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DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES | *KA 'OIHANA LOIHELU A LAWELAWE LAULĀ*

OFFICE OF ENTERPRISE TECHNOLOGY SERVICES | *KE'ENA HO'OLANA 'ENEHANA*

P.O. BOX 119, HONOLULU, HAWAII 96810-0119

July 31, 2026

The Honorable Ronald D. Kouchi
President of the Senate
and Members of the Senate
Thirty-Third State Legislature
State Capitol, Room 409
Honolulu, Hawai'i 96813

The Honorable Nadine K. Nakamura
Speaker and Members of the
House of Representatives
Thirty-Third State Legislature
State Capitol, Room 431
Honolulu, Hawai'i 96813

Aloha Senate President Kouchi, House Speaker Nakamura, and Members of the Legislature:

Pursuant to HRS section 27-43.6, which requires the Chief Information Officer to submit applicable independent verification and validation (IV&V) reports to the Legislature within ten days of receiving the report, please find attached the February 2026 report for the State of Hawai'i Department of Human Services, Child Welfare Services Branch, HI-THRIVE Modernization Project, as received by the Office of Enterprise Technology Services.

In accordance with HRS section 93-16, this report may be viewed electronically at http://ets.hawaii.gov (see "Reports").

Sincerely,

Christine M. Sakuda
Chief Information Officer
State of Hawai'i

Attachments (2)

Hawai'i Department of Human Services

Child Welfare Services

HI THRIVE (Comprehensive Child Welfare Information System)

IV&V MONTHLY STATUS DASHBOARD February 2026 Draft V1

IV&V Monthly Executive Summary

This IV&V Monthly Activity Report (MAR) covers the February 01-28 2026 reporting period.

IV&V Project Health Metrics

The current Project Health Metrics show Red, however upon a successful schedule re-baseline and approved Corrective Action Plan IV&V believes that most metrics will shift in a positive direction.

Budget RED, **Quality** RED, **Schedule** RED, **Scope** GREEN

February 2026 Executive Summary

IV&V acknowledges the continued progress made by the HI-THRIVE Program Management Office (PMO) during the current reporting period in advancing several agency-led governance activities.

In October 2025, the State of Hawai'i requested a Corrective Action Plan (CAP) from the Vendor following a voluntary Stop-Work action initiated by the Vendor. The Vendor resumed work in December 2025 and began development of a CAP response due in January 2026. During the January and February reporting periods, the Vendor was unable to deliver a fully compliant CAP that adequately mitigated the impacts of the Stop-Work action, including effects to project schedule and planned Go-Live activities. The Vendor is currently preparing its third iterative CAP response for State review and approval, with submission anticipated in March 2026.

The HI-THRIVE team successfully prepared and submitted the As-Needed Advance Planning Document (APD) update, coordinated and implemented targeted revisions to multiple Deliverable Expectation Documents (DEDs) to improve clarity and alignment with project execution, and has progressed the Corrective Action Plan (CAP) agreement with the System Integrator (SI) Vendor to near completion.

During the February reporting period the PMO Support Services vendor ANSA experienced a loss of a key Testing Management and Project Analytics staff member. IV&V expressed concern that this loss would increase the already High Risk to the project. Subsequently, ANSA brought on a new highly skilled staff member for replacement. The recently added HI-THRIVE PMO resource has demonstrated effective leadership, guiding the SI Vendor through working sessions to develop a proposed re-baseline of the project work plan, thereby improving schedule transparency and aligning with current project conditions. These efforts reflect the agency's commitment to strengthening project governance, improving oversight of deliverables, and maintaining alignment with federal oversight expectations.

The PMO Support Services contract with ANSA has migrated from a 90-day bridge extension to a 12 month exemption contract starting March 1, 2026. IV&V supports the decision to maintain PMO consultative support and believes that it will help reduce risk to implementation and improve opportunities for success of the project.

IV&V continued its review of Vendor deliverables and maintained close coordination with the HI-THRIVE PMO throughout the reporting period. IV&V observed that Vendor deliverables continue to experience rejections by the State due to misalignment between Vendor interpretations and HI-THRIVE expectations, however those rejections and the quality of Vendor work is improving. Contract deliverables have historically consistently required on average, more than three iterative revisions prior to approval. Improvements to deliverable quality processes are expected to be addressed through an approved CAP mitigation strategy.

The Vendor is re-baselining the project schedule as part of the CAP mitigation response. IV&V participated in multiple schedule workshops involving the Vendor and the HI-THRIVE PMO during the January reporting period. IV&V observes that re-baselining activities are progressing positively and are expected to result in a more manageable and measurable work plan. However, despite productive schedule working sessions, it is unlikely that the Go-Live date will realign with the original August 2026 baseline but IV&V expects that it will be in the October-November 2026 time frame.

Completion of the schedule re-baseline is expected to align with CAP completion in February 2026.

IV&V Focus Area Health

IV&V Focus Area Health metrics are derived from conformance with the eight IV&V technical focus areas: Technical Project Management, Support, Architecture, Continuous Delivery, Product Increment Planning, Development, Implementation, and Project Closure.

During the current February reporting period the SI vendor raised a total of thirteen defects for Sprint 5 , as noted previously the rate of defect closure and associated technical debt appears to currently be within manageable limits with all Sprint 5 defects being closed during the sprint; a positive sign that the vendor team is working hard to ensure that the defects are closed prior to the product owner reviews.

Of concern however were the open sub-tasks impacting 13 stories approx 10% of the total reducing the stated velocity. For the ongoing sprint (S6) planned velocity show is lower than S5 and burn down while still above the anticipated trend line shows improvement over previous sprints.

Sprint velocity and overall point commitments increased modestly during the reporting period, reflecting an approximate seven percent acceleration between sprints. While delivery capacity shows incremental growth, work completion consistently remains heavily concentrated near sprint end.

Technical debt metrics improved during February, with resolved issues outpacing newly created issues by an approximate ratio of three to one, indicating positive progress in backlog health and defect remediation.

