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DEPT. COMM. NO. 444

STATE OF HAWAI'I | *KA MOKU'ĀINA O HAWAI'I*
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 April 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 April 2026 Draft v1

IV&V Monthly Executive Summary

This IV&V Monthly Activity Report (MAR) covers the April 1-30 2026 reporting period.

IV&V Project Health Metrics

Project Metrics shifted in a positive direction this month with the approval of the re-baselined project schedule. Budget still shows RED due to Planned Value not being realized against Earned Value.

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

April 2026 Executive Summary

Corrective Action Plan:

The Corrective Action Plan requested by DHS from the Vendor Cardinality in 10/2025 was approved after 3 revisions for implementation 4/2026. The CAP is currently being implemented by the Vendor and actively managed by the HI-THRIVE Team with progress communicated through a Smartsheet report. IV&V observes that all 13 planned, open CAP Vendor task dates are currently overdue without accurate planned forecast dates of completion. HI-THRIVE and the Vendor are meeting first week of May to re-assess planned dates.

April 30 CAP Status:

- 13 active late tasks

Schedule:

The Vendor is currently implementing project activities in accordance with the 3/2026 re-Baselined schedule. The Go-Live was approved by DHS to shift from 8/2026 to 10/2026. and consolidated multiple single threaded tasks into parallel implementations paths. IV&V believes that the updated schedule provides a ar achievable Go-Live date, however there will need to be an increased focus on quality, on-time delivery, and resource management to ensure success in the planned timeframe. IV&V has observed that dates have started to shift beyond the Baseline already.

April 30 Schedule Status:

- 60 active late tasks, 2 of those on the critical path
- 356 active and future tasks have deviated from the Baseline Plan

ACF-DHS IV&V Observation 1.1.8 (1.1.6):

On 4/27/2026, IV&V issued draft Observation 1.1.6 – State Modification and Suppression of Standards-Aligned IV&V Recommendations Impacting IV&V Independence and Oversight to ACF and DHS. Since that time, IV&V and DHS have engaged in multiple collaborative discussions regarding the communication and handling of IV&V Observations and Recommendations. These discussions resulted in a reduction in the initially assessed severity; however, material risks remain.

DHS has committed to providing IV&V Observations and Recommendations to the Vendor without modification. However, DHS will retain final authority to determine whether Vendor implementation of a Recommendation is required. IV&V observes that this approach prioritizes Go-Live schedule adherence and reduction of Vendor delivery burden, which may result in deferral of activities necessary to meet CFR, CCWIS, State, and contractual requirements.

IV&V-designated "Required" recommendations are explicitly aligned to regulatory, contractual, and operational compliance obligations, or are necessary to establish measurable evidence to validate such compliance. Reclassification of these recommendations from "Required" to "Optional" introduces risk that deliverables, configurations, and supporting documentation will not meet required standards at the time of approval, potentially necessitating rework and resulting in inefficient expenditure of FFP and State funds.

As a result, the Observation has been updated and reissued as 1.1.8 – Re-Classification of Standards-Aligned IV&V Recommendations from Required to Optional by the State.

IV&V recommends that any reclassification from "Required" to "Optional" be formally documented by DHS and include: (1) clear justification and rationale, (2) identification of associated risks and impacts, (3) defined mitigation strategies or alternative approaches, and (4) evidence demonstrating that equivalent, measurable, and verifiable outcomes will be achieved in alignment with applicable standards and requirements.

IV&V will provide ongoing reporting on the percentage of IV&V Observations that have been re-classified from Required to Optional by DHS.

April IV&V Required to Optional Re-Classifications:

- 42 Required Observations
- 18 Re-Classified to Optional (42%)

DHS Implementation and M&O Readiness:

During IV&V review of the Vendor's M&O Knowledge Transfer Plan, Evidence of Successful OET M&O Knowledge Transfer, and M&O Migration Plan, it was observed that DHS has not defined Hawai'i specific roles, responsibilities, or operational scope for Go-Live or ongoing Maintenance and Operations. This gap presents significant risk to the effective planning and execution of HI-THRIVE, including misalignment between Vendor deliverables and actual State operational needs, and potential duplication of effort resulting in inefficient use of FFP and State funds.

