

TEXAS HOUSE OF REPRESENTATIVES COMMITTEE ON APPROPRIATIONS

AGENDA

SUBCOMMITTEE ON ARTICLE II

CHAIR SARAH DAVIS

TUESDAY, FEBRUARY 19, 2019 8:00 a.m. E2.028

- I. CALL TO ORDER
- II. CHAIR'S OPENING REMARKS
- III. INFORMATION TECHNOLOGY

Health and Human Services Commission

 Victoria Ford, Chief Policy Officer and Interim Chief Operating Officer

Department of Family and Protective Services

• Lynn Blackmore, Chief Operating Officer

Department of State Health Services

- Wanda Thompson, Chief Operating Officer
- Donna Sheppard, Chief Financial Officer

Office of Inspector General

• Sylvia Hernandez Kauffman, Inspector General

Texas Civil Commitment Office

• David Flores, Chief Financial Officer

Legislative Budget Board

• Richard Corbell, Supervisor

IV. FAMILY FIRST PREVENTION SERVICES ACT

Casey Family Programs

• Eric Fenner, Managing Director

Department of Family and Protective Services

 Kristene Blackstone, Associate Commissioner for Child Protective Services

V. COMMUNITY BASED CARE

State Auditor's Office

- Angelica Ramirez, Assistant State Auditor
- Kristyn Scoggins, Project Manager

Department of Family and Protective Services

 Kristene Blackstone, Associate Commissioner for Child Protective Services

VI. BEHAVIORAL HEALTH

Health and Human Services Commission

- Sonja Gaines, Deputy Executive Commissioner for Intellectual and Developmental Disability and Behavioral Health Services
- Ed Sinclair, Director of Business Operations for Intellectual and Developmental Disability and Behavioral Health Services

VII. EARLY CHILDHOOD INTERVENTION

Health and Human Services Commission

- Lindsay Rodgers, Associate Commissioner for Health and Developmental Services
- Trey Wood, Chief Financial Officer

VIII. PUBLIC TESTIMONY

IX. ADJOURN



HHS Information Technology

Victoria Ford, MPA

Chief Policy Officer & Interim Chief Operating Officer

February 14, 2019

Information Technology (IT) Overview



- Phase 1 & 2 of Transformation (2015-17): major administrative services, including IT, were consolidated at HHSC
- Steve Buche named deputy executive commissioner for information technology and chief information officer for HHS September 4, 2018
- In FY 2019, the next phase of IT reorganization and modernization is underway focusing on the following key goals:
 - 1. Business user focus improve relationships with customers by communicating and meeting their needs faster
 - 2. Develop long-term alignment with customer business strategy innovation, modernization, roadmaps
 - 3. Improve security and risk posture
 - 4. Data utilization open data, analytics, data-based decision support
 - 5. Standardization level and align workloads and reduce cost
 - 6. Work smarter not harder improve efficiencies and business processes
 - 7. Recruit, retain, and train staff
 - 8. Recognize staff for successes, train for appropriate skill sets, and improve accountability
 - 9. Support HHS values accountability, collaboration, client focus, independence, stewardship, transparency, diversity
 - 10. Support Department of Information Resources (DIR) State Strategic Plan reliable and secure services, mature state IT resources management, cost-effective and collaborative solutions, data utility, mobile and digital services

Key statistics consists of:

- Approximately 500 IT contracts and purchase orders (some of the largest IT contracts in the state)
- 58,000 phones
- Over 800 sites throughout Texas
- 6,220 servers
- 44,000 computing devices and users
- 4.5 Pb total data
- 600 websites
- 500 + business programs
- Faces more than 94 million attempted cyber attacks annually



Cross Divisional Collaboration

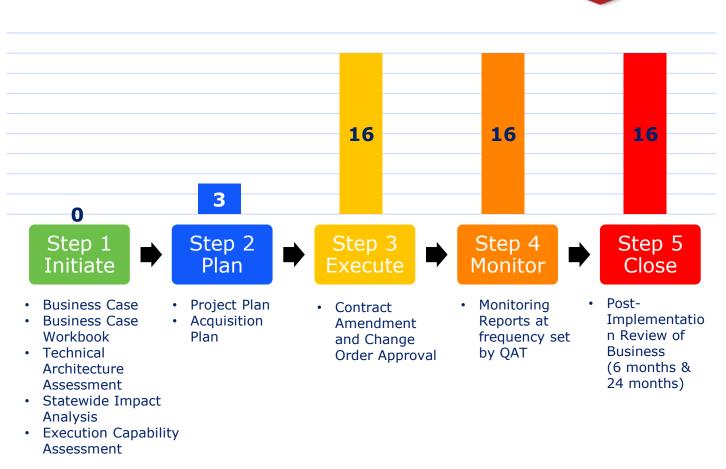
Governance is the decision framework and process by which entities make investment decisions and drive business value

HHSC & DSHS Programs	IT	PCS / CQC	Legal
 Provide subject matter expertise Manage and monitor the contracts Initiate contractual remedies (corrective action plans, liquidated damages) 	 Manages QAT process Provide technical assistance for all contracts with IT components Facilitate Steering Committees (i.e. TMHP committee required by GAA) 	 Oversight of contract management Oversight, support, and quality assurance for required reporting Fiscal monitoring 	 Drafts the contract Counsel on legal authority, terms and conditions, and corrective action plans (including liquidated damages)

HHSC Major Information Resources Projects



- As of December
 31, 2019, HHSC
 had 19 active
 major information
 resources projects
- Of the 19, 16 are reporting monthly or quarterly via monitoring reports.
- 16 additional projects are closed; documents are due at 6 and 24 months post project closure.