From a performance management perspective, earned value remains low, with completed and accepted work tracking at approximately 25 percent of planned value. This persistent variance reinforces concerns regarding schedule realism and delivery predictability. Deliverable quality remained generally consistent throughout the reporting period, indicating stabilization but no measurable maturation of quality controls. The approval of the Re-baselined schedule and the subsequent approval of SI-14 would remediate the Earned Value metric deficiency, however the deliverable quality history will continue to contribute to a depression in overall quality metrics.

No change in the Cost Variance Ratio (CVR) was observed during the reporting period.

IV&V Technical Project Management Health

- Technical Project Management IV&V Focus Area maintains RED due to the Vendor work stoppage and restart, Go-Live five month slippage, and non-actionable schedule.
- The HI THRIVE PMO is reporting RED for the January Monthly Schedule Scorecard.
- Completion and approval of a re-baselined schedule will shift this metric in a positive direction.

IV&V Support Focus Area Health

- The Support Focus Area has continued RED due to poor deliverable quality and continued SI Vendor Deliverable rejections during December.
- The HI THRIVE PMO is reporting RED for January Monthly Quality Scorecard as well.
- Approval of the Corrective Action Plan, re-baselined schedule, and approval of SI-14 would shift this metric in a positive direction.

IV&V Architecture Focus Area Health

- There were no new observations for Architecture in February.

IV&V Continuous Delivery Focus Area Health

- IV&V continues to report RED due to lack of visibility to test data from the lack of access to Test-Rails.
- Test Rails access is expected as part of the CAP mitigation.
- Approval of the Corrective Action Plan and IV&V access to Test Rails would shift this metric in a positive direction.

IV&V Product Increment Planning Focus Area Health

- IV&V shifted from YELLOW to GREEN for Product Increment Planning due to improved Sprint processes. IV&V will continue monitoring Sprint 6 for improvements.

IV&V Development Focus Area Health

- IV&V shifted from YELLOW to GREEN Development due to improved Sprint processes. IV&V will continue monitoring Sprint 6 for improvements.

IV&V Implementation Focus Area Health

- IV&V is maintaining YELLOW for Implementation due schedule still showing Go-Live delay. IV&V will continue monitoring Sprint 6 for process improvements and anticipation of a new re-baselined schedule showing an actionable Go-Live. Upon approval of a re-baselined schedule this metric will shift in a positive direction.

IV&V Active Observations:

Medium Observation 7.0.1 Resource Availability Risk for UAT and Training Activities

- The HI THRIVE team is managing ongoing procurement activities and resource allocations for UAT and Training

Medium Observation 6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools.

- IV&V has observed has observed improvements in the pre-Sprint planning processes and will continue monitoring the remainder of Sprint processes through Sprint 5.

Medium Observation 5.0.1 Sprint Iterations are not utilizing effective sprint planning processes.

- IV&V is continuing to observe Sprint 5 for improvements.

Medium Observation 5.0.2 Lack of Technical Debt Transparency

- Observed improvement that the Vendor is managing the technical debt, and transparency.

IV&V Active Observations Summary Description

The IV&V Active Observations Summary describes the current Active Observations for this reporting month at a high level. There were four Observations open during the reporting period. Details can be requested through Hawai'i DHS if the table is not readable.

- Medium Observation 7.0.1 Resource Availability Risk for UAT and Training Activities
- Medium Observation 6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools.
- Medium Observation 5.0.1 Sprint Iterations are not utilizing effective sprint planning processes.
- Medium Observation 5.0.2 Lack of Technical Debt Transparency

IV&V Active Observations Summary

IV&V Observation Number	Observation Title	IV&V Recommendation	State Ongoing Update	IV&V Current Update	Priority	Owner	Date Identified
6.1.1	6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools	Recommendations for 6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools: Recommendation 6.1.1.1 Provide HI THRIVE and IV&V with read-only access to TestRail and defect trecking tools Recommendation 6.1.1.2 . Improve the accuracy and timeliness of daily standup and weekly Jira reports. Recommendation 6.1.1 3. Incorporate IV&V recommendations into Agile ceremonies, ensuring sprint reviews include trensparent defect, backlog, and progress reporting. Recommendation 6.1.1 4. Align issue tracking and reporting across Jira and Test Rails to ensure consistency, visibility, and compliance with contrectual traceability obligations.	February_2: CAP v4 received by DHS and under review. Should represent the collaborative meeting decisions and result in a quick approval. February_1: DHS updated CAP Response Table v3.0 from Cardy, incorporeting ANSA & TMS feedback to strengthen their action plans, requiring adherence to stricter Agile bast practices. Awaiting approval from executive leadership on recommended actions. January_3: Cardy responded to the Sprint 3 retrospective deficiencies with how they would deal with each. DHS responded with issues found within their action items to address the issues. Awaiting Cardy response. The CAP is still under DHS review. January_2: Items in test report email were dd d t th S i t3	February 26: Status unchanged from January, CAP and Schedule still under development as of January 31. Test Rails access still open. January 26: 1/12 CAP response stated Vendor will provide DHS 2 licenses of Test Rails Jan 31. Monitor that licenses and access are granted.	Medium	Michael Armstrong	10/01/25

