

HHSC CONTRACT 529-16-0007-00001BE

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

THIS AMENDMENT Fifty-Seven (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 (“**COR**”) response 22-033, Version 2.0; and

Whereas, the Parties desire to revise the Scope of Work in the Agreement to incorporate the terms and conditions of COR 22-033 and allot additional funding.

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

1. **INCORPORATION OF COR 22-033, VERSION 2.0.** COR 22-033, Version 2.0, is attached to this Amendment No. 57 as Attachment A and incorporated into the Agreement for all purposes. If the requirements, terms and conditions of COR 22-033, Version 2.0, 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. **SCOPE AND PRICING.** CONTRACTOR will perform the Services set forth in COR 22-033, Version 2.0, on a “fixed fee” basis. Total Fees under this Amendment will not exceed \$4,042,536.00.
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 Amendment 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.

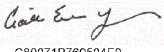
7. **ENTIRE AGREEMENT.** The Parties agree that the terms of the Agreement will remain in effect and continue to govern except to the extent expressly modified in this Amendment. The Services and Deliverables under this Amendment are subject to all other terms and requirements of the Agreement as if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

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR
AMENDMENT FIFTY-SEVEN
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

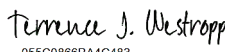
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Cecile Young
Executive Commissioner

September 22, 2022

Signature Date

Accenture State Healthcare Services, LLC

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Terrence J. Westropp
Account Director

September 19, 2022

Signature Date

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Intellectual and Developmental Disabilities (IDD) Interface

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

May 23, 2022

COR 22 – 033, Version 2.0

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COR PROJECT NAME

Intellectual and Developmental Disabilities (IDD) Interface

COR NUMBER:

22 – 033

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 – March 3, 2022; Version 1.1 – March 24, 2022; Version 1.2 – March 31, 2022;
Version 1.3 – May 12, 2022; Version 2.0 – May 23, 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 establish an interface between Local IDD Authority's (LIDDA's) electronic health record (EHR) systems and the Long-Term Care Online Portal (LTCOP) for forms used for IDD programs. These forms were implemented as part of Amendment TWENTY-NINE, COR 20-016. This will allow LIDDAs to enter information into select forms housed in their EHRs and through an automated interface, send that data in to the same forms built in to the LTCOP, minimizing duplication in work, potential inconsistencies across forms/data systems, and supporting overall record accuracy for service coordinators.

BACKGROUND

Texas Government Code, Chapter 534, as revised by House Bill (HB) 4533, 86th Texas Legislature, Regular Session, 2019, directs HHSC to transition Long Term Services and Supports (LTSS) currently provided to individuals with an intellectual or developmental disability through fee-for-service (FFS), specifically, through Home and Community-based Services (HCS), Texas Home Living (TxHmL), Community Living Assistance Supports and Services (CLASS), and Deaf Blind with Multiple Disabilities (DBMD) waivers, and Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICF/IIDs), to a managed care delivery system. The first LTSS

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transition is scheduled for TxHmL no later than September 1, 2027, per Government Code § 534.202. Subsequent transition for CLASS is scheduled for September 1, 2029. Transition for HCS and DBMD is scheduled for September 1, 2031.

This COR will build upon the effort of the following prior CORs:

- Amendment ONE, COR 2 – Single Service Authorization System (SSAS), under HHSC Contract #529-08-0159-00001
- Amendment THIRTY-FOUR, COR 61 – Single Service Authorization System Implementation, under HHSC Contract #529-08-159-00001
- Amendment THIRTY-FOUR, COR 87 – Revisions to Amendment 40, COR 61, under HHSC Contract #529-08-0159-00001
- Amendment TEN, COR 18 – 005 – Home and Community Based Services (HCS) Texas Home Living (TxHmL) Program Migration to Managed Care (Phase 1), under HHSC Contract #529-16-0007-00001
- Amendment TWENTY-NINE, COR 20 – 016 – 1915(c) Waivers Migration to the Texas Medicaid Healthcare Partnership (TMHP) Long Term Care Online Portal, under HHSC Contract #529-16-0007-00001

Previously, Amendment TWENTY-NINE, COR 20 – 016 was modified to exclude the interfaces between the LIDDAs and the LTCOP. This COR will continue the interface work of COR 20 – 016 by implementing the interface between the LTCOP and LIDDAs.