Note: Projects that are identified in step 2 and in step 3 are also submitting monitoring reports, so they are accounted in both steps simultaneously

Administrative

IT Governance Portfolios and Active HHS Major Information Resources Projects





- •Office for Civil Rights (OCR) Corrective Action Plan (CAP)
- •Enterprise Data Governance (EDG)
- •System of Contract Operation and Reporting (SCOR) and Centralized Accounting and Payroll/Personnel System (CAPPS) Financials 9.2 Enhancement
- Performance Management and Analytics System (PMAS)



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Medical

Health, Developmental & Independence Services (HDIS) Shared Platform Substance Abuse Contract

- Substance Abuse Contract
 Management and Claims
 Processing Source
 Replacement Phase 3
- Clinical Management for Behavioral Health Services (CMBHS) – Complete Roadmap Phase II
- •Texas Home Living (TxHmL) Program Migration to Managed Care (Phase I)
- •Electronic Visit and Verification Restructuring Project
- Provider Management and Enrollment System Implementation Project



Public Health

- •Texas Electronic Vital Events Registrar (TxEVER) Implementation
- •Tuberculosis (TB)/Human Immunodeficiency Virus (HIV)/Sexually Transmitted Diseases (STD) Integrated System (THISIS) Implementation
- Emergency Medical Services (EMS) and Trauma Registry (TR)
- HIV2000, Real-time
 Education and Counseling
 Network, AIDS Regional
 Information Evaluation
 System (HRAR)
 Implementation Project
- •Tuberculosis (TB)/Human Immunodeficiency Virus (HIV)/Sexually Transmitted Diseases (STD) Integrated System (THISIS) Enhancements

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IT Governance Portfolios and Active HHS Major Information Resources Projects





Medicaid Fraud Waste and Abuse System (MFADS) - Re-Platforming



Regulatory

- Protecting People in Regulated Facilities (PPRF)/Regulatory Services Systems Modernization (RSSM) Phase 3
- •Child-Care Licensing Automation Support System (CLASS) Child Care Development
- •Child Care Licensing (CCL) Online Fees
- •Federal Bureau of Investigation (FBI) National Rap Back (NRB)
- •Regulatory Services Systems Modernization (RSSM) Phase 4



Portfolios Portfolios Portfolios

- Health & Specialty Care Systems
- •Infrastructure and Shared Services
- Portal Authority

HHS Security Framework & Program



The HHS Security Program is based on well-established federal, state, and international frameworks, standards, and best practices.

- Federal and State Texas Cybersecurity Framework which follows the National Institute of Standards and Technology (NIST)
- International International Standards
 Organization and International Electrotechnical
 Commission (ISO/IEC) 27000-series of
 information security standards
- Best Practices Center for Internet Security (CIS) Controls

The HHS Security Program strategy covers people, processes, and technology.

- Proactive approach that includes security controls to identify, protect, detect, respond, and recover
- Four areas of focus include: governance, risk, compliance and security operations





HHSC Office of Performance

Performance and Analytics Integration

- Promotes system-wide use of analytics and performance measures.
- Assists programs to execute data driven decision making initiatives.
- Monitors data and dashboards to identify cross-system impacts.

Performance Management

- Develops a system that measures and reports on all aspects of HHS system performance.
- Designs performance dashboards and other management tools.
- Assists programs with process analysis, measure and report design, and performance measure training.

Center for Analytics and Decision Support

- Provides data analytics and visualization support for Medicaid/CHIP.
- Provides research, data analytics, reporting and program evaluation support for HHSC.
- Conducts research and analyzes of service utilization, demographic trends and enrollment patterns.
- Manages data governance and data quality efforts.



Digital Fabric and PMAS An Integrated Vision

Reporting and Data Sharing

Advanced Analytics

Data Analytics
Support



- Interoperable Data Connectivity
- Analytic Tools
- Automated Performance Metric Reporting
- Program Management Tools and Dashboards

EI #14 - System-Wide Business Enablement Platform

- HHS has over 23 applications performing case management functions.
- Provides an IT platform foundation to expedite new system requests, including case management.
- Allows old applications to be retired and incorporated saving cost and time.
- Allows standardization of system data collection and storage.



IT Exceptional Items



#	Title	Description	General Revenue	All Funds	IT General Revenue	IT Portion	FTEs
13	HHS Information Technology Security	Request would fund resources to perform application code scanning, remediation, annual risk assessments and security plan updates Request also provides funding to implement software code scanning tools	\$21.6	\$31.8	\$21.6	\$31.8	25.8 (FY 20) 26.8 (FY 21)
14	System-Wide Business Enablement Platform	Would create a shared HHS platform that provides multiple benefits for constituents, the State, and our federal partners, including significant improvements in the efficiency and effectiveness in program operations, continuous system enhancements, and reduced cost for system maintenance	\$5.4	\$8.0	\$5.4	\$8.0	16.2
31	Performance Management and Analytics System	Will support data-driven decision making and better position HHSC to identify and leverage potential efficiencies within a wide variety programs and systems. This will result in better outcomes for service recipients; more efficient service delivery; and more effective program regulation	\$3.9	\$7.8	\$3.9	\$7.8	13.0 (FY 20) 5.0 (FY 21)
49	HHSC Seat Management	Would provide end-user computing devices for over 44,000 state staff and contractors statewide The established contracts provide agency staff with the technology and maintenance support required to provide critical and ongoing services to the citizens of the state of Texas	\$6.3	\$9.8	\$6.3	\$9.8	0