			added to the Sprint 3 Retrospective. Email sent to request Cardy to follow-up with staff and the project team on action items from that meeting. The CAP was received 1/12 and is currently under DHS review. January_1: No response was received from DHS test report email. This will be brought up during the Sprint 3 retrospective. CAP is due 1/12/26 so agile ceremony action plans can be assessed at that time.				
5.0.1	5.0.1 Sprint Iterations are not utilizing effective sprint planning processes	Recommendation 5.0.1.1 IV&V recommends that the Vendor adopt a SAFe model I1.S1 , I1.S2 , I1.S3, I1.S4 (IP); I2.S5.... With a shortened 1 week Increment Planning sprint occurring once per team for every 3 , three week sprints increasing the overall team efficiency 15% to 90%.	February_2: CAP v4 received by DHS and under review. Should represent the collaborative meeting decisions and result in a quick approval. February_1: Cardy provided action items to correct deviations provided during the retrospective. Also, the CAP has been updated to require strict adherence to Agile best practices. If these action plans are incorporated into Cardy's processes, they should correct this observation. January_3: Cardy responded to the Sprint 3 retrospective deficiencies with how they would deal with each. DHS responded with issues found within their action items to address the issues. Awaiting Cardy response. January_2: This was added to the sprint retrospective feedback. Requested Cardy to follow-up with DHS on the feedback. January_1: Sprint 4 seems to have the same burndown patterns as 2 and 3. Cardy mentioned they were going to become more efficient with automated testing and base functionality testing but that is not visible in Jira. This will be brought up during the Sprint 3 retrospective.	February 26: Status unchanged from January, CAP and Schedule still under development as of January 31. January 26: 1/12 CAP response under review for Vendor actions related to transparency. IV&V recommendation for greater transparency and supporting JIRA documentation for tachnical sprint activities remains in place.	Medium	Michael Armstrong	10/01/25
5.0.2	Description 5.0.2 Lack of Technical Debt Transparency	Recommendation 5.0.2.1 IV&V recommends introducing a technical debt metric into the weekly status reporting process that trecks newly introduced technical debt versus technical debt retired, including the number of new bugs and a trend indicator to support early detaction of unacceptable growth.	February_2: CAP v4 received by DHS and under review. Should represent the collaborative meeting decisions and result in a quick approval. February_1: Cardy provided action items to correct deviations provided during the retrospective. Also, the CAP has been updated to require strict adherenca to Agile best practices. If these action plans are incorporated into Cardy's processes, they should correct this observation. January_3: Cardy's response was that no technical debt exists to-date but that they will address any in the sprint reports. The defects remaining after the closure of the sprint is being addressed as part of the defect triage request. Cardy has not responded to this request yet. A reminder email was sent by DHS.	February 26: IV&V observes improvement with the Vendor managing the technical debt, if not its transparency. Sprint 5 (S5) concluded with thirteen new defects all resolved prior to completion of the sprint. IV&V also observed during this period 115 sub tasks that were impacting 13 user stories 17 of which were still in progress at the completion of S5 and a further 98 that had the status of to do. IV&V recommends that HI-Thrive monitor this to ensure that stories being demonstrated for P.O acceptance are complete and defect free prior to scheduling their demonstration and that Cardinality accurataly reflect impacted stories as incomplete and part of the technical debt to be resolved in the subsequent sprint. As such IV&V is reporting 90% of planned stories completed during S5.	Medium	Michael Armstrong	12/30/25
7.0.1	7.0.1 Resource Availability Risk for UAT and Training Activities	Recommendation 7.0.1.1 IV&V recommends that the Stata re-consider the short-tarm use of temporary staffing resources to backfill critical permanent roles during these phases to reduce schedule, quality, and go-live readiness risks.	February 18: UAT supporting procurement has been authored. Issuance of procurement is dependent upon receipt		Medium	Steve Clarke	12/30/25

Recommendation 7.0.1.2 IV&V recommends that the State submit an as needed APD to document the staffing approach, duration, cost estimates, and cost allocation methodology, and obtain the required approvals in accordance with 45 CFR §§95.605, 95.611, and 95.821, and 2 CFR §200.405, prior to implementation and claiming Federal Financial Participation (FFP). Under 45 CFR §95.611 and §95.821: If an as needed APD is required this document should Identify the tamp staffing resource requirements and explain why it's needed; (describe the duration and transition plan).	of ACF prior approval waiver introduced in the most recent APD submission. The State has not received feedback on this waiver request.	

IV&V Monthly Overall Project Health Description

This area provides summary stoplight indicators of overall IV&V assessed Project Health during the reporting period including Overall, Budget Health, Quality Health, Schedule Health, and Scope Health.

Project Health is showing significant risks due to inconsistent delivery of Vendor Deliverables to contract expectations and inconsistent management of project schedule and tasks. Overall Project Status is Red, Monthly Budget Health is Red, Monthly Quality Health is Red, Monthly Schedule Health is Red, and Monthly Scope Health is Green. An approved re-baselined schedule and approved Corrective Action Plan is expected to shift all metrics in a positive direction. Approval is expected in the March 2026 reporting period.

Details can be requested through Hawai'i DHS if the table is not readable.

IV&V Monthly Overall Project Health

Overall Project Status	Monthly Budget Health	Monthly Quality Health	Monthly Schedule Health	Monthly Scope Health
🔴	🔴	🔴	🔴	🟢

Monthly Project Sprint Health Description

This Monthly Project Sprint Health area provides numbered metrics that indicate health of the ongoing development Sprints during the reporting period. The areas reported are Sprint ID, Planned Storied, Actual Stories, Planned Points, Actual Points, Planned Duration, Actual Duration, Planned Velocity, Actual Velocity, Defects, Acceleration, Planned Velocity Deviation (V-Diff) %, Technical Defect to Story Ratio.

Overall the Vendor has improved Sprint performance over the previous 5 Sprints. Planned Velocity Deviation has improved over the previous Sprints, however current Velocity for Sprint 6 shows Red because data was incomplete at report time. Defect to Story Ration has consistently been Red in previous Sprints, however current ratio shows Green with Vendor defect remediation process improvement.

The details in the table may not render correctly in screen/text readers, details can be requested through Hawai'i DHS if the table is not readable.

Monthly Project Sprint Health

Sprint	Planned Stories	Actual Stories	Planned Points	Actual Points	Planned Duration	Actual Duration	Planned Velocity	Actual Velocity	Defects	Acceleration	V-Diff %	TD Story Ratio
1	132	51	600	200	20	25	30	8	52	N/A	[illegible]	[illegible]
2	69	61	387	344	20	20	9.675	8.6	47	60.00%	11.11%	[illegible]
3	90	89	486	481	20	20	12.15	12.03	26	3.43%	[illegible]	[illegible]
4	121	121	603	603	20	20	15.075	15.08	0	3%	[illegible]	[illegible]
5	134	121	655	604	20	20	16.375	15.1	13	3.00%	[illegible]	[illegible]
6	111	15	555	69	20	10	13.875	3.45	9	-11.65	[illegible]	[illegible]

Monthly Health Detail Description

The Monthly Health Detail area provides stoplight indicators of Technical Process Areas that are evaluated by the IV&V Team during the reporting period. This areas reported are Health Overall, Budget Overall, Cost Variance Ration, Schedule Performance Indicator, Quality Overall, Deliverable Quality, Deliverable Schedule Variance, Requirements Process Quality, Design Process Quality, Sprint Process Quality, Test Process Quality, Schedule Overall, Milestone Variance, Schedule Variance, Scope Overall.