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.

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ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
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	CONTRACTOR assumes the creation of two (2) notifications to communicate changes made under this COR to the LIDDA community will be made per the Agreement without additional CONTRACTOR staff. No other communication efforts are required with this COR.
9.	Business	Traditional post-deployment provider support activities will continue per CONTRACTOR's approved processes.
10.	Business	CONTRACTOR assumes Knowledge Management Bulletins (KMB), related job aids (only for the IDD forms in scope), and wikis will be updated or created per the Agreement without additional CONTRACTOR staff.
11.	Business	Webinar training will not be required for this Project.
12.	Business	CONTRACTOR assumes no new forms will be created and no changes to the LTCOP forms process or workflows will be included in this COR.
13.	Technical	The LIDDA will conduct Trading Partner Testing as per the timeline established by the HHSC-approved Project Work Plan.
14.	Technical	CONTRACTOR assumes they will provide the Companion Guide or Interface details document to the LIDDA's to assist the LIDDA's as they build the Interface process.
15.	Technical	CONTRACTOR will not be making any changes to the Forms submitted through the portal. This includes no new fields and validations.
16.	Technical	Modifications included in this Project will be based on HHSC prioritization of the IDD Interface Product Enhancement Backlog during product backlog refinement, and all enhancement releases will take place on or before June 2023.

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ITEM #	TYPE (BUSINESS, TECHNICAL, OR BOTH)	ASSUMPTIONS
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
22-033-01	Technical	Complete design, product modification, test, and deployment activities for changes to the IDD Interfaces to address enhancements identified and prioritized by HHSC in the IDD Interface Product Enhancement Backlog.
22-033-02	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.
22-033-03	Technical	Provide LIDDAs access to the Interface Location for submitting the interface files.

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

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identified following Amendment execution, additional effort and/or cost by CONTRACTOR will be mutually discussed and agreed between HHSC and CONTRACTOR.

DEACTIVATED ON-GOING CONTRACT REQUIREMENTS

No On-Going 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

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CONTRACTOR Role	Department	FTE	Duration (Months)
		0.5	1
Business Analyst	Portal	2	10
		1	2
Sr. Developer	Portal	1	11
		0.5	1
Developer	Portal	1	10
		0.5	1
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	10
		0.5	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

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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

On-Going 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.

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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 INTERFACE - 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 INTERFACE - 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 th) business day of each month beginning the month after Project Commencement.
3.	IDD INTERFACE - 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.	IDD INTERFACE - 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 INTERFACE - 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 INTERFACE - 0006	Submit an updated Companion Guide(s).	Provided to HHSC upon request with timing of submissions and approvals to be determined according to the HHSC-approved Project Work Plan.
7.	IDD INTERFACE - 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 INTERFACE - 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 INTERFACE - 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

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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.

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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 On-Going
- 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

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Appendix E – Glossary of Acronyms and Terms

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APPENDIX A

COR 22 - 033 IDD Interfaces Pricing Schedule (Extension)

	SFY23	Total	
Accenture Labor (Tech)	3,943,480	3,943,480	
Accenture Labor (Ops)	90,280	90,280	
Consulting	-	-	
Pass Through HW/SW	8,777	8,777	
Pass Through- Other	-	-	
Non Pass Through	-	-	
Total Cost	4,042,536	4,042,536	

	FFY22	FFY23	Total
Accenture Labor (Tech)	261,991	3,681,489	3,943,480
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	3,762,741	4,042,536

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	217,977	-	217,977
Aug-23	Ext. Yr. 3	61,498	-	61,498
Total		4,033,760	-	4,033,760

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

Total Cost	4,042,536	-	4,042,536
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CONTRACTOR will submit invoices upon the completion of each month of service in accordance with the Agreement.

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APPENDIX B

FEDERAL FINANCIAL PARTICIPATION FOR TEXAS MEDICAID MANAGEMENT INFORMATION SYSTEM (TMMIS) PROJECTS

COR 22 - 033 IDD Interfaces 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	\$ 368,149	\$ 3,313,340	\$ 3,681,489
Total Cost Title XIX FFY 2023	\$ 388,462	\$ 3,374,279	\$ 3,762,741

<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	\$ 395,226	\$ 3,557,031	\$ 3,952,256
Total Cost Title XIX Total	\$ 417,796	\$ 3,624,741	\$ 4,042,536

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

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Other _____

ADVANCED PLANNING DOCUMENT

An Advanced Planning Document (APD) or Advanced Planning Document Update (APD-U) will be submitted for COR 22 – 033.

