7. Interoperability Condition:**

COR 22 – 031 provides support for interoperable interfaces.

**8. Modified Adjusted Gross Income (MAGI)-based System Functionality:**

N/A for COR 22 – 031.

**9. Mitigation Plan:**

MITIGATION STRATEGY # 1	MITIGATION DESCRIPTION
CATEGORY	Timeline
DESCRIPTION	System changes include interfacing with an interRAI vendor that has not yet been procured by HHSC.
IMPACT	High
PROBABILITY OF OCCURRENCE	Medium
RESPONSE	Control
MITIGATION STRATEGY	<p>10. An assumption has been included in the COR that modifications for automation of the interRAI to allow direct data entry by SP3 MCO(s) and LIDDA(s) contracted with SP3 MCO(s) will be made by HHSC interRAI vendor and will be completed according to the HHSC-approved project work plan in order to conduct trading partner testing and production readiness.</p> <p>11. An assumption has been included in the COR that CONTRACTOR modifications included in this COR will be based on specifications received from the HHSC Product Owner prior to procurement of the SP3 MCO(s) and the HHSC interRAI vendor. This COR does not include additional time and effort to rework those modifications based upon further changes that may be requested by the SP3 MCO(s) or HHSC interRAI vendor.</p>

MITIGATION STRATEGY # 2	MITIGATION DESCRIPTION
CATEGORY	Timeline
DESCRIPTION	System changes include interfacing with one or two SP3 MCOs that have not yet been procured by HHSC.
IMPACT	High
PROBABILITY OF OCCURRENCE	Medium
RESPONSE	Control
MITIGATION STRATEGY	<p>12. An assumption has been included in the COR that modifications for automation of the interRAI to allow direct data entry by SP3 MCO(s) and LIDDA(s) contracted with SP3 MCO(s) will be made by HHSC interRAI vendor and will be completed according to the HHSC-approved project work plan in order to conduct trading partner testing and production readiness.</p> <p>13. An assumption has been included in the COR that CONTRACTOR modifications included in this COR will be based on specifications received from the HHSC Product Owner prior to procurement of the SP3 MCO(s) and the HHSC interRAI vendor. This COR does not include</p>

MITIGATION STRATEGY # 2	MITIGATION DESCRIPTION
	additional time and effort to rework those modifications based upon further changes that may be requested by the SP3 MCO(s) or HHSC interRAI vendor.

**10. Key Personnel:**

State Key Personnel will be identified and documented by HHSC in the APD.

**11. Documentation Condition:**

CONTRACTOR will maintain documentation for software that is developed for COR 22 – 031. Documentation will follow industry standards and best practices, including all necessary information, so that the system, where contractually allowed, could be installed, and operated by a variety of contractors and other users. Documentation will also include areas where future modification may be necessary for integration with reference data from a different claims processing system.

**12. Minimization of Cost for Operation on an Alternate System Condition:**

The system will be developed with regards to minimizing the cost of operation on an alternate system by limiting the use of proprietary language coding, where possible, in the development of the system. This condition is considered in conjunction with APD requirements regarding cost benefit analyses required at 45 CFR95.605 or § 95.610.

## **APPENDIX D**

### **FINAL COST MODEL**

See accompanying Cost Model, version 2.0.

**APPENDIX E**

For glossary of acronyms and terms not listed below, see Agreement.

**GLOSSARY OF ACRONYMS AND TERMS**

<b>ACRONYM / TERM</b>	<b>ACRONYM DESCRIPTION/ TERM DEFINITION</b>
ABD	Agile Baseline Document
Agile	Agile Delivery Methodology – <b>Agile</b> software development refers to a group of software development methodologies based on iterative development, where requirements and solutions evolve through collaboration between self-organizing cross-functional teams.
AIS	Automated Inquiry System
ANSI	American National Standards Institute
ASC	Accredited Standards Committee
APD	Advanced Planning Document
APD-U	Advanced Planning Document – Update
C21	Compass21
CHIP	Children’s Health Insurance Program
CSHCN	Children’s Special Healthcare Needs
CMS	Federal Centers for Medicare and Medicaid Services
CONTRACTOR	Accenture State Healthcare Services, LLC
COR	Change Order Request
CSP	Comprehensive Service Provider
DMO	Dental Maintenance Organization
EDI	Electronic Data Interchange
EPC	Expedited Plan Code
EVV	Electronic Visit Verification
FFP	Federal Financial Participation
FFS	Fee for Service
FFY	Federal Fiscal Year