For the current reporting period Health, Quality, and Schedule Overall are significantly in the Red metric percentage. Scope is Green.

Project Health is showing significant risks due to inconsistent delivery of Vendor Deliverables to contract requirements and inconsistent management of project schedule and tasks. An approved re-baselined schedule and approved Corrective Action Plan is expected to shift all metrics in a positive direction. Approval is expected in the March 2026 reporting period.

Details can be requested through Hawai'i DHS if the table is not readable.

Monthly Project Health Detail

Project Health Area	Trend	2/26	1/26	12/25	11/25	10/25	9/25	8/25	7/25	6/25	Baseline	Details:
Health Overall	↓	24.35%	20.72%	19.64%	17.60%	17.30%	17%	19%	18%	15%	14%	Metric will shift positive with re-baseline and approval of SI-14.
Budget Overall	→	66.18%	63%	63%	63%	63%	63%	63%	66%	55%	33%	Metric will shift positive with re-baseline and approval of SI-14.
Cost Variance Ratio	→	-	-	-	-	-	-	-	-	-	-	Cost Variance is less than 1.
Schedule Performance Indicator	↓	30%	30%	25%	24%	24%	24%	21%	19%	61%	61%	Metric will shift positive with re-baseline and approval of SI-14.
Quality Overall	↓	46.82%	34.37%	31.48	30%	29%	27%	41%	34%	29%	29%	Metric will still reflect previous quality deficiencies after re-baseline.
Deliverable Quality	↑	7.50%	8.62%	9.42%	9.90%	11%	10%	12%	10%	10%	8.50%	Metric will still reflect previous quality deficiencies after re-baseline.
Deliverable Schedule Variance	↓	266.46%	189.01%	130.35%	152%	147%	141%	232%	191%	132%	126%	Metric will shift positive with new re-baselined schedule.
Requirements Process Quality	→	0&	0%	0%	0%	0%	0%	-	-	-	-	
Design Process Quality	→	0%	0%	2.20%	2.20%	14%	2.25%	-	-	-	-	
Sprint Process Quality	↓	41.62%	42.95%	14.96%	18%	40%	56%	-	-	-	-	
Test Process Quality	→	-	-	-	-	-	-	-	-	-	-	Metric will shift positive upon Test Rail data access.
Schedule Overall	↓	27.89%	25.16%	23.47%	18%	17.30%	17%	15%	14%	12%	9.50%	Metric will shift positive with new re-baselined schedule.
Milestone Variance	↓	27.62%	26.10%	15.00%	15%	15%	15.30%	14%	12%	15%	9.60%	Metric will shift positive with new re-baselined schedule.
Schedule Variance	↓	28.87%	24.21%	24.10%	20%	17.30%	17%	16%	16%	15%	14.38%	Metric will shift positive with new re-baselined schedule.
Scope Overall	→	-	-	-	-	-	-	-	-	-	-	No changes to scope that impact budget.
Change Request Ratio	→	-	-	-	-	-	-	-	-	-	-	No defined scope changes.

IV&V Project Health by Focus Area Description

The IV&V Project Health by Focus Area area provides stoplight indicators for specific IV&V Technical Process Areas that are evaluated by the IV&V Team during the reporting period. The Technical Process areas are 1.0 Technical Project Management, 2.0 Support Processes, 3.0 Solution Architecture, 4.0 Continuous Delivery, 5.0 Product Increment Planning, 6.0 Development Processes, 7.0 Implementation Processes, 8.0 Project Closure.

Technical Project Management and Support Processes consistently have shown Red due to late schedule tasks and poor deliverable quality. Solution Architecture was not evaluated during the reporting period. Continuous Delivery is maintaining Yellow due to lack of IV&V access to Test Data through Test Rails and poor deliverable quality from the Vendor., Product Increment Planning and Development Processes improved from Yellow to Green with improved Vendor development processes. Implementation Processes have consistently shown Yellow due of an actionable schedule and inconsistency in the management and implementation of the approved development processes during Sprints.

An approved re-baselined schedule, approved SI-14 Functional Design Deliverable, and approved Corrective Action Plan is expected to shift all deviated metrics in a positive direction. Approval is expected in the March 2026 reporting period.

Details can be requested through Hawai'i DHS if the table is not readable.

IV&V Project Health by Focus Area

IV&V Focus Area	Previous Month's Health	Current Month's Health	Comments
1.0 Technical Project Management			Re-baselined plan in progress
2.0 Support Process IV&V			Late deliverables exceeding Liquidated Damage thresholds.
3.0 Solution Architecture			No observations.
4.0 Continuous Delivery			Insufficient test visibility, no State-IV&V access to Test Rails.
5.0 Product Increment Planning			Sprints 1-5 delivered according to plans.
6.0 Development IV&V			Sprints 1-5 delivered according to plans.
7.0 Implementation IV&V			Go-Live >90 days, Implementation exceeds contract
8.0 Project Closure			No data.

IV&V Project Health Metrics Legend Description

GREEN	YELLOW	RED	BLUE
Satisfactory – No corrective actions necessary. All life cycle activities conform to requirements. Implemented processes are satisfactory. Risks or issues may exist and contain appropriate mitigation or resolution steps and the project is adequately addressing them. The current technical risk to the project and software quality is low. <10% Variance	Caution – There may be a need for corrective action now or quite soon. Some life cycle activities are not in alignment with requirements. Some processes may require process improvements. Risks or issues are often not identified or contain stale mitigation or resolution steps. The current technical risk to the project and software quality is moderate. > 10% and < 20% Variance	[illegible]	Not enough data is available to make a determination about project health.

Observations Active During Month Description

The IV&V Active Observations Summary describes the current Active Observations for this reporting month in more detail than the previous summary. There were four Observations open during the reporting period. Details can be requested through Hawai'i DHS if the table is not readable.

Medium Observation 7.0.1 Resource Availability Risk for UAT and Training Activities

Medium Observation 6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools.