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.

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APPENDIX C

CMS CONDITIONS AND STANDARDS

CMS Conditions and Standards as prescribed in Medicaid IT Supplement (MTS 11-01, v1.0) and regulatory requirements defined in 42 CFR §433.112(b)(1) through (b)(22) apply to this COR as described below.

1. **Efficient State Plan Administration Standard**

COR 22 – 033 supports more efficient, economical, and effective administration of the State plan.

2. **Performance Standards Condition**

COR 22 – 033 meets applicable system requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual.

3. **Medicare Eligibility and Claims Standard Condition**

N/A for COR 22 – 033.

4. **Data Requirements Condition**

N/A for COR 22 – 033.

5. **Software Standard**

The State shall own any software, procedures, or publications that are designed, developed, installed, or improved with 90% FFP. The State shall retain the right to sign, extend, and cancel any licenses for software used in operation of the enhanced Medicaid system.

6. **Software and Documentation Modifications Condition**

HHSC has a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use software, modifications to software, and documentation that is designed, developed, installed, or improved with 90% FFP.

7. **Cost Principles Standard**

The cost of the system will be determined in accordance with 45 CFR §75, Subpart E.

8. **System Period of Time Standard**

HHSC agrees to use the system for the period of time specified in the advance planning document approved by CMS or for any shorter period of time that CMS determines justifies the Federal funds invested.

9. **Safeguard Standard**

All information in the system will be safeguarded in accordance with 42 CFR §431, Subpart F, or with such standards as established by the Secretary of Health and Human Services under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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10. Modularity Standard:

COR 22 – 033 provides enhanced functionality for the TMMIS system. The solution uses a modular service-oriented architecture. The Project follows a well-defined System Development Life Cycle (SDLC), producing specific deliverables as defined in the Deliverable sections of the COR. The SDLC provides a structured approach to development. It includes stakeholder reviews at each stage to keep the Project on schedule and to meet the Project objectives.

11. Medicaid Information Technology Architecture (MITA) Condition:

This Project will maintain the MITA maturity of the following business processes:

CM01 – ESTABLISH CASE			
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?	2	2	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms
Does the State Medicaid Agency use standards in the process?	3	3	COR 22 – 033 supports standards by providing automated interfaces for online standardized forms
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3	COR 22 – 033 supports collaboration across entities by providing automated interfaces for online standardized forms
How timely is the end-to-end process?	2	2	COR 22 – 033 supports process timeliness by providing automated interfaces for online standardized forms
How accurate is the information in the process?	2	2	COR 22 – 033 supports process information accuracy by providing automated interfaces for online standardized forms
How accessible is the information in the process?	2	2	COR 22 – 033 supports process information accessibility by providing automated interfaces for online standardized forms
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 – 033 supports process efficiency by providing automated interfaces for online standardized forms
How accurate are the results of the process?	2	2	COR 22 – 033 supports process results accuracy by providing automated interfaces for online standardized forms
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity

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CM02 – MANAGE CASE INFORMATION			
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?	2	2	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms
Does the State Medicaid Agency use standards in the process?	3	3	COR 22 – 033 supports standards by providing automated interfaces for online standardized forms
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process	3	3	COR 22 – 033 supports collaboration across entities by providing automated interfaces for online standardized forms
How timely is the end-to-end process?	2	2	COR 22 – 033 supports process timeliness by providing automated interfaces for online standardized forms
How accurate is the information in the process?	2	2	COR 22 – 033 supports process information accuracy by providing automated interfaces for online standardized forms
How accessible is the information in the process?	2	2	COR 22 – 033 supports process information accessibility by providing automated interfaces for online standardized forms
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 – 033 supports process efficiency by providing automated interfaces for online standardized forms
How accurate are the results of the process?	2	2	COR 22 – 033 supports process results accuracy by providing automated interfaces for online standardized forms
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity

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	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms
Does the State Medicaid Agency use standards in the process?	3	3	COR 22 – 033 supports standards by providing automated interfaces for online standardized forms