IT Exceptional Items



#	Title	Description	General Revenue	All Funds	IT General Revenue	IT Portion	FTEs
30	Data Center Services	Would allow HHSC to procure upgrade services for approximately 152 servers and system software scheduled to be out-of-support for security upgrades in 2020 and 2021, including up-front costs for new hardware and software, as well as labor resources needed	\$22.1	\$33.4	\$22.1	\$33.4	48.7 (FY 20) 36.3 (FY 21)
12	HHS Telecom Technology Upgrade	Would provide a complete technology upgrade that is necessary to prepare Enterprise telephony platform(s) to effectively support the telecommunications industry's latest communications standard for delivering voice services, as legacy digital service offerings will be retired in 2021; service consolidation is a beneficial byproduct of this change and will result in HHSC's realization of substantial reduction in ongoing operational costs	\$5.6	\$6.3	\$5.6	\$6.3	0.0
47	CAPPS HCM and Financial Upgrades	Would support: PeopleSoft CAPPS Human Capital Management and Financials system upgrades to comply with the Comptroller of Public Accounts CAPPS Statewide Baseline Consolidated Application Control Environment approach for Hub Agencies; and replace unsupported, legacy Materials and Inventory Management System for state hospitals and SSLCs	\$7.6	\$8.5	\$7.6	\$8.5	14.3 (FY 20) 20.3 (FY 21)

Program Exceptional Items with IT Components



#	Title	Description	General Revenue	All Funds	IT General Revenue	IT Portion	FTEs
9	Enhance Procurement and Contract Management Function	Would enhance HHSC's procurement, management, and oversight of contracts by providing additional staffing, infrastructure, and support	\$45.6	\$66.0	\$14.3	\$20.7	242.6
38	Foster Care Litigation Response	Would assist HHSC in complying with requirements of an expected ruling from the U.S. Fifth Circuit Court of Appeals in <i>M.D. by Stukenberg v. Abbott</i>					
50	HDIS Remediation (HDIS)	Would fund an electronic case management system several HDIS programs in order to improve the ability to have all documentation for consumer records in one system which would assist with processing the delivery of services more efficiently	\$1.9	\$1.9	\$1.9	\$1.9	0.0
26	Enhancing State Hospital and SSLC Services Through Technology (HSCS)	Would improve care for individuals served in SSLCs and state hospitals, as well as business operations, through the application of information technology systems and infrastructure	\$31.1	\$31.1	\$23.9	\$23.9	1.0
17	Comply with Statutory Requirements for IDD System Redesign (IDD/BH)	Would support technology changes related to the carve-in of long-term services and supports to managed care	\$7.4	\$14.8	\$7.4	\$14.8	8.1
21	Comply with Statutory Requirements for IDD System Redesign (IDD/BH)	Would fund rate increases for substance use disorder treatment and recovery services for indigent (i.e. non-Medicaid) care and necessary technology changes to incorporate an updated rate structure	\$45.8	\$45.8	\$3.5	\$3.7	17.8

Program Exceptional Items with IT Components



#	Title	Description	General Revenue	All Funds	IT General Revenue	IT Portion	FTEs
24	Improve System Efficiency to Comply with PASSRR Requirements (IDD/BH)	Fund one-time improvements to the Long-term Care online portal functionality and preadmission screening and resident review (PASRR) forms Will provide better access to care for individuals eligible for specialized services as a result of PASRR, and updated fields and options on the PASRR forms will provide data needed for improved state oversight	\$4.3	\$17.1	\$4.2	\$16.5	3.1
37	Improve Access to Specialty Services for Individuals with Intellectual Disabilities (IDD/BH)	One-time funds to open and begin operations of clinics at six SSLCs to serve individuals residing in the community	\$9.3	\$9.3	\$0.9	\$0.9	35.0 (FY 20) 69.7 (FY 21)
43	Ensure State Oversight of Community Programs for Individuals with Disabilities (IDD/BH)	Would provide staff and technology resources necessary to comply with federal regulations that require HHSC to analyze, monitor, and conduct appropriate follow-up of critical incident reporting in the CLASS, YES, and DBMD 1915(c) Medicaid waivers, as well as the 1115 STAR+PLUS and STAR Kids waiver programs	\$1.7	\$6.0	\$1.3	\$5.2	5.1
44	SBHCC: Enhance Real- Time Behavioral Health Data Sharing (IDD/BH)	Would support enhanced data sharing between HHSC Mental and Behavioral Health Outpatient Data Warehouse and the Department of Public Safety Texas Law Enforcement Telecommunications System to better track individuals interacting with the public behavioral health and law enforcement systems	\$0.4	\$0.4	\$.04	\$0.4	3.0 (FY 20) 0.0 (FY 21)