Medium Observation 5.0.1 Sprint Iterations are not utilizing effective sprint planning processes.

Medium Observation 5.0.2 Lack of Technical Debt Transparency

IV&V Observations Active During the Month

Observation Title	IV&V Observation Description	IV&V Impact Description	IV&V Recommendation	State Ongoing Update	State Previous Updates	IV&V Current Update	IV&V Current and Ongoing Update
6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools	Observation 6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools. The IV&V team observes that the SI Vendor's current Agile practices and supporting tools do not provide adequate visibility or accountability for HI THRIVE. Specifically, IV&V has been denied visibility into defects, which limits its ability to conduct independent verification. Daily standups during Sprint 1 have not been accurately reported, and Jira reports from daily standups and weekly status updates are either missing or untimely. While the vendor is effectively using TestRail internally, access has been denied to both HI THRIVE and IV&V, further reducing transparency. Additionally, the vendor continues to disregard IV&V recommendations to enhance Agile ceremonies, including accurate sprint reporting and improved utilization of configuration management tools.	Impact 6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools. These gaps result in limited traceability, reduced confidence in reporting accuracy, and the inability of IV&V to validate progress or identify risks in a timely manner independently. The lack of standardized reporting and access to tools prevents DHS and ACF from obtaining a clear view of project health, scope control, and quality outcomes.	Recommendations for 6.1.1 Ineffective Transparency and Reporting in Agile Ceremonies and Tools: Recommendation 6.1.1.1 Provide HI THRIVE and IV&V with read-only access to TestRail and defect tracking tools Recommendation 6.1.1.2 . Improve the accuracy and timeliness of daily standup and weekly Jira reports. Recommendation 6.1.1 3. Incorporate IV&V recommendations into Agile ceremonies, ensuring sprint reviews include transparent defect, backlog, and progress reporting. Recommendation 6.1.1 4. Align issue tracking and reporting across Jira and Test Rails to ensure consistency, visibility, and compliance with contractual traceability obligations.	February_2: CAP v4 received by DHS and under review. Should represent the collaborative meeting decisions and result in a quick approval. February_1: DHS updated CAP Response Table v3.0 from Cardy, incorporating ANSA & TMS feedback to strengthen their action plans, requiring adherenca to stricter Agile best practicas. Awaiting approval from executive leadership on recommended actions. January_3: Cardy responded to the Sprint 3 retrospective deficiencies with how they would deal with each. DHS responded with issues found within their action items to address the issues. Awaiting Cardy response. The CAP is still under DHS review. January_2: Items in test report email were added to the Sprint 3 Retrospective. Email sent to request Cardy to follow-up with staff and the project team on action items from that meeting. The CAP was received 1/12 and is currently under DHS review. January_1: No response was received from DHS test report email. This will be brought up during the Sprint 3 retrospective. CAP is due 1/12/26 so agile ceremony action plans can be assessed at that time.	December_2: 6.1.1.2 Email was sent to Cardy regarding deficiences in the test reporting. IV&V and DHS need to do an updated analysis on the Weekly and Final Sprint reports. 6.1.1.3 The CAP has been redesigned to require a response from Cardy to the agile ceremony issues. December: The state has not received the outstanding Jira bulleted list from IV&V. Once received, we will determine our responses for each and either close or communicate to Cardy for correction. November_2: The CAP has been reviewed and none of the items raised by IV&V were addressed by Cardy with corrective actions. IV&V's CAP response was received by DHS and is under review while DHS formulates their response. November_1: CAP response was received by DHS on 11/10/25 and currently under review. Cardy's responses will affect the state's actions for 6.1.1.1, 6.1.1.3, and 6.1.1.4. For 6.1.1.2, Cardy informed DHS on 11/10/25 that sprint work is still halted. PMO Services recommended that DHS do not move forward with Sprint 2 Retrospective or Sprint Reports until work halt is lifted as these are included within sprint work per Agile best practices and Cardy's SDLC process doc. October: 6.1.1.1, 6.1.1.3, and 6.1.1.4 are part of the Corrective Action Plan. This has been provided to executive leadership and planned to be sent to Cardy by EOD 10/28/25. 6.1.1.2 another email was sent to Cardy on 10/22 specific to issues found in the Sprint 2 test reports. If no response is received from Cardy by 11/3/25 (or 2 days after project work resumes), a project risk will be raised.	February 26: Status unchanged from January, CAP and Schedule still under development as of January 31. Test Rails access still open. January 26: 1/12 CAP response stated Vendor will provide DHS 2 licenses of Test Rails Jan 31. Monitor that licenses and access are grantad.	December IV&V Ongoing Update: Recommendation 6.1.1.1.1 Access to Test rails and the underlying test date has not been addressed. Recommendation 6.1.1.1.2 weekly test report and status reporting has been partially addressed the following list of JIRA items require confirmation: Enforce mandatory resolution settings for closed issues. Configure a "Risk Rating" custom field. Establish a regular permissions review cycle. Set up filter subscriptions (daily/weekly digests). Use JQL filters and dashboards for SLA tracking. Implement recurring audit and access reviews (e.g., quarterly) Adopt standard Epic usage for roadmap and reporting alignment. 6.1.1.1.3 Scrum practice improvements have been observed. Lack of visible velocity during the initial half of each sprint cycle continues to be exhibited in S3 and S4.November 25: Although the SI Vendor has not yet begun Sprint 3 Agile ceremonies, IV&V notes a positive improvement in the Sprint 3 Planning sessions held with HI THRIVE business stakeholders. The SI team demonstrated increased patience and structure during requirement welkthroughs—reading each functional requirement aloud, asking for comments or concerns, and confirming stakeholder acceptance before moving to the next User Story. This improvement supports better shared understanding and early alignment. These improvements represent early progress toward addressing transparency gaps noted in Observation 6.1.1. While Agile ceremonies and tool-based reporting have not yet met expectations, the more deliberate approach during Planning is helping improve engagement and clarity

