



Travis County Commissioners Court Agenda Request

Meeting Date: April 17, 2012

Prepared By/Phone Number: Lori Clyde/854-4205

Elected/Appointed Official/Dept. Head: Cyd Grimes

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Approve Modification No. 11 To Contract No. PS990080TS, Cap Systems, Inc., for a Case Management and Benefits Administration (CABA) System.

- **Purchasing Recommendation and Comments:** Purchasing concurs with department and recommends approval of requested action. This procurement action meets the compliance requirements as outlined by the statutes.
- ITS is responsible for the management and system administration of the Case Management and Benefits Administration (CABA) database for HHS and is committed to ensuring the most effective usage of CABA by driving to results the necessary modifications in an effort to improve user efficiencies and overall services to clients. ITS requests approval of the purchase of modifications to the existing CABA database client intake, income details and income verification screens addressing requirements to improve efficiencies and to streamline procedures used to process, approve and/or deny services to Health and Human Services clients. The cost of this modification is \$7,000.00 and will not affect the annual maintenance fees.

Modification No. 10 approved in Commissioners Court January 31, 2012, was for software enhancements related to BEFIT.

Modification No. 9 approved in Commissioners Court May 3, 2011, was for software enhancements.

Modification No. 8 approved in Commissioners Court March 16, 2010, was for upgrading AcuODBC software and user licenses and additional on-site consulting and training to expedite the CABA version 2 upgrade and Air Check system upgrade.

Modification No. 7 approved in Commissioners Court May 13, 2008, was for software enhancements to better accommodate the Air Check Program.

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.

Modification No. 6 approved by the Purchasing Agent September 26, 2006, was for software enhancements.

Modification No. 5 approved in Commissioners Court March 2, 2004, was for the migration of the Emergency Assistance module to a Windows and Intel-based platform.

Modification No. 4 approved in Commissioners Court September 24, 2002, was for enhancements to the Emergency Assistance Module.

Modification No. 3 approved in Commissioners Court August 21, 2001, was for enhancements to the Emergency Assistance Module.

Modification No. 2 approved in Commissioners Court May 29, 2001, was to modify the contract language to allow for the partial payment for software maintenance after warranty expired. It also allowed for prorated payments to be made for the other modules when they are received.

Modification No. 1 approved in Commissioners Court September 28, 1999, was for updating the training & testing schedules associated with the implementation of the CABA system and to change the language regarding the 3rd party vendor for the ODBC database software.

➤ **Contract Expenditures:** Within the last 12 months \$80,370.00 has been encumbered and \$60,620.00 spent against this contract.

➤ **Contract Modification Information:**

Modification Amount: \$7,000.00
Modification Type: Software enhancement
Modification Period: Beginning April 17, 2012

➤ **Funding Information:**

- Purchase Requisition in H.T.E.: 554360
- Funding Account(s): 001-1243-523-6099
- Comments:

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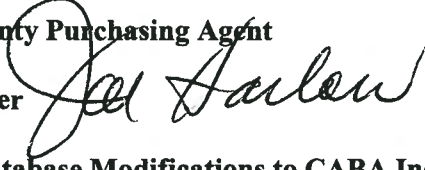


Travis County Courthouse, Austin, Texas

TRAVIS COUNTY INFORMATION TECHNOLOGY SERVICES

Joe Harlow Jr., Chief Information Officer

700 Lavaca Street, P. O. Box 1748, Austin, TX 78767 (512) 854-9666 Fax (512) 854-4401

DATE: Tuesday, March 6, 2012
TO: Cyd V. Grimes, C.P.M. – Travis County Purchasing Agent
FROM: Joe Harlow, Chief Information Officer 
SUBJ: Recommendation for Approval of Database Modifications to CABA Income Details/
Verification and Client Intake Screen

Proposed Motion:

To approve purchase of modifications to the existing CABA database client intake, income details and income verification screens addressing requirements to improve efficiencies and to streamline procedures used to process, approve and/or deny services to Health and Human Services clients.

Summary & Staff Recommendation:

ITS is responsible for the management and system administration of the Case Management and Benefits Administration (CABA) database for HHS. In addition, ITS is committed to ensuring the most effective usage of CABA by driving to results the necessary modifications in an effort to improve user efficiencies and overall services to clients.

Issues and Opportunities:

The modification can assist with the following functions.