Program Exceptional Items with IT Components



#	Title	Description	General Revenue	All Funds	IT General Revenue	IT Portion	FTEs
15	Maintain Baseline for Claims Administration Support (MCD)	Would maintain current operations for Texas' Medicaid Claims Administrator	\$29.9	\$59.9	\$4.4	\$44.0	12.2
18	Enhance Appeal and Fair Hearing Process for Medicaid Managed Care (MCD)	Would enhance the existing Medicaid managed care appeals and fair hearings process, including the need for additional clinical hearings staff, specialized training for hearings officers, posting hearing decisions online for public access, and implementation of an external medical review process within the current system	\$1.4	\$3.4	\$0.2	\$0.6	8.1 (FY 20) 3 (FY 21)
23	Make Necessary Electronic Visit Verification System Improvements (MCD)	Funds technology changes and operational costs to support electronic visit verification system restructuring efforts and ensure compliance with the 21st Century Cures Act	\$17.4	\$64.0			5.1
46	Comply with State Law to Conduct Mortality Reviews for Individuals with Intellectual and Developmental Disabilities Living in Community Settings (MCD)	Would provide funding to expand the independent mortality review process to Medicaid 1915(c) waiver programs for individuals with IDD living in community programs	\$2.1	\$4.2	\$2.1	\$4.2	0.0
32	Child Care Licensing New License Type (RSD)	Would enhance the Child-Care Licensing Automated Support System (CLASS) to accommodate five new license types created by House Bill 7, 85 th Legislature, Regular Session, 2017	\$3.7	\$3.7	\$3.7	\$3.7	11.7 (FY 20) 5.6 (FY 21)
41	Enhance Background Checks (RSD)	Would provide funding for an automation change to allow the Child Care Licensing to comply with the background check requirements of the Child Care Development Block Grant Act of 2014 and ensure continued federal funding	\$2.6	\$2.6	\$1.0	\$1.0	20.2 (FY 20) 13.1 (FY 21)



House Appropriations Committee Subcommittee Article II:

Information Technology Projects Update



IT Projects Overview

Software Development Projects	Status	Budget
Community Based Care Services Region 3B Stage I and II (CBC)	On Schedule	On Budget
Temporary Emergency Placement (TEP)	On Schedule	On Budget
Treatment Foster Care (TFC)	On Schedule	On Budget
Intense Plus Service Level	On Schedule	On Budget
HB 4 - Kinship Caregiver Payments Long Term Solution	On Schedule	On Budget
IMPACT Modernization Phase 2	Behind	On Budget
	Schedule	
Child Placement Portal (CPP)	On Schedule	On Budget
Interoperability	On Schedule	On Budget
SSCC Catchment Region 8 and 2	On Schedule	On Budget
External Access Provisioning (EAP)	On Schedule	On Budget
Incentives and Remedies	On Schedule	On Budget
CPS SB 190 New Admin Closure Codes	On Schedule	On Budget
Statewide Intake (SWI) Enhancements	On Schedule	On Budget
PEIRS EXPANSION Project - Phase 3	On Schedule	On Budget





The Information Management Protecting Adults and Children in Texas (IMPACT) system is the core casework management tool used by DFPS since 1996. IMPACT is essential for worker efficiency, timely management review of work performed, and consistency and quality of services provided across the state.



IMPACT Modernization

The IMPACT Modernization Project is updating the application and technology capabilities for IMPACT. The project is divided into phases.

Project	Start Date	Projected Completion	Actual Completion
Phase I	5/28/2015	3/25/2016	12/18/2016
Insight (RDM)	3/25/2015	4/20/2016	7/11/2016
Phase II	1/9/2017	8/31/2017	In Progress
Phase II (continued)	2019	2022	Starting 2019



IMPACT Costs

				Projected	Actual
Project	Vendor	Cost	Start Date	Completion	Completion
Planning	Gartner	\$1,249,900	8/9/2013	3/31/2015	3/31/2015
Batch Modernization	McLane	\$2,328,531	3/5/2014	6/1/2015	5/7/2015
Phase I	Accenture	\$6,631,322	5/28/2015	3/25/2016	12/18/2016
Insight (RDM)	Accenture	\$3,435,900	3/25/2015	4/20/2016	7/11/2016
Project Management	Deloitte	\$6,039,712	2/7/2014	8/31/2017	8/31/2017
Phase II*	Infosys	\$15,676,209	1/9/2017	8/31/2017	In Progress
Phase II (continued)*	DFPS	\$10M*	2019	2022	Starting 2019
Independent Verification and Validation (IV&V)*	KPMG	\$6,658,618	2/13/2014	8/31/2017	08/31/2019

^{*}Cost projections



IMPACT Phase I

IMPACT Modernization is divided into phases including: Phase 1, Insight, and Phase 2. Phase 2 is currently in progress.

Phase 1 Summary (Complete):

- Updates to Statewide Intake processes, including electronic reporting through a website (eReports);
- Added features for external access for Court Appointed Special Advocates (CASA) and other partners; and
- Improvements to submission processes for required background checks for certain providers.

Phase 1 Benefits:

- Improve underlying architecture for the existing IMPACT system;
- Lays the foundation for other IMPACT improvements for caseworkers and external partners;
- Quicker and easier entry of E-Reports for the public;
- Allow providers to see the status of a background check submitted for an individual and visual cues for due dates for subsequent background checks;
- Alerts to caseworkers for case assignments and improvements to alerts for potential safety issues within a case; and
- New features which allow caseworkers to receive alerts to view documents uploaded to a case file by Court Appointed Special Advocates (CASA).