							engagement and clarity. However, traceability and reporting visibility remain limited due to the lack of active Sprint ceremonies and insufficient updates in Jire and related tools. There still exists a lack of visibility of overall work accomplished and accurate velocity of work. The Vendor is working at the sub-task level, however the sub-tasks are not effectively aggregated to show progress to the parent tasks (User Stories). 38 functional stories 52 technical stories (486 points), 105 functional sub-tasks associated with only 15 complete, however only 1 user story is complete with 2 subtasks. Sprint 30% complete. Subtasks are increasing as the sprint moves along without visibility to the impact to overall scope of work. Without a report/dashboard that associates sub-tasks to user stories there is reduced visibility of risk to user story progress and reduced visibility of actual work being accomplished. Daily ceremonies focus on the individual discreet tasks but there is no visibility to overall status/priority that should help determine the cedence and path of work being picked up/assigned. Initial update: Not required on initial observation - Observation type is neutral until it is reviewed by the State and Priority is Medium.
5.0.1 Sprint Iterations are not utilizing effective sprint planning processes	5.0.1 Vendor's current sprint process combines sprint planning (Increment Planning) with delivery execution	5.0.1 The combination of sprint planning and delivery execution results in an inefficient project schedule and negatively impacts the project team's capability to measure execution burn down across sprints. The first week of each sprint is currently dedicated to sprint planning, no actual sprint configuretion and test activities occur until week two. This results in an involuntary stop for the majority of the development and quality assurance team every fourth week with development and QA sprinting at only 75% of their true capacity. Combining the planning and execution in a single sprint has a secondary negative impact of deferring burndown against story points until ona third into the sprint.	Recommendation 5.0.1.1 IV&V recommends that the Vendor adopt a SAFe model I1.S1 , I1.S2 , I1.S3, I1.S4 (IP); I2.S5.... With a shortened 1 week Increment Planning sprint occurring once per team for every 3 , three week sprints increasing the overall team efficiency 15% to 90%.	February_2: CAP v4 received by DHS and under review. Should represent the collaborative meeting decisions and result in a quick approval. February_1: Cardy provided action items to correct deviations provided during the retrospective. Also, the CAP has been updated to require strict adherence to Agile best practicas. If these action plans are incorporated into Cardy's processes, they should correct this observation. January_3: Cardy responded to the Sprint 3 retrospective deficiencies with how they would deal with each. DHS responded with issues found within their action items to address the issues. Awaiting Cardy response. January_2: This was added to the sprint retrospective feedback. Requested Cardy to follow-up with DHS on the feedback. January_1: Sprint 4 seems to have the same burndown patterns as 2 and 3. Cardy mentioned they were going to become more efficient with automated testing and base functionality testing but that is not visible in Jira. This will be brought up during the Sprint 3 retrospactive.	December_2: The State informed Cardy during the PM Circle on 12/16 that the burndown trend has issues that seem to be stemming from QA as we are now 2 days to completion but only 47% complete with 23 outstanding defects. We requested they conduct an in-depth analysis to determine the root cause of this trend and a mitigation for Sprint 4. December: DHS is seeing similar patterns in Sprint 3 where there is a bottleneck with testing which is causing the downward burndown trend to start very lata in the sprint. This will be raised in the Sprint 3 retrospective and require Cardy to provide a solution for correction to be implemented prior to Sprint 5 Planning. November: Cardy informed DHS on 11/10/25 that sprint work is still halted. This observation cannot be addressed until sprint work resumes.	February 26: Status unchanged from January, CAP and Schedule still under development as of January 31. January 26: 1/12 CAP response under review for Vendor actions related to transparency. IV&V recommendation for greater trensparency and supporting JIRA documentation for technical sprint activities remains in place.	December 25: IV&V observes positive improvement in preparation for S4 and recommend closure of this item. December 25: Sprint 3 in progress IV&V continuing observation. Planning review cycle was shortened but was still incorporated into the development cycle. Entered Sprint with all functional pre-Sprint itams completed and set to ready, prior to the Product Owner meeting and validated each functional item during the PO meeting; technical items were no reviewed with any party Recommend that the ready for development and date of readiness are both not populated prior to the pre-sprint review meeting. IV&V continues to recommend that HI-THRIVE technical personnel (Michael or ETS) review and approve the readiness of the technical User Stories prior to sprint initiation. HI-THRIVE/ETS should require all technical itams be reviewed prior Sprint, however a process will need to be developed for that and technical resources assigned from Hawai'i.
Description 5.0.2 Lack of Technical Debt Transparency	Description 5.0.2 IV&V observes that the HI-THRIVE project is accruing technical debt across successive sprints; however, the technical debt is not being substantively	5.0.2.1 A review of recent sprint outcomes indicetes that available sprint capacity is primarily used to sustain existing	Recommendation 5.0.2.1 IV&V recommends introducing a technical debt metric into the weekly status reporting process that tracks newly introduced technical debt versus technical debt retired	February_2: CAP v4 received by DHS and under review. Should represent the collaborative meeting decisions and result in a		February 26: IV&V observes improvement with the Vendor managing the technical debt, if not its transparency	February 26: IV&V observes improvement that the Vendor is managing the technical debt, if not its transparency

