

HHSC CONTRACT 529-16-0007-00001BB

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

THIS AMENDMENT Fifty-Four (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 22-032, Version 2.0; and

Whereas, the Parties desire to revise the Scope of Work to incorporate the terms and conditions of COR 22-032 into the Agreement.

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

1. **INCORPORATION OF COR 22-032.** The requirements, terms and conditions of COR 22-032 are attached incorporated into the Agreement as Attachment A. If the requirements, terms and conditions of COR 22-032 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 22-032 on a “fixed fee” basis in the amount and under the terms set forth in COR 22-032. Total Fees under this Amendment will not exceed \$4,067,262.00.
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.

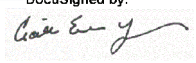
7. **ENTIRE AGREEMENT.** The Parties agree that the terms of the Agreement will remain in effect and continue to govern except to the extent expressly modified in this Amendment. The Services and Deliverables under this Amendment are subject to all other terms and requirements of the Agreement as if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

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR
AMENDMENT FIFTY-FOUR
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

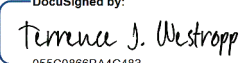
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Cecile Young
Executive Commissioner

August 24, 2022

Signature Date

Accenture State Healthcare Services, LLC

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Terrence J. Westropp
Account Director

August 24, 2022

Signature Date



Intellectual and Developmental Disabilities (IDD) Preadmission Screening and Resident Review (PASRR) Form Enhancements

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

March 29, 2022

COR 22 - 032, Version 2.0

COR PROJECT NAME

IDD PASRR Form Enhancements

COR NUMBER:

22 - 032

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:

Associate Commissioner of IDD Services

SPONSOR NAME:

Haley Turner

DATE(S) SUBMITTED TO HHSC

Version 1.0 – February 15, 2022; Version 1.1 – March 3, 2022; Version 1.2 – March 10, 2022;
Version 1.3 – March 22, 2022; Version 1.4 – March 29, 2022; Version 2.0 – March 29, 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 enhance the Long-Term Care Online Portal (LTCOP) for PASRR forms to update sections to include the most current listing of community programs and create a new section for diversions/transitions/discharges to appropriately divert and transition individuals from Nursing Facilities (NFs).

BACKGROUND

The LTCOP was initially deployed in May 2013, and PASRR enhancements have been made each year since then. This Project will continue the enhancement of PASRR on the LTCOP.

LTCOP modifications for this Project will address existing gaps by enhancing PASRR related forms and workflows used by service providers, adding improved functionality to identify all potential PASRR individuals on the PASRR Level 1 (PL1) Screening form. In addition, this Project will update fields focused on medical necessity which are used for diversion from the NF to community placements documented on the PASRR Level II (PE).

Updates to these PASRR forms and workflows are necessary to improve usability and add functionality so that qualified individuals are properly assessed, and appropriate specialized services are identified and recommended. These specialized services prepare individuals for

transition to the community, thereby improving the potential for more successful outcomes and a higher quality of life.

In addition, there are several manual tasks currently performed by the IDD Services PASRR unit to identify Local Authority (LA) and NF Provider compliance for timeliness and accurate completion of the forms. These modifications will assist in eliminating the need for these manual processes and improve efficiency.

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.	Business	No new CONTRACTOR Operations manual or paper processes are required or included for this Project.
9.	Business	No new change in the Medical Necessity (MN) process will be included in this Project.

ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
10.	Business	CONTRACTOR will not be receiving any new or updated forms via paper mail or fax for this Project.
11.	Business	CONTRACTOR assumes Knowledge Management Bulletins (KMB), related job aids, and wikis will be updated or created per the Agreement without additional CONTRACTOR staff.
12.	Business	CONTRACTOR assumes updates and postings for Provider Training Materials will be per the Agreement without additional CONTRACTOR staff.
13.	Business	CONTRACTOR assumes the creation of provider communication for the provider community to communicate changes made under this COR per the Agreement without additional CONTRACTOR staff.
14.	Business	CONTRACTOR assumes modifications to CONTRACTOR maintained client and provider letter templates to support Project requirements will be completed per the Agreement without additional CONTRACTOR staff.
15.	Business	CONTRACTOR assumes revised client letters will be translated to Spanish per the Agreement without additional CONTRACTOR staff.
16.	Technical	Modifications included in this Project will be based on HHSC prioritization of the PASRR Product Enhancement Backlog during product backlog refinement, and all enhancement releases will take place on or before June 2023.
17.	Technical	HHSC will create the test cases they plan to execute during User Acceptance Testing (UAT). CONTRACTOR has not included any effort to create, review, or execute HHSC UAT test cases.

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
22-032-01	Technical	Complete design, product modification, test, and deployment activities for changes to the LTC Online Portal for the PASRR program to address enhancements identified and prioritized by HHSC in the PASRR Product Enhancement Backlog.
22-032-02	Technical	Facilitate HHSC UAT by providing data setup, researching reported issues, maintaining an issues list and maintaining Test environment, according to the HHSC-approved Project Workplan.
22-032-03	Technical	Provide State users access to LTC Online Portal data necessary for HHSC operational functions.
22-032-04	Both	Provide Post-Implementation Green Room support with CONTRACTOR technical and operational staff to assist in research and follow up of provider issues and questions, and to provide ad hoc reports and testing support for data transmitted between CONTRACTOR and trading partners.

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)

1. Operations Business Analyst to manage the effective implementation of each of the Project business requirements. Manage Project scope, risks, and issues. Manage Operations team mobilization at Project initiation and demobilization at Project conclusion, including transition to Operations. Drive Operations Project Work Plan milestones to completion. Escalate delivery challenges to appropriate Project leadership and stakeholders. Includes FTEs as follows:
 - One-half (0.5) for ten (10) months

B. TMMIS Technology:**Project Agile Delivery Staff**

CONTRACTOR will provide resources to staff 2 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	1	11
		0.5	1
Business Analyst	Portal	2	11
		0.5	1
Sr. Developer	Portal	1	11
		0.5	1
Developer	Portal	2	11
TOTAL at Peak Staffing Level		6	

Scrum Team 2

CONTRACTOR Role	Department	FTE	Duration (Months)
Sr. Business Analyst	Portal	1	10
		0.5	1
Business Analyst	Portal	2	9
		0.5	2
Sr. Developer	Portal	1	9
		0.5	1
		0.4	1
Developer	Portal	3	8
		2.5	1
TOTAL at Peak Staffing Level		7	

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

Scrum Master

- One-half (0.5) Scrum Master for one (1) month
- One (1) Scrum Master for ten (10) months

Product Owner Liaison (POL)

- One (1) Senior Business Analyst to function as POL for eleven (11) months
- One-half (0.5) Senior Business Analyst to function as POL for one (1) month

Platform Team

- Program Manager
 - One-quarter (0.25) for eleven (11) months
- Project Manager
 - One (1) for eleven (11) months
 - One-half (0.5) for one month
- Solution Architect
 - One-half (0.5) for four (4) months
 - One-quarter (0.25) for five (5) months
- Application Architect – Portal
 - One (1) for ten (10) months
 - One-half (0.5) for one (1) month
- Database Administrator
 - Four-tenths (0.4) for ten (10) months
- System Programmer
 - Four-tenths (0.4) for ten (10) 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 planned sprint cycles each being ten (10) business days in duration with final enhancement release of June 2023. It is estimated the Project will complete within twelve (12) months after the effective date of the Amendment and the final enhancement release must be completed by June of 2023, 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.	IDD PASRR - 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.	IDD PASRR - 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 (15th) business day of each month beginning the month after Project Commencement.
3.	IDD PASRR - 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.