Insight Project



Insight Summary:

- For Insight, DFPS implemented new business intelligence and analytics software and a new data warehouse tool which is updated daily to help caseworkers and supervisors better manage their work;
- Critical Task tool: Help staff better manage critical tasks that must be completed on all cases as required in policy; and
- Case Complexity tool: Provides case complexity factors so supervisors can get a better overall picture of staff workload. Will allow supervisors and case routers to more efficiently and equitably assign new cases.

Insight Benefits:

- Focus is on providing visibility to tasks that lead to caseworker and supervisor action on a day-to-day basis. Dashboards will provide the capability to easily view summary and detailed information;
- Customized dashboards display the status of tasks for cases assigned to caseworkers;
- Designed around routine responsibilities of frontline caseworkers; and
- Intended to bring visibility to critical case actions in order to take action and prioritize workload.

IMPACT Phase II



Phase 2 Summary:

• Phase 2 of IMPACT Modernization continues to build upon system improvements and usability for caseworkers within the remaining areas of IMPACT, such as Investigations, Conservatorship, and Family Based Safety Services.

Phase 2 Releases 1 & 2 Benefits:

- New, user-friendly and easier to navigate interface
- Implement federal sex trafficking legislation by adding data collection and tracking
- Re-engineer key casework processes to save caseworker time, such as re-designed and automated forms that assist users by populating forms with data
- Structured Decision Making (SDM) assessments to Family Based Safety Services and CPS Conservatorship, to improve key decisions regarding safety, risk, service planning and reunification.
- Redesigned Family Plan; Single Child Plan of Service, which permits external access for Residential Child Care Providers, also allowing for plan progress to be more easily tracked
- Simplify case history by providing a single view for users in reviewing case history, allowing users to see most critical data elements such as allegations

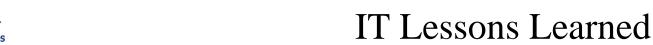


IMPACT Phase II Continued

Phase 2 Remaining Modernization:

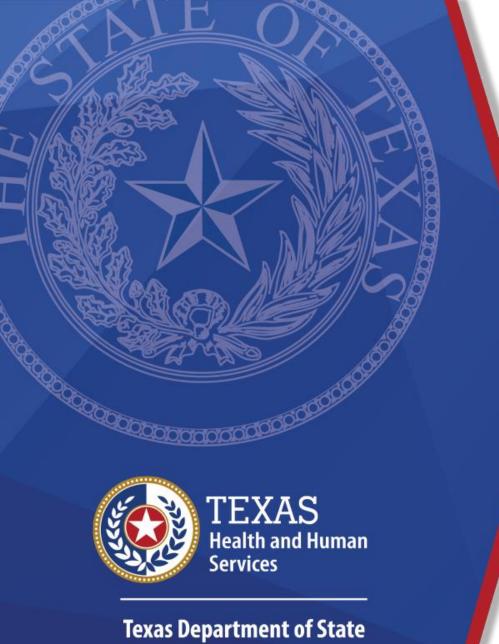
• Beginning in FY 2019, DFPS plans to complete the remaining work of IMPACT Modernization using DFPS IT staff and use of contract options offered by the Department of Information Resources (DIR). DFPS will break the work into smaller projects to minimize disruption to direct delivery staff and improve quality of the final products. Modernization of the remaining as-is stages and modules will be accomplished in FY2019–2022:

	PLANNED FY19-22 IMPACT	MODERNIZATION W	ORK
FY2019	FY2020	FY2021	FY2022
Financials	CPS Conservatorship Stages	Primary APS In-Home	Remaining Resources and
	Adoption	Stages	Stages
	Post Adoption	• Intake	• Kinship
	Permanency Care Assistance		• Foster/Adoptive Home
		Service Delivery	
			• Administrative
			Review Stages





- Child Welfare Contractor Insufficient Expertise
 - Extended timelines
 - Poor Quality
- Independent Verification
 - KPMG Examination
 - Internal Audit Review
- Contract Management
- Change Orders
- Customer Satisfaction



Health Services

Department of State Health Services Information Technology (IT) Projects and Needs

Presentation to House Appropriations Article II
Subcommittee

February 14, 2019

Wanda Thompson, PhD, Chief Operating Officer Donna Sheppard, Chief Financial Officer



TEXAS Health and Human Services Texas Department of State Health Services

DSHS and HHSC IT Roles

- The Health and Human Services Commission (HHSC) provides all IT functions and services for DSHS. Examples include:
 - Internet Access and Network Services
 - Telephony Services
 - Help Desk and Desktop Support
 - Application Development and Maintenance via the Public Health Portfolio
 - Liaison with Department of Information Resources (DIR) Data Center Services (DCS).
- Roles and responsibilities for IT functions and services between HHSC and DSHS are outlined through Support Services Agreements (SSAs).
- The designated DSHS Information Resource Manager reports to HHSC and interacts with DSHS on behalf of HHSC IT.



Prioritization of DSHS IT Projects

- IT projects are managed through the HHS IT governance process, which allows strategic decision-making.
- Projects vary based on funding, size, and scope
 - Some projects are short term and are funded with existing resources.
 - Some projects are long-term and based on federal grants or funding.
 - Other projects take multiple years and may need appropriations or capital authority from the Legislature.
- The DSHS role focuses on ensuring the project meets programmatic objectives.
- The HHSC IT role focuses on technological components and project management.