	debt is not being substantively addressed or resolved within sprint execution. In accordance with IEEE 730–2014 Software Quality Assurance planning and control objectives, the project lacks a defined mechanism to measure, monitor, and control the accumulation of technical debt. Metrics should be used to track newly introduced technical debt versus technical debt retired, include the number of new bugs, and include a trend indicator to support early detection of unacceptable growth.Without these controls there is a risk the project will not receive early-warning to risks of exceeding thresholds for available sprint capacity the inability to prevent or reduca unplanned technical debt.	sustain existing functionality rather than to reduca accumulated technical debt. 5.0.2.2 This condition introduces a quality risk: unmanaged technical debt may compound over time, adversely affecting project scope, sprint timelines, team resources, testability, and future delivery output and velocity.	debt versus technical debt retired, including the number of new bugs and a trend indicator to support early detection of unacceptable growth.	decisions and result in a quick approval. February_1: Cardy provided action items to correct deviations provided during the retrospective. Also, the CAP has been updated to require strict adherence to Agile best practicas. If these action plans are incorporated into Cardy's processes, they should correct this observation. January_3: Cardy's response was that no technical debt exists to-date but that they will address any in the sprint reports. The defects remaining after the closure of the sprint is being addressed as part of the defect triage request. Cardy has not responded to this request yet. A reminder email was sent by DHS.		transparency. Sprint 5 (S5) concluded with thirteen new defects all resolved prior to completion of the sprint. IV&V also observed during this period 115 sub tasks that were impacting 13 user stories 17 of which were still in progress at the completion of S5 and a further 98 that had the status of to do. IV&V recommends that HI-Thrive monitor this to ensure that stories being demonstrated for P.O acceptance are complete and defect free prior to scheduling their demonstration and that Cardinality accurately reflect impacted stories as incomplete and part of the tachnical debt to be resolved in the subsequent sprint. As such IV&V is reporting 90% of planned stories completed during S5.	transparency. New TD Old TD Close in S Total TD Avg Time to Close S2 39 39 39.54874896 S3 27 21 45 34.80338258 S4 0 21 24 7.487473291 S5 0 11 13 At the conclusion of S2 the number of defects carried forward into S3 (TD) was 39 ; this increased at the close of S3 to 45 with the addition of 27 unresolved defects (minus 21 S2 defects fixed during this period) Technical debt further reduced to 24 at the end of S4 with a further 21 defects fixed during S4 and is now at 13. We are also seeing improvements in the ageing defect values with a reduction in average time to resolve from 39 days to 7. These numbers were calculated by exporting all JIRA type=bug and then using the PO-Reviewed data to identify the sprint and comparing the created and resolved dates. January 26: Technical debt continues to increase without a defined mitigation plan or accurate prediction of growth. IV&V notes that the latest S2 sprint test closeout report (1/12/25) does not include aging metrics or a cumulative S1+S2 total for technical debt, Greater detail is expected with respect to which tests were deferred and the total of "partial executed" tests which were also excluded from the executive summary. December 25: Observation opened.
7.0.1 Resource Availability Risk for UAT and Training Activities	Observation 7.0.1 The project has identified risks related to the availability of State staff resources required to support User Acceptance Testing (UAT) and end-user treining activities. Current permanent staffing levels are approximately 60% of authorized capacity due to ongoing retention and hiring challenges, and key staff assigned to UAT execution, defect validation, training delivery, and operational readiness continue to have competing operational responsibilities. IV&V notes that the latest Advance Planning Document Update (APD-U), which has been submitted to the Administration for Children and Families (ACF) but not yet approved, does not include a staffing mitigation strategy to address this risk, such as the use of temporary staffing resources to backfill permanent staff during UAT and treining. In accordance with 45 CFR §§95.605, 95.611, and 95.621, staffing approaches and associated costs supporting implementation activities must be documented and approved in the applicable APD prior to implementation and claiming Federal Financial Participation (FFP).	Impact 7.0.1 If staffing availability constraints are not mitigated, UAT and training activities may be delayed or compressed, increasing the risk of incomplete test coverage, unresolved defects, and insufficient end-user readiness, which may advarsely impact system quality and overall go-live readiness. Because the submitted APD Update (APD-U) has not yet been approved, any decision to implement temporary staffing outside the scope of the approved APD would require submission and approval of an As-Needed APD in accordance with 45 CFR Part 95. Absent timely APD approval, the use of temporary staffing resources could result in delayed implementation of mitigation actions or risk disallowance of associated costs and loss of Federal Financial Participation (FFP).	Recommendation 7.0.1.1 IV&V recommends that the State re-consider the short-term use of temporary staffing resources to backfill critical permanent roles during these phases to reduce schedule, quality, and go-live readiness risks. Recommendation 7.0.1.2 IV&V recommends that the State submit an as needed APD to document the staffing approach, duration, cost estimates, and cost allocation methodology, and obtain the required approvals in accordance with 45 CFR §§95.605, 95.611, and 95.621, and 2 CFR §200.405, prior to implementation and claiming Federal Financial Participation (FFP). Under 45 CFR §95.611 and §95.621: If an as needed APD is required this document should identify the temp staffing resource requirements and explain why it's needed; (describe the duration and transition plan).	February 18: UAT supporting procurement has been authored. Issuance of procurement is dependent upon receipt of ACF prior approval waiver introduced in the most recent APD submission. The State has not received feedback on this waiver request.			

IV&V Monthly Budget Summary Description

The IV&V Monthly Budget Summary describes the current and forecast IV&V budget. The current budget forecast for IV&V for the next reporting period is $61,130.08

Details can be requested through Hawai'i DHS if the table is not readable.

IV&V Monthly Budget Summary

Development Project Costs	Total Contract Amount	Actual To Date	Remaining on Contract	Quarter 1 Oct - Dec Total	Quarter 2 Jan - March Total	Quarter 3 Apr - Jun	July	August	Sept	Quarter 4 July - Sept	Reason for Variance or Action Plan to Correct
	Total Contract Amount	**Actual To Date FFY 2026**	**Remaining on Contract**	**Q1 Oct - Dec 2025**	**Q2 Jan - March 2026**	**Q3 April - Jun 2026**	**July 2026**	**August 2026**	**Sept 2026**	**Q4 July - Sept 2026**	**Reason for Variance**
Contractor: TMS IV&V	$2,095,322	$315,070	$1,780,252	$192,810	$122,260	$0	$0		$0	$0	

IV&V Monthly Project Summary Description

The Monthly Project Summary provides a description of the IV&V work completed including Deliverables, Reviews, and Planned Work.

Details can be requested through Hawai'i DHS if the table is not readable.

IV&V Monthly Project Summary

Year/Month	Monthly Summary
2026 - 2	"IV&V PROJECT SUMMARY: WORK COMPLETED: January IVV.5, IVV.7, IVV.10 Report Deliverables Submitted and Approved DED/Deliverable Re-Review and/or related meetings: SI-5, SI-14, SI-31, SI-32 CAP Response reviews OBJECTIVES: Continue CAP analysis, SPRINT evaluations, continue Deliverable and DED reviews WORK IN PROGRESS: Feb/March IVV.5, IVV.7, IVV.10 Report Deliverables Review of CAP response, DEDs and Deliverables UNPLANNED OR AD-HOC WORK: - PLANNED WORK NOT ACCOMPLISHED: - ACTIVITIES PLANNED FOR THE NEXT REPORTING PERIOD: MarchIVV.5, IVV.7, IVV.10 Continue Cap response review, SPRINT evaluations, review of vendor artifacts as delivered."