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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
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process	3	3	COR 22 – 033 supports collaboration across entities by providing automated interfaces for online standardized forms
How timely is the end-to-end process?	2	2	COR 22 – 033 supports process timeliness by providing automated interfaces for online standardized forms
How accurate is the information in the process?	2	2	COR 22 – 033 supports process information accuracy by providing automated interfaces for online standardized forms
How accessible is the information in the process?	2	2	COR 22 – 033 supports process information accessibility by providing automated interfaces for online standardized forms
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 – 033 supports process efficiency by providing automated interfaces for online standardized forms
How accurate are the results of the process?	2	2	COR 22 – 033 supports process results accuracy by providing automated interfaces for online standardized forms
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity

CM06 – MANAGE TREATMENT PLAN AND OUTCOMES			
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	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms
Does the State Medicaid Agency use standards in the process?	2	3	COR 22 – 033 supports standards by providing automated interfaces for online standardized forms
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process	2	3	COR 22 – 033 supports collaboration across entities by providing automated interfaces for online standardized forms
How timely is the end-to-end process?	1	1	COR 22 – 033 supports process timeliness by providing automated interfaces for online standardized forms

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CM06 – MANAGE TREATMENT PLAN AND OUTCOMES			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
How accurate is the information in the process?	2	2	COR 22 – 033 supports process information accuracy by providing automated interfaces for online standardized forms
How accessible is the information in the process?	2	2	COR 22 – 033 supports process information accessibility by providing automated interfaces for online standardized forms
What is the cost of the process compared to the benefits of its results?	2	3	This Project is not expected to contribute to an increase in maturity
How efficient is the process?	2	2	COR 22 – 033 supports process efficiency by providing automated interfaces for online standardized forms
How accurate are the results of the process?	2	3	COR 22 – 033 supports process results accuracy by providing automated interfaces for online standardized forms
Does the business process satisfy stakeholders?	2	2	This Project is not expected to contribute to an increase in maturity

CM08 – AUTHORIZE SERVICE			
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?	2	2	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms
Does the State Medicaid Agency use standards in the process?	2	2	COR 22 – 033 supports standards by providing automated interfaces for online standardized forms
How easy is it to change the business rules of Authorize Services?	2	2	COR 22 – 033 supports collaboration across entities by providing automated interfaces for online standardized forms
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process	1	1	COR 22 – 033 supports process timeliness by providing automated interfaces for online standardized forms
How timely is the end-to-end process?	1	1	COR 22 – 033 supports process information accuracy by providing automated interfaces for online standardized forms
How accurate is the information in the process?	2	2	COR 22 – 033 supports process information accessibility by providing automated interfaces for online standardized forms

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CM08 – AUTHORIZE SERVICE			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
How accessible is the information in the process?	2	2	This Project is not expected to contribute to an increase in maturity
What is the cost of the process compared to the benefits of its results?	2	2	COR 22 – 033 supports process efficiency by providing automated interfaces for online standardized forms
How efficient is the process?	2	2	COR 22 – 033 supports process results accuracy by providing automated interfaces for online standardized forms
How accurate are the results of the process?	2	2	This Project is not expected to contribute to an increase in maturity
Does the business process satisfy stakeholders?	2	2	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms

CM09 – AUTHORIZE TREATMENT PLAN			
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?	2	2	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms
Does the State Medicaid Agency use standards in the process?	2	2	COR 22 – 033 supports standards by providing automated interfaces for online standardized forms
How easy is it to change the business rules of Authorize Treatment Plan?	2	2	COR 22 – 033 supports collaboration across entities by providing automated interfaces for online standardized forms
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	1	COR 22 – 033 supports process timeliness by providing automated interfaces for online standardized forms
How timely is the end-to-end process?	2	2	COR 22 – 033 supports process information accuracy by providing automated interfaces for online standardized forms
How accurate is the information in the process?	2	2	COR 22 – 033 supports process information accessibility by providing automated interfaces for online standardized forms
How accessible is the information in the process?	2	2	This Project is not expected to contribute to an increase in maturity
What is the cost of the process compared to the benefits of its results?	2	2	COR 22 – 033 supports process efficiency by providing automated interfaces for online standardized forms