IT Governance and the Public Health Portfolio

- In the HHS IT governance decision framework, DSHS information systems supported by HHSC IT fall within the Public Health Portfolio
- A Public Health Executive Steering Committee composed of DSHS Executive Management, with the support of HHSC IT:
 - Develops three to five-year roadmaps for IT projects, applications, and contracts with technology components
- HHSC IT manages intake for new requests for DSHS-related IT services or acquisitions
 - DSHS management committees review the requests and make recommendations to the steering committee
 - The Public Health Executive Steering Committee approves and prioritizes new IT projects, applications, and contracts
- DSHS frequently reviews the status of IT projects, new initiatives, and contracts to provide HHSC IT direction on resource allocation or needs through the governance process.





Texas Electronic Vital Events Registrar (TxEVER) System

Estimated Project Cost: \$21.8 Million

- TxEVER is the new vital events system to replace the decade-old previous system.
- TxEVER, in comparison to the old system, will provide:
 - Enhanced security
 - Greater dependability and disaster recovery
 - Accessibility improvements
 - Enhanced data collection and management

Start Date	Initial Planned Finish	Current Planned Finish	% Complete	Initial Cost Estimate	Current Cost Estimate	Expenditures to Date	Schedule	Cost	Scope	Quality
9/1/2015	7/18/2018	10/31/2019	91%	\$16,552,477	\$21,823,964	\$15,684,009	✓	√	✓	✓





TB/HIV/STD Integrated System (THISIS) Implementation and Enhancements

Total Estimated Project Cost: \$10.6 Million

- THISIS allows DSHS, local, and regional health jurisdictions to securely track and report disease information; this allows public health to prevent and contain the spread of TB, HIV, and sexually transmitted diseases within the state.
- The THISIS project will occur in two phases, implementation and enhancements, to:
 - Replace obsolete hardware and software
 - Integrate disparate systems
 - Increase access to real-time information

Start Date	Initial Planned Finish	Current Planned Finish	% Complete	Initial Cost Estimate	Current Cost Estimate	Expenditures to Date	Schedule	Cost	Scope	Quality
2/6/2014	6/30/2016	5/31/2019	85%	\$5,049,063	\$8,779,794	\$6,301,746	✓	✓	✓	✓
6/3/2019	9/30/2019	5/31/2021	0%	\$3,748,598	\$1,836,214	-	✓	n/a	✓	✓





EMS and Trauma Registries

Estimated Project Cost: \$1.8 Million

- The EMS and Trauma Registries collect data on Texas EMS runs, traumatic brain injuries, spinal cord injuries, submersions, and other acute traumatic brain injuries.
 - This data allows analysis and monitoring of the EMS/trauma system, so Texas can ultimately improve the efficiency and quality of care patients receive.
- The project builds upon the current system to improve injury prevention interventions.
 - Modifications to ensure that EMS and trauma data is accurate and complete, can be validated, and is consistent.
 - Updates to comply with national data standards and reporting.

Start Date	Initial Planned Finish	Current Planned Finish	% Complete	Initial Cost Estimate	Current Cost Estimate	Expenditures to Date	Schedule	Cost	Scope	Quality
10/1/2017	9/30/2019	9/30/2019	54%	\$1,816,647	\$1,816,647	\$747,111	✓	✓	✓	✓



HIV2000, Real Time Education and Counseling Network, AIDS Regional Information Evaluation System (HRAR)

Estimated Project Cost: \$14.7 Million

- DSHS uses three separate systems for DSHS, clients and contractors to administer and apply for HIV prevention, medications, and care services
 - The systems are old, and so subject to frequent outages.
 - The systems also have difficulty supporting periodic changes required for federal grant funding.
- The HRAR project will combine these systems into one and:
 - Provide an interface for clients to access and submit applications for services
 - Increase efficiency and data accuracy by eliminating the need for redundant data entry into multiple legacy systems
 - Increase efficiency by automating eligibility determination for clients

Start Date	Initial Planned Finish		% Complete	Initial Cost Estimate	Current Cost Estimate	Expenditures to Date	Schedule	Cost	Scope	Quality
6/25/2018	2/28/2020	8/30/2021	6%	\$10,662,301	\$14,617,223	\$108,509	×	✓	✓	✓





Exceptional Item 1: Safeguard the Future of the State Public Health Laboratory

Overall Item Amount: \$54.4 Million for the Biennium

IT Component: \$6.9 Million and 9 FTEs (8 in FY 2021)

- Would upgrade the Laboratory Information Management Systems (LIMS) software and infrastructure and provide increased support for maintenance.
 - HHSC IT has identified this system as at high risk for failure.
- LIMS allows DSHS to automate aspects of its workflow, increasing testing reliability.
- LIMS allows the DSHS laboratory to send results securely to submitters.
- LIMS is essential to the DSHS laboratory's operations and is integrated into laboratory equipment functions.
 - Without a functioning LIMS, the laboratory cannot efficiently and accurately provide time sensitive testing results, like for newborn screening.