IV&V Calendar and Meeting Register Description

The IV&V Calendar and Meeting Register area provides a summary of IV&V out of office dates, ongoing meetings, and scheduled ad-hoc meetings.

Details can be requested through Hawai'i DHS if the tables are not readable.

IV&V Monthly Calendar

Resource	Start Date	End Date	Days	Forward Contact	Mar 1	Mar 8	Mar 15	Mar 22	Mar 29	Apr 5	Apr 12	Apr 19

IV&V Monthly Meeting Register

Meeting Name	Type	Purpose / Topics Discussed	Meeting Minutes	Minutes Approved	Feedback & Follow-ups	Mandatory Attendance	Optional Attendance	Date - Time
No Additional Meetings Held								09/01/25 - 10:00 - 11:00 AM HST

IV&V Recurring Meeting Register

Meeting Name	Purpose / Topics Discussed	Type	Mandatory Attendance	Optional Attendance	Cadence (Frequency)	Meeting Length (Minutes)
IV&V Observations	Weekly Check-In with TMS (IV&V) vendor to discuss weekly observations and if applicable adhoc items	Recurring	Core Team PMO IV&V Vendor		Weekly Tuesdays 9:00-9:30 am HST & Thursdays 10:00 - 10:30 am HST	30

	y pp		IV&V Vendor		am HST	
IV&V Review of Monthly Report	Review of all observations for the month and discussion of items to be included in the Monthly Report that will be distributed to ACF/ETS/DHS Executive Leadership/HI THRIVE project team	Recurring	Core Team PMO IV&V Vendor		Thursday of the 1st week of the following month 9:00 - 9:50 am HST	50
HI THRIVE Core, OET, & Cardy Technical Meeting	Meeting to discuss technical topics relating to the HI THRIVE project. Agenda will be created for each meeting with topics for discussion and sent to attendees before hand. Agenda topics may include architecture, access and controls, interfaces, standards and protocols, etc. Security will be discussed in a separate meeting.	Recurring	Executive Core Team PMO SME - System IV&V Vendor		Every Wednesday 11:00 - 11:50 am HST	50
TMS IV&V - Mark Choi	Discuss CCWIS technical topics with Mark Choi	Recurring	Executive IV&V Vendor	Core Team PMO	Every other Friday 07:30 - 08:00 AM HST	30
Weekly Tech Check-in	•Overall Technical Updates •Items Requiring Intervention •Open Discussion	Recurring	Core Team PMO SME - System IV&V Vendor		Every Thuraday 10:00 AM - 10:20 AM HST	20
Bi-Weekly Data Migration Meeting	•Integration and Data Migration Activities	Recurring	Core Team PMO SME - System IV&V Vendor		Every other Wednesday from 11:00 AM to 11:50 AM	50
Bi-weekly Office Hours for Sandbox Walk Thru	Cardinality is hosting optional bi-weekly office hours for users of the sandbox environment to stop by for any questions regarding system access, performance or functionality.	Recurring	Vendor	Core Team PMO SME - Business SME - System IV&V Vendor Training	Every other Friday from 9:30 -10:30 AM	60

Project Meeting Register with IV&V Attendance

Meeting Name	Purpose / Topics Discussed	Type	Mandatory Attendance	Optional Attendance	Meeting Date	*Meeting Length* (Minutes)
Workplan Review	Review latest DDI System schedule and discuss updates and look for time saving options	Topic	Core Team PMO Technical Vendor	SME - System IV&V Vendor	02/04/26	60
DHS CAP Response Completion	• Review DHS response to CAP.1 v3.0 • Update CAP Response Table collaboratively • Final result of meeting is to have an agreed upon CAP to recommend approval to DHS executive leadership	Topic	Core Team PMO Technical Vendor	SME - System IV&V Vendor	02/05/26	75
Workplan Review	Review latest DDI System schedule and discuss updates and look for time saving options	Topic	Core Team PMO Technical Vendor	SME - System IV&V Vendor	02/05/26	60
Deliverable Review Process Change w/IV&V	Discuss Deliverable Review Roles (Lead Reviewer, Review Group, etc.) and changes to feedback categorization	Topic	Core Team PMO IV&V Vendor		02/10/26	30
Deliverable Review Process Change w/Cardy	Discuss Deliverable Review Roles (Lead Reviewer, Review Group, etc.) and changes to feedback categorization	Topic	Core Team PMO IV&V Vendor Technical Vendor		02/12/26	30

IV&V Scope and Purpose

This report documents observations that the Technology Management Solutions, Inc. (TMS) Independent Verification and Validation team (IV&V) made on the HI THRIVE Comprehensive Child Welfare Information System (CCWIS) Project during the current reporting period.

The objective of the IV&V efforts is to review and/or test selected HI THRIVE Project processes and products to assure that the associated systems meet functional and non-functional requirements, and are successfully implemented within the processes, time frames, and constraints identified in the HI THRIVE Project contracts. The IV&V team determines whether project staff members are following planned processes, and whether contractor work meets project requirements. The IV&V team provides independent technical review and verification of project deliverables, independent testing and auditing of project deliverables against requirements, and a special emphasis on deliverable quality assurance and reviews of information security control.

The TMS IV&V team approach encoureges these positive outcomes:
1. Collaborative identification and communication of successes and recommended improvements.
2. Detection and correction of errors early in the project life cycle.
3. Reduction in development risks, costs and adverse schedule impacts.
4. Enhancement of project products' quality, integrity, and security.
5. Increased visibility into and greater understanding of the project and processes.

IV&V evaluations will include:
1. Review of content quality
2. Review of conformance to standards and best practicas
3. Quality assessments of work products
4. Quality assessments of work practicas
5. Process improvement identification
6. Recommendations for deficiency remediation

For the detailed scope and approach of the IV&V reviews, assessments and evaluations refer to the IV&V Deliverable: IVV.1 IV&V Management Plan and the IV&V guiding process document IEEE 1012-2016 Standard for System, Software, and Hardware Verification and Validation.