- (1) Repair records that have not had their income verified so the program will accurately calculate the percent of poverty.
- (2) Consolidate the income verification and income details screens into one.
- (3) Enable revised HHS application for assistance with respective field data population in CABA Production.

Background:

The Case Management and Benefits Administration (CABA) system utilizes a software application call Community Action Program Total Automated Information Network. The CAPTAIN integrated system approach is built upon the concept of a single Client Data Base for all individual clients and family members served to which all departments of the agency have access.

CABA was implemented September, 2000. Multiple upgrades/modifications have followed since then with the most recent being modifications to the multiple screens in support of the BEFIT initiative.

Budgetary and Fiscal Impact:

Currently budgeted in Line item 001-1243-523.60-99: \$7,000.00.

Required Authorizations:

LEGAL:	John Hille, County Attorneys Office
PURCHASING:	Lori Clyde, Purchasing Department
BUDGET:	Katie Gipson, Planning and Budget Office

CC: ITS; Russell Hahn, ITS; Pamela Dacus, ITS; Randy Lott, HHS; Jim Lehrman, HHS Sherri Fleming

PURCHASE REQUISITION NBR: 0000554360

REQUISITION BY: SHERYL HOLDER 854-1922

STATUS: READY FOR BUYER PROCESS
REASON: CUSTOM PROGRAMING FOR CABA DATABASE

DATE: 3/06/12

SHIP TO LOCATION: TRAVIS COUNTY - ITS

SUGGESTED VENDOR: 47253 CAP SYSTEMS INC

DELIVER BY DATE: 4/06/12

LINE NBR	DESCRIPTION	QUANTITY	UOM	UNIT COST	EXTEND COST	VENDOR PART NUMBER
1	CUSTOM PROGRAMMING OF CABA SYSTEM	56.00	HR	125.0000	7000.00	
	1) FIX THE RECORDS IN THE CASE MASTER THAT HAVE NOT HAD THEIR INCOME VERIFIED AND HAVE THE FIX PROGRAM CALCULATE THE % OF POVERTY					
	2) TOTALLY ELIMINATE THE INCOME VERIFICATION SCREEN FROM THE CASE WORKERS PROCESS. CREATE A MEANS OF RELRECTING A % OF POVERTY AND STAMPING THE RECORD IN SOME AREA OF THE SYSTEM (THIS WILL REQUIRE THAT A LOT OF THE LOGIC THAT IS IN THE INCOME VERIFICATION SCREEN BE REFLECTED IN THE SAME SCREEN THAT INCOME IS ENTERED).					
	COMMODITY: DP PROC/COMP/SOFTWARE SVC SUBCOMMOD: SOFTWARE UPDATING SVCS					
REQUISITION TOTAL:					7000.00	

ACCOUNT INFORMATION

LINE #	ACCOUNT	PROJECT	%	AMOUNT
1	00112435236099	OTHER PURCHASED SERVICES	100.00	7000.00
		OTHER PURCHASED SERVICES		7000.00

REQUISITION IS IN THE CURRENT FISCAL YEAR.

Account number . . . : 1-1243-523.60-99
Fund : 001 GENERAL FUND
Department : 12 INFORMATION & TELECOMMUNI
Division : 43 BUS DEVEL & STRATEGC PLAN
Activity basic : 52 GENERAL GOVERNMENT
Sub activity : 3 INFORMATION SYSTEMS MGMT
Element : 60 OTHER PURCHASED SERVICES
Object : 99 OTHER PURCHASED SERVICES

Original budget : 30,000
Revised budget : 58,075 03/07/2012
Actual expenditures - current . . . : .00
Actual expenditures - ytd : .00
Unposted expenditures : .00
Encumbered amount : .00
Unposted encumbrances : .00
Pre-encumbrance amount : 7,000.00
Total expenditures & encumbrances: 7,000.00 12.1%
Unencumbered balance : 51,075.00 87.9

F5=Encumbrances **F7=Project data** **F8=Misc inquiry**
F10=Detail trans **F11=Acct activity list** **F12=Cancel** **F24=More keys**

MODIFICATION OF CONTRACT NUMBER: PS990080TS – Case Management and Benefits Administration System PAGE 1 OF 5 PAGES