Exceptional Item 5: Bolster Public Health Capacity to Identify and Respond to Infectious Disease Outbreaks

Overall Item Amount: \$5.9 Million for the Biennium

IT Component: \$3.5 Million and 8 FTEs (7 in FY 2021)

- NEDSS is an disease surveillance system that processes and categorizes laboratory reports of infectious disease, including mumps and measles.
 - DSHS epidemiologists use this data to discover emerging disease patterns.
 - 60 jurisdictions use NEDSS to complete case investigations.
- HHSC IT has identified NEDSS as at high risk for critical failure.
- The exceptional item requests seeks to stabilize the NEDSS system.
 - Purchase of servers for increased capacity
 - Necessary software upgrades to achieve dependability of NEDSS operations
 - Support for compliance with Data Center Services (DCS) requirements
 - Routine upkeep and technological troubleshooting
 - Assessment and continued maintenance of system security





Exceptional Item 7: Drive Public Health Decision-Making through Useful and Accessible Data

Overall Item Amount: \$4.6 Million for the Biennium

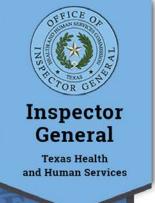
IT Component: \$4.1 Million and 7 FTEs (one ongoing FTE)

- DSHS has responsibility for management and analysis of approximately
 50 public health data sets.
- The Department's ability to provide this data in a meaningful way to policymakers and the public is constrained by technology limitations.
- DSHS is requesting technological tools to allow DSHS to better merge individual data sets into cohesive profiles for emerging and critical public health issues like opioid misuse.
 - Server space
 - Query tools
 - Database



OIG Technology Projects Presentation to the House Appropriations Committee, Art. II

February 14, 2019

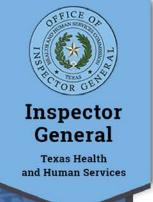


Presentation Overview

- MFADS Re-Platforming
- Case Management
- ASOIG Modifications
- ASOIG Exceptional Item

OIG Fraud Hotline: 800-436-6184

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MFADS Re-Platforming

Medicaid Fraud and Abuse Detection System (MFADS)

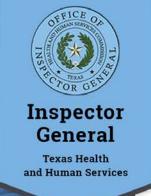
System - MFADS provides the OIG:

- Fraud detection analytics functionality
- Case tracking functionality
- Access to Medicaid data

Project - Re-platforming MFADS will:

- Improve accessibility to critical data
- Develop updated customized reports
- Implement new algorithms to detect fraud, waste and abuse

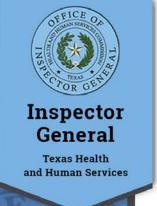
Status - Business Case has been approved by QAT, and the Project and Acquisition Plans are on file with QAT



Case Management

OIG Case Management

- System OIG requires a case management system to:
 - Store case details, including past provider history
 - Manage workflows
 - Generate detailed reporting
- Project Replace existing outdated case management systems with the free federal OIG Homeland Security system. HHS IT & OIG will modify the system to provide the flexibility and functionality to support the OIG.
- Status OIG & HHSC IT are finalizing the requirements gathering.



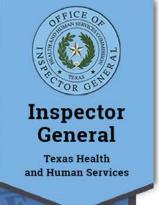
ASOIG Modification

Automated System for the Office of Inspector General (ASOIG)

System - ASOIG tracks client investigations related to Medicaid, SNAP, TANF, CHIP, & WIC

- Project OIG & HHS IT have a list of over 100 separate projects that will:
 - Automate manual processes
 - Enhance reporting
 - Allow for program policy revisions

Status - Projects vary in size and complexity and are implemented based on priority and available resources on an on-going basis.



ASOIG Exceptional Item

Automated System for the Office of Inspector General (ASOIG)

System - ASOIG tracks client investigations related to Medicaid, SNAP, TANF, CHIP, & WIC

Project - The ASOIG project will:

- Rewrite and reduce the number of existing user screens
- Automate manual processes like calculating overpayments
- Integrate data from multiple sources into ASOIG



To learn more about the Office of Inspector General:

Website: https://oig.hhsc.texas.gov/

Facebook: www.facebook.com/TxOIG

Twitter: twitter.com/TexasOIG



TEXAS CIVIL COMMITMENT OFFICE

MARSHA MCLANE
EXECUTIVE DIRECTOR

House Appropriations Hearing, February 14, 2019: Written Testimony

The Texas Civil Commitment Office (TCCO) is pleased to provide an update on Information Technology (IT) current/ongoing projects, needs, and exceptional item requests. TCCO is a small state agency with limited resources dedicated to administering the Texas Civil Commitment Program for sexually violent predators (SVPs). As such, TCCO is dependent on the IT resources available through its Administrative Attachment to the Health and Human Services Commission (HHSC).

Administrative Attachment to HHSC

A Memorandum of Understanding (MOU) between HHSC and TCCO describes the responsibilities of HHSC in providing administrative support to TCCO. The MOU states that HHSC shall use its existing resources, systems, processes, and infrastructure to support TCCO at no cost, unless the legislature specifically appropriates additional funds for this purpose. The MOU includes the following IT services:

IT Services to be provided by HHSC

- 1. Advice and support to TCCO for IT products and services, projects and systems, applications development, customer support, business services, security and strategic direction.
- 2. Prepare and submit all state/federally required IT reports that include the Biennial Operating Plan (BOP), Information Resources Strategic Plan, Information Resources Deployment Review (IRDR) and Computer Inventory Report.
- 3. Provide security access to and support for HHSC enterprise-wide applications and statewide applications available and necessary for TCCO to effectively manage its resources and manage the Texas Civil Commitment Program.
- 4. Provide telecommunication services to TCCO offices including phone installation and repairs.