ITEM #	RQMT ID	DELIVERABLE	DUE DATE
4.	IDD PASRR – 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.	IDD PASRR – 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.	IDD PASRR – 0006	Submit an updated Companion Guide(s).	N/A
7.	IDD PASRR - 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.	IDD PASRR - 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.	IDD PASRR - 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 - 032 IDD PASRR Enhancements
Pricing Schedule (Extension)**

	SFY23	Total	
Accenture Labor (Tech)	3,968,206	3,968,206	
Accenture Labor (Ops)	90,280	90,280	
Consulting	-	-	
Pass Through HW/SW	8,777	8,777	
Pass Through- Other	-	-	
Non Pass Through	-	-	
Total Cost	4,067,262	4,067,262	
	FFY22	FFY23	Total
Accenture Labor (Tech)	261,991	3,706,215	3,968,206
Accenture Labor (Ops)	9,028	81,252	90,280
Consulting	-	-	-
Pass Through HW/SW	8,777	-	8,777
Pass Through- Other	-	-	-
Non Pass Through	-	-	-
Total Cost	279,796	3,787,467	4,067,262

SFY 2023				
Month	Contract Period	Development	Operations/Run	Total
Sep-22	Ext. Yr. 3	271,019	-	271,019
Oct-22	Ext. Yr. 3	394,058	-	394,058
Nov-22	Ext. Yr. 3	394,058	-	394,058
Dec-22	Ext. Yr. 3	394,058	-	394,058
Jan-23	Ext. Yr. 3	386,478	-	386,478
Feb-23	Ext. Yr. 3	386,478	-	386,478
Mar-23	Ext. Yr. 3	386,478	-	386,478
Apr-23	Ext. Yr. 3	386,478	-	386,478
May-23	Ext. Yr. 3	386,478	-	386,478
Jun-23	Ext. Yr. 3	368,702	-	368,702
Jul-23	Ext. Yr. 3	250,476	-	250,476
Aug-23	Ext. Yr. 3	53,725	-	53,725
Total		4,058,486	-	4,058,486

Other Costs	Development	Operations/Run	Total
Capital and Supporting	8,777	-	8,777
Total	8,777	-	8,777

Total Cost	4,067,262	-	4,067,262
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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 - 032 IDD PASRR****Enhancements****FFP Summary (Extension)**

<i>Title XIX TMMIS FFY 2022</i>		<i>Federal Funding Participation Allocation: APD Related</i>	
Allocation Category	State Portion	Federal Portion	Total Federal & State
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 2,257	\$ 6,771	\$ 9,028
TMMIS Related 90/10 FFP	\$ 27,077	\$ 243,691	\$ 270,768
Total Cost Title XIX FFY 2022	\$ 29,334	\$ 250,462	\$ 279,796

<i>Title XIX TMMIS FFY 2023</i>		<i>Federal Funding Participation Allocation: APD Related</i>	
Allocation Category	State Portion	Federal Portion	Total Federal & State
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 20,313	\$ 60,939	\$ 81,252
TMMIS Related 90/10 FFP	\$ 370,621	\$ 3,335,593	\$ 3,706,215
Total Cost Title XIX FFY 2023	\$ 390,934	\$ 3,396,532	\$ 3,787,467

<i>Title XIX TMMIS Total</i>		<i>Federal Funding Participation Allocation: APD Related</i>	
Allocation Category	State Portion	Federal Portion	Total Federal & State
Non-TMMIS 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 50/50 FFP	\$ -	\$ -	\$ -
TMMIS Related 75/25 FFP	\$ 22,570	\$ 67,710	\$ 90,280
TMMIS Related 90/10 FFP	\$ 397,698	\$ 3,579,284	\$ 3,976,982
Total Cost Title XIX Total	\$ 420,268	\$ 3,646,994	\$ 4,067,262

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 - 032.

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 – 032 supports functionality for the Long-Term Care Online Portal system. 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 business process CM05 Perform Screening and Assessment by.