ISSUED BY: PURCHASING OFFICE 700 LAVACA, SUITE 800 AUSTIN, TX 78701	PURCHASING AGENT ASST: Lori Clyde TEL. NO: (512) 854-9700 FAX NO: (512) 854-9185	DATE PREPARED: April 6, 2012
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ISSUED TO: CAP Systems, Inc. 16 Market St Suite 204 Ipswich Ma. 01938 Attn: Brian Cayer	MODIFICATION NO.: 11	EXECUTED DATE OF ORIGINAL CONTRACT: March 2, 1999
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ORIGINAL CONTRACT TERM DATES: August 27, 2002 – August 26, 2003 CURRENT CONTRACT TERM DATES: February 1, 2012 – January 31, 2013

FOR TRAVIS COUNTY INTERNAL USE ONLY:

Original Contract Amount: \$ 334,204.00 Current Modified Amount \$ 660,779.00

DESCRIPTION OF CHANGES: Except as provided herein, all terms, conditions, and provisions of the document referenced above as heretofore modified, remain unchanged and in full force and effect.

The above numbered contract is hereby modified as follows per the attached Proposal for Custom Programming:

- | | |
|---|------------|
| 1) Modify the case master records to calculate the % of poverty
16 hours at \$125.00/hour | \$2,000.00 |
| 2) Eliminate the income verification screen from case workers process and create
A means of reflecting % of poverty and stamping the record
40 hours at \$125.00/hour | \$5,000.00 |
| 3) Enable HHS application for assistance with respective field data population
In CABA Production and allow for printing of the application from CABA
Client Intake print sub screen. | No Charge |

Total cost of enhancements: \$7,000.00

These changes will not affect the annual maintenance cost.

Note to Vendor:

- Complete and execute (sign) your portion of the signature block section below for all copies and return all signed copies to Travis County.
 DO NOT execute and return to Travis County. Retain for your records.

LEGAL BUSINESS NAME: _____	<input type="checkbox"/> DBA <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
BY: _____ SIGNATURE	
BY: _____ PRINT NAME	DATE: _____
TITLE: _____ ITS DULY AUTHORIZED AGENT	

TRAVIS COUNTY, TEXAS	DATE: _____
BY: _____ CYD V. GRIMES, CPPO, C.P.M., TRAVIS COUNTY PURCHASING AGENT	

TRAVIS COUNTY, TEXAS	DATE: _____
BY: _____ SAMUEL T. BISCOE, TRAVIS COUNTY JUDGE	



CAP Systems, Inc.

16 Market Street, Suite 204, Ipswich, MA 01938 · Phone (781) 341-5440 · Fax (781) 341-5441

Proposal for Custom Programming

To: Ms. Pamela Dacus
100 H 35 North, Palm Square
Austin, TX. 78767

From: CAP Systems Inc.
16 Market St Suite 204
Ipswich, Ma. 01938

Dear Pam,

Based on discussions from our last conference call it appears that many of the case workers are not completing the "Income Verification" screen which is the final step in the intake process before services are delivered to the customer. The purpose of the Income Verification screen was to separate the intake process from the verification process and to create a layer of authentication. The case master record can be checked verified by the same intake worker or another user and at that time the system will auto-calculate the % of poverty. With that said many of the case master records on the CABA database have not had the incomes verified as a result these records do not have a federal % of poverty value in the case master record. With that said there are 2 significant tasks needed to resolve this problem.

- 1- Fix the records in the case master that have not had their income verified and have the fix program calculate the % of poverty. 16 Hours
- 2- Totally eliminate the income verification screen from the case workers process. It appears users do not want this function and would prefer to have the system simply calculate the % of poverty while the income is being entered. In order to do this we would need to create a means of reflecting a % of poverty and stamping the record in some area of the system. We would need to reflect a lot of the logic that is in the income verification screen in the same screen that income is entered. 40 Hours
- 3- Enable revised (enclosed) HHS application for assistance with respective field data population in CABA Production and allow for the printing of the application from the CABA Client Intake print sub screen. This is being completed at no charge to the County.

The total effort would be 56 hours @ \$125.00 per hour ... \$7,000.00

Sincerely,

Brian Cayer
President
CAP Systems Inc.

Add Assigned Worker Name beneath Center Name and Address

Change "Intake Application" name to "Application for Assistance."