ACRONYM / TERM	ACRONYM DESCRIPTION/ TERM DEFINITION
Form 2424	SP3 Screening Tool
FTE	Full Time Equivalent
HB	House Bill
HHSC	Texas Health & Human Services Commission
HHSC IT	HHSC Information Technology
HIPAA	Health Insurance Portability and Accountability Act
HW/SW	Hardware/Software
IT	Information Technology
IDD	Intellectual and Developmental Disabilities
interRAI	International Resident Assessment Instrument
ISP	Individual Service Plan
JIP	Joint Interface Plan
KM	Key Measure
LIDDA	Local IDD Authority
LTC	Long-Term Care
LTC CMS	Long-Term Care Claims Management System
LTCOP	Long-Term Care Online Portal
LTSS	Long-Term Services and Supports
MAGI	Modified Adjusted Gross Income
MCDA	Medicaid/CHIP Data Analytics platform
MCO	Managed Care Organization
MTP	Medical Transportation Program
MCS	Medicaid & CHIP Services
MITA	Medicaid Information Technology Architecture
MLP	My Life Plan



ACRONYM / TERM	ACRONYM DESCRIPTION/ TERM DEFINITION
MMP	Medicare Medicaid Plan
MN	Medical Necessity
OPL	Online Provider Lookup
OPO	Operations Project Office
P84/P88/PNR	Consolidated Medicaid Provider Network files from Enrollment Broker
PCRA	Pharmacy Claims and Rebate Administrator
PDF	Portable Document Format
PEMS	Provider Enrollment Maintenance System
POL	Product Owner Liaison
PPM	Project and Portfolio Management
PPS	Premium Payment System
Product Owner	<p>The <b>Product Owner</b> is a member of the <b>Agile</b> Team that provides the “Voice of the Customer”, ensuring that the product delivers value to stakeholders. Responsible for the product vision and maximizing return on investment of the development effort. The Product Owner facilitates the agile delivery process by performing the following functions:</p> <ul style="list-style-type: none"> <li>• Leads the development effort by conveying their vision to the team</li> <li>• Prioritizes the product backlog by adjusting any long-term expectations, such as release plans</li> <li>• Answers questions regarding epics, features, and user stories (a.k.a. product backlog items) as well as delivers direction to the team</li> <li>• Accepts or rejects each product increment during sprint review based on defined acceptance criteria</li> </ul> <p>Considers stakeholder interests and decides whether to continue development</p>
RUG	Resource Utilization Group
SAS	HHSC LTC Service Authorization System
SAVERR	System for Application, Verification, Eligibility, Referrals, and Reporting
SDLC	System Development Life Cycle
SFTP	Secure File Transfer Protocol
SFY	State Fiscal Year
SOW	Statement of Work

ACRONYM / TERM	ACRONYM DESCRIPTION/ TERM DEFINITION								
SP3	STAR+Plus Pilot Program								
SS-A	State Self-Assessment								
STAR	<p>State of Texas Access Reform Medicaid Managed Care includes the following STAR lines of business:</p> <table border="1" data-bbox="542 426 1446 705"> <tbody> <tr> <td data-bbox="542 426 727 489">STAR:</td> <td data-bbox="727 426 1446 489">Uses MCOs to cover acute care services for children, newborns, pregnant women, and some families.</td> </tr> <tr> <td data-bbox="542 489 727 583">STAR+Plus:</td> <td data-bbox="727 489 1446 583">Uses MCOs to cover integrated acute care and LTSS for adults aged 65 or older (including Medicare/Medicaid dual eligibles) and adults aged 21 or older with a disability.</td> </tr> <tr> <td data-bbox="542 583 727 646">STAR Kids:</td> <td data-bbox="727 583 1446 646">Uses MCOs to cover integrated acute care and LTSS for children and adults aged 20 or younger with a disability.</td> </tr> <tr> <td data-bbox="542 646 727 705">STAR Health:</td> <td data-bbox="727 646 1446 705">Uses one MCO to deliver healthcare and dental services to children in foster care throughout the state.</td> </tr> </tbody> </table>	STAR:	Uses MCOs to cover acute care services for children, newborns, pregnant women, and some families.	STAR+Plus:	Uses MCOs to cover integrated acute care and LTSS for adults aged 65 or older (including Medicare/Medicaid dual eligibles) and adults aged 21 or older with a disability.	STAR Kids:	Uses MCOs to cover integrated acute care and LTSS for children and adults aged 20 or younger with a disability.	STAR Health:	Uses one MCO to deliver healthcare and dental services to children in foster care throughout the state.
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STAR Health:	Uses one MCO to deliver healthcare and dental services to children in foster care throughout the state.								
TexMedCentral	A Secure File Transfer Protocol (SFTP) that allows CONTRACTOR, the State, and MCOs to exchange confidential information over a secure network								
TIERS	Texas Integrated Eligibility Redesign System								
TMMIS	Texas Medicaid Management Information System								
T-MSIS	Transformed Medicaid Statistical Information System								
V21	Vision21								
VIC	Vendor Initiated Correspondence								
X12 278	Health Care Services – Request for Review and Response transaction								