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CM09 – AUTHORIZE TREATMENT PLAN			
QUESTION	PER 2020 MITA 3.0 SS-A: AS IS	PER 2020 MITA 3.0 SS-A: TO BE	COMMENTS
How efficient is the process?	2	2	COR 22 – 033 supports process results accuracy by providing automated interfaces for online standardized forms
How accurate are the results of the process?	2	2	This Project is not expected to contribute to an increase in maturity
Does the business process satisfy stakeholders?	2	2	COR 22 – 033 supports an automated process by providing automated interfaces for online standardized forms

12. Industry Standard Condition:

COR 22 – 033 meets the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for privacy and security through its use of secure online portal forms.

13. Leverage Condition:

COR 22 – 033 leverages existing Portal architecture and tools.

14. Business Results Condition:

COR 22 – 033 supports centralization of the entry and access of assessment, Plans of Care, and individual movement forms. It supports improved communication between providers and State agencies. It supports improved accuracy and results by allowing the State to review, correct and report assessments, Plans of Care, and individual movement data.

15. Reporting Condition:

COR 22 – 033 supports improved reporting capabilities for assessments, Plans of Care, individual movement, and waiver data.

16. Interoperability Condition:

COR 22– 033 does not impact HIPAA-standard EDI X12 transactions.

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

N/A for COR 22 – 033.

18. Mitigation Plan:

No risks have been identified during Project initiation, concept, and planning that would require a Mitigation Plan for COR 22 – 033. 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.

MITIGATION STRATEGY # 1	MITIGATION DESCRIPTION
CATEGORY	Timeline

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MITIGATION STRATEGY # 1	MITIGATION DESCRIPTION
DESCRIPTION	System changes include interfacing with up to 12 LIDDAs with an unknown number of EHR systems.
IMPACT	High
PROBABILITY OF OCCURRENCE	Medium
RESPONSE	Control
MITIGATION STRATEGY	<p>An assumption has been added to the COR that LIDDAs will be ready for, and participate in, Trading Partner Testing according to the HHSC-approved Project Workplan. In order to mitigate this risk it will be necessary for HHSC to communicate and manage the LIDDA readiness according to this schedule.</p> <p>Additionally, the identification of the EHRs and involvement in the Project by LIDDA representation will be critical to Project success and meeting the established timelines.</p>

19. Key Personnel:

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

20. Documentation Condition:

CONTRACTOR will maintain documentation for software that is developed for COR 22 – 033. 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.

21. 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.

22. Other Compliance Requirements Condition

HHSC agrees to meet other conditions for compliance with existing statutory and regulatory requirements, issued through formal guidance procedures, determined by the Secretary to be necessary to update and ensure proper implementation of those existing requirements.

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APPENDIX D

FINAL COST MODEL

See accompanying Cost Model, version 2.0

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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
CLASS	Community Living Assistance Supports and Services
CMS	Federal Centers for Medicare and Medicaid Services
CONTRACTOR	Accenture State Healthcare Services, LLC
COR	Change Order Request
DBMD	Deaf Blind with Multiple Disabilities
EHR	Electronic Health Record
FFP	Federal Financial Participation
FFS	Fee for Service
FFY	Federal Fiscal Year
FTE	Full Time Equivalent
HB	House Bill
HCS	Home and Community-based Services program
HHSC	Texas Health & Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HW/SW	Hardware/Software
ICF	Intermediate Care Facilities

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IDD	Intellectual and Developmental Disability
IID	Individuals with Intellectual Disabilities
JIP	Joint Interface Plan
KM	Key Measure
LIDDA	Local Intellectual and Developmental Disability Authority
LTC	Long Term Care
LTCOP	Long Term Care Online Portal
LTSS	Long Term Services and Supports
MAGI	Modified Adjusted Gross Income
MITA	Medicaid Information Technology Architecture
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 <p>Considers stakeholder interests and decides whether to continue development</p>
SDLC	System Development Life Cycle
SFY	State Fiscal Year
SOW	Statement of Work
SSAS	Single Service Authorization System
TMHP	Texas Medicaid & Healthcare Partnership
TMMIS	Texas Medicaid Management Information System

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TxHmL	Texas Home Living program
VIC	Vendor Initiated Correspondence
Wiki(s)	An editable and linkable 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.