Add Center Name and Address beneath "Application for Assistance" by Site Code in Client Intake

Add Client Email

Print Preview

TCHHS - INTAKE APPLICATION 010201 00000449

Applicant I.D. No: 0000449 Application Date: 06/28/2010

Do you have a disability and need an accommodation or special help to complete this application? Yes No

Applicant Name: DUTCH HOLLAND Primary Language: English Site: NCC

Address: 1234 HOMELESS RD, MANOR, TX 78653 Home Telephone: (000)000-000

Mailing Address: Cell phone: (512)000-0000

HOUSING DATA Housing Situation Own Rent Homeless Other

Family Type Single Parent Female Single Parent Male 2 Parent Single Person Two Adults/No Child Other

Total No of Household Members 06 No of Adults 04 No of Children 01 No of Children under 5 01

HOUSEHOLD MEMBERS Listing yourself first, complete all spaces below for ALL persons living in the home.

Name (last, first, middle initial)	Relationship	Social Security #	Race	Ethnicity	Sex M/F	Disabled Y or N	Age	Birth Date mm/dd/yy	Education	Marital Status	Health Insurance Y/N	W.I.C Y or N	Veteran Y or N	Receive F S Y or N
HOLLAND DUTCH	A	xxx-xx-9138	05	02	M	N	71	07/27/38	B	D	Y	N	N	N
POLANCO DIANA	C	xxx-xx-5543	08	03	F	U	12	11/12/97	U		U	U	U	U
MCCLARIN CHRISTOPHER	C	xxx-xx-1438	08	03	M	U	23	09/20/86	U	S	U	U	U	U
FLORES DAMIAN	C	xxx-xx-7449	09	01	M	N	3	12/06/06	A		Y	Y	N	N
CARROLORO PEDRO	S	xxx-xx-7167	09	01	U	U	40	08/09/69	U	U	U	U	U	U
GALO FRANCISCO J	O	xxx-xx-0911	09	01	M	N	36	08/19/73	B		N	N	N	N

FINANCIAL INFORMATION

INCOME SOURCES	Amount	Frequency (weekly, bi-weekly, etc.)	Household Member(s) Receiving Income
WAGES	0.00	None	DUTCH
NONE	0.00	None	DIANA
Unemp comp	4524.00	Weekly	FRANCISCO
Total Family Income	4524.00		015 % of Federal Poverty Level

Income Verified W2 Check Stub Letter/Budget Sheet Tax Returns Other Verification Date 01/26/2012 Verifier CORTEZ JUDY

Parent Verification _____ Reverify Date _____ Verifier CORTEZ

Remove Employment Information Data; Replace with "Services Inquired" data from the Client Intake Screen

Repeat the same calculation as what's represented on the Income Details Documentation page.

Replace numeric codes with corresponding alpha codes.

Print Preview

1 Page View Shrink To Fit

Remove Emergency Medical Data and Health Insurance Info; Replace with Client Additional Intake Questions and Answers

	Question Description	Response
	AB Consents Signed	Yes
	Annual heating/cooling costs	
	Applicant's ORF is complete	
!	Appointment date with casewkr	
	Appointment time = hour.min	
	Assistance will Ensure 30 days of Service	
	Client's Rights & Responsibilities Reviewed	
	Crises within past 60 days	
	Out Of Notice Received	
	Energy Conservation & Budget Info Given	
	EMF AP HM Database Search Date - Done	

Add Energy Burden Computation:
Annual heating/cooling costs ÷ Annual Income = Energy Burden

Page 2 of 2

The information provided is true and correct to the best of my knowledge and belief. I am aware that I am subject to prosecution for providing false or fraudulent information. My household income has been annualized, at the time of application, according to pre-established agency procedures. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.

Applicant Signature: _____

Date: _____

Application for Assistance Requirement Details

HHS Requirement	Table/Field Name
Add Assigned Worker Name beneath Center Name and Address	MST-INTAKE-WORKER
Change "Intake Application" name to " Application for Assistance. "	NA
Add Center Name and Address beneath "Application for Assistance" based on Site Code	MST-SITE
Add Client Email	MST-EMAIL
Repeat the same calculation as what's represented on the Income Details Documentation page.	Calculations are added within
Remove Employment Information Data ; Replace with " Services Inquired " data	Not listed in data dictionary
Replace numeric codes with corresponding alpha codes for Race and Ethnicity.	Agency Table Code
Remove Emergency Medical Data and Health Insurance Info ; Replace with Client Intake Add Questions and Answers	Client Intake Add Q&A- No data dictionary details
Add Energy Burden Computation : Annual heating/cooling costs ÷ Annual Income = Energy Burden	Annual heating/cooling costs ÷ MST-PROG-INCOME = Energy Burden
Add statement, applicant signature and date	NA

Source: CABA Client Intake Screen; CAPTAIN Data Dictionary; Existing Application for Assistance