TCCO benefited from the HHSC telephone system upgrade in FY 2018. HHSC is also upgrading TCCO's website to make it accessible and compliant with state standards. Improving TCCO's website design and its functionality is a priority of our Governing Board Chair; although the project has been delayed several times over the last few months, we look forward to its successful completion in 2019.

TCCO IT Resources

TCCO has one IT Systems Administrator who manages our agency network, software and equipment, and supports our users and two web-based program applications that we use to administer the Texas Civil Commitment Program.

Web-based Civil Commitment Program applications

- 1. Case Management System used to manage individual cases of sexually violent predators.
- 2. GPS Tracking System used to monitor and track SVPs 24/7.

TCCO Needs & Exceptional Item Request

Needs

TCCO needs continued IT support from HHSC to help ensure TCCO benefits from the latest IT products and services.

Exceptional Items Request

TCCO does not have any IT-related Exceptional Items.





Quality Assurance Team

Purpose

 The Quality Assurance Team (QAT) functions pursuant to the Texas Government Code, Chapter 2054, and the Eighty-fifth Legislature, General Appropriations Act, 2018–19 Biennium, Article IX, Section 9.01 and 9.02. The goal of QAT is to help agencies successfully complete projects on time and within budget as presented to the legislature.

Membership

QAT includes representatives from the Comptroller of Public Accounts (CPA), the
Department of Information Resources (DIR), the Legislative Budget Board (LBB), and
the State Auditor's Office (SAO) (advisory member).

Focus

- QAT monitors major information resources projects (MIRP) whose development costs exceed \$1 million, whose development timeline exceeds 1 year, or as designated by the Legislature.
- QAT is also required to review and approve certain contracts related to major information resources projects.

QAT PROJECTS BY ARTICLE

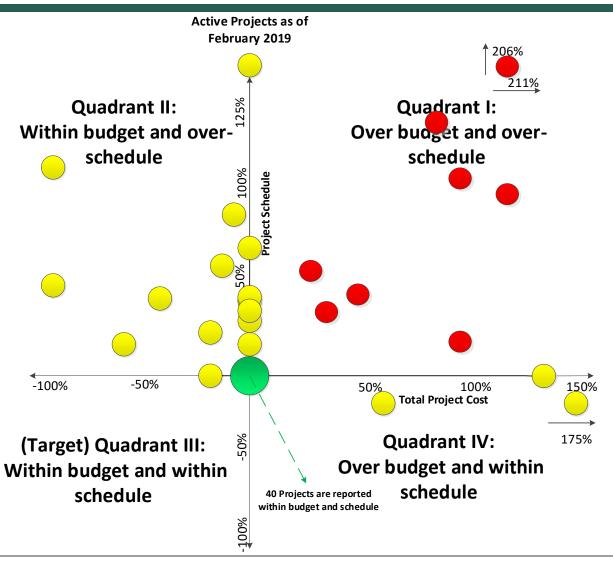
ARTICLE	NUMBER OF PROJECTS	TOTAL VALUE (in millions)	AVERAGE VALUE (in millions)	AVERAGE DURATION (in years)	LONGEST DURATION (in years)
	13	\$520.6	\$47.3	2.4	10.5
П	27	\$335.4	\$11.9	2.9	12.0
Ш	2	\$131.9	\$65.9	4.9	8.1
V	2	\$11.1	\$5.6	2.2	4.4
VI	2	\$8.0	\$4.0	2.0	2.0
VII	17	\$362.9	\$21.3	2.5	6.6
VIII	1	\$2.4	\$2.4	2.8	2.8

As of February 2019 QAT currently monitors 64 major information resources projects totaling \$1.30 billion.

Note: Additional QAT information is provided in the Article II summary of recommendations packets.

- Department of Family and Protective Services Section 3
- Department of State Health Services Section 3-c
- Health and Human Services Section 3c

QAT PROJECTS BY STATUS



Technology Project Observations

Observation 1:

 Most major information resource projects use the services of one or more contractors to provide necessary technical skills to develop and implement complex hardware and software systems.

Observation 2:

 When agencies understate project costs to align with funding levels, project planning, management, and communication is weakened.

Observation 3:

 Agencies appear reluctant to cancel contracts or projects when project deliverables are late or cannot be delivered within the initial scope of the project.

Observation 4:

- Agencies' self-reported monitoring reports show project timelines were generally pushed in excess of one year due to funding and timing constraints.
- Note: Additional information can be found in the

QAT Oversight

QAT works with agencies from the initial project start up to completion, to assist help succeed. If needed, QAT has additional oversight functions available. These include:

- Reviewing project risks and approving the project framework of appropriated funds
- Reporting to state leadership on the status of projects
- Conduct more intense monitoring of project information
- Reviewing and approving certain contracts over \$10.0 million if related to a major information resources project
- Reviewing and approving of contract amendments whose costs exceed 10 percent of the original contract amount
- Conducting a cost-benefit analysis to compare canceling or continuing any major information resource project and related contract(s) that is more than 50 percent over budget or over schedule
- Requesting a post-implementation audit by SAO

QAT PROJECT DASHBOARD



http://www.lbb.state.tx.us/Interactive_Graphics.aspx_ (Select Quality Assurance Team)



Contact the LBB

Legislative Budget Board www.lbb.state.tx.us 512.463.1200