CM05 – PERFORM SCREENING AND ASSESSMENT			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
Is the process primarily manual or automatic?	3	3	This Project supports automation using online forms, electronic attachments, and automated workflows.
Does the State Medicaid Agency use standards in the process?	3	3	This Project supports the use of State standardized forms in the process.
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3	This Project supports collaboration with other entities through the availability of forms online.
How timely is the end-to-end process?	2	2	This Project supports timeliness using online forms, electronic attachments, and automated workflows.
How accurate is the information in the process?	2	2	This Project supports information accuracy using online forms, electronic attachments, and automated workflows.
How accessible is the information in the process?	2	2	This Project supports accessibility of information using online forms, electronic attachments, and automated workflows.
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	This Project supports efficiency using online forms, electronic attachments, and automated workflows.
How accurate are the results of the process?	2	2	This Project supports process results accuracy using online forms, electronic attachments, and automated workflows.

CM05 – PERFORM SCREENING AND ASSESSMENT			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
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 – 032 meets the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for privacy and security. It uses State specific standardized forms for PASRR.

4. Leverage Condition:

COR 22 – 032 leverages existing LTCOP architecture.

5. Business Results Condition:

COR 22 – 032 is expected to result in reduced data entry and reporting burden for Local Authorities and providers and increased client data completeness, accuracy, and availability.

6. Reporting Condition:

COR 22 – 032 improves reporting capabilities through improved assessment data.

7. Interoperability Condition:

COR 22 – 032 maintains support for interoperable interfaces.

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

N/A for COR 22 – 032.

9. Mitigation Plan:

No risks have been identified during Project initiation, concept, and planning that would require a Mitigation Plan for COR 22 – 032. Risks and issues that may arise during Project delivery will be managed in the CONTRACTOR's Project and Portfolio Management (PPM) tool for reporting at Project Governance.

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 - 032. 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 CFR § 95.605 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

ACRONYM / TERM	ACRONYM DESCRIPTION/ TERM DEFINITION
ABD	Agile Baseline Document
Agile	Agile Delivery Methodology – Agile 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.
APD	Advanced Planning Document
APD-U	Advanced Planning Document – Update
CMS	Federal Centers for Medicare and Medicaid Services
CONTRACTOR	Accenture State Healthcare Services, LLC
COR	Change Order Request
FFP	Federal Financial Participation
FFS	Fee for Service
FFY	Federal Fiscal Year
FTE	Full Time Equivalent
HHSC	Texas Health & Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HW/SW	Hardware/Software
IDD	Intellectual and Developmental Disabilities
JIP	Joint Interface Plan
KM	Key Measure
LA	Local Authority
LTC	Long-Term Care
LTCOP	Long-Term Care Online Portal
MAGI	Modified Adjusted Gross Income

MITA	Medicaid Information Technology Architecture
NF	Nursing Facility
PASRR	Preadmission Screening and Resident Review
PE	PASRR Evaluation
PL1	PASRR Level 1 Screening Form
POL	Product Owner Liaison
PPM	Project and Portfolio Management
Product Owner	<p>The Product Owner is a member of the Agile 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"> • Leads the development effort by conveying their vision to the team • Prioritizes the product backlog by adjusting any long-term expectations, such as release plans • Answers questions regarding epics, features, and user stories (a.k.a. product backlog items) as well as delivers direction to the team • Accepts or rejects each product increment during sprint review based on defined acceptance criteria • Considers stakeholder interests and decides whether to continue development
SDLC	System Development Life Cycle
SFY	State Fiscal Year
SOW	Statement of Work
TMMIS	Texas Medicaid Management Information System
VIC	Vendor Initiated Correspondence
Wiki(s)	An editable and linkable wiki document library for TMHP users for recording random knowledge and communications. Information can be recorded in a wiki library from brainstorming ideas, collaborating on designs, creating an instruction guide, gathering data from the field, tracking call center knowledge, and building an encyclopedia of knowledge.