DHS has authorized the Vendor to proceed with development of these deliverables absent defined State roles and scope, increasing the likelihood that completed and approved artifacts will not align with ultimately established operational requirements, necessitating rework. The absence of defined Hawai'i specific roles and M&O responsibilities directly impairs the State's ability to demonstrate operational readiness as required by 45 CFR §1355.52, and

introduces risk that the system cannot be effectively resourced, operated, supported, or maintained at Go-Live. This is an emerging observation and will be formally documented in 5/2026; however, its criticality is escalating as Go-Live is now less than five months away.

Deliverable Development:

The Vendor and HI-THRIVE team continues to coordinate the development and submission of targeted revisions to multiple Deliverable Expectation Documents (DEDs) to improve clarity and alignment with project execution. The DEDs have included updated Acceptance Criteria and definitions that should provide a positive improvement to the quality of the submitted deliverables.

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 deliverable development quality has improved, however some rejections have continued to occur during the reporting period.

IV&V Sprint and 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 April 2026, the Vendor demonstrates overall stable performance following the March re-baseline, with most Technical Process Areas remaining within acceptable thresholds. Sprint 7 reflects continued maturity in delivery execution, including strong alignment to planned scope, improved estimation accuracy, and controlled defect levels, reinforcing prior positive trends.

Early Sprint 8 performance introduces measurable variability, including reduced throughput and increased variance between planned and actual velocity. While partially complete, these trends represent leading indicators of reduced delivery predictability.

Defect and Test Process Quality remain stable from a process perspective; however, reduced delivery and testing volume in Sprint 8 limits visibility into system quality. Schedule and Scope remain Green but are lagging indicators and may not yet reflect emerging execution variability.

Budget remains within thresholds; however, the continued Red indicator in Cost Variance Ratio (CVR), driven by sustained under-budget conditions, introduces risk related to resource utilization and potential downstream schedule impact.

Overall, April reflects a shift from post–rebaseline stability to early execution variability. While delivery capability remains evident, emerging Sprint performance degradation and sustained cost variance introduce increasing risk to predictability and future schedule performance, warranting continued IV&V oversight.

IV&V Technical Project Management Health

- Technical Project Management IV&V Focus Area maintained GREEN and is trending YELLOW with the immediate slippage of baseline tasks in April. IV&V will continue to monitor schedule management and delivery to planned dates closely over the following reporting periods.

IV&V Support Focus Area Health

- The Support Focus Area maintained GREEN IV&V will continue to monitor deliverable quality and defect management in the Sprints.

IV&V Architecture Focus Area Health

- IV&V is developing a Technical Readiness Assessment to be used to evaluate the UAT and the Production Environments.

IV&V Continuous Delivery Focus Area Health

- The Continuous Delivery Focus Area continued GREEN. IV&V is currently assessing the historical and current Sprint data available in Test Rails.

IV&V Product Increment Planning Focus Area Health

- The Product Increment Planning Focus Area continued GREEN for Product Increment Planning due to improved Sprint processes. IV&V will continue monitoring current and future Sprints for improvements.

IV&V Development Focus Area Health

- The Development Focus Area continued GREEN Development due to improved Sprint processes. IV&V will continue monitoring current and future Sprints for improvements.

IV&V Implementation Focus Area Health

- The Implementation Focus Area continued GREEN and is trending YELLOW due DHS does not have roles or scope of responsibility defined for Hawai'i for Go-Live and Maintenance and Operations

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 six Observations open during the reporting period. Details can be requested through Hawai'i DHS if the table is not readable.

- Medium Observation 1.1.6 Lack of approved UAT Plan creates risks in project schedule development and project task management.
- Medium Observation 5.0.2 Lack of Technical Debt Transparency
- Medium Observation 7.0.1 Resource Availability Risk for UAT and Training Activities
- Medium Observation 1.1.7 Misalignment Between SI-14 Review Approach and IV&V Contract Scope
- Medium Observation 4.6.4 Independent information security assessment prior to go-live
- Medium Observation 1.1.8 Re-Classification of Standards-Aligned IV&V Recommendations from required to optional by the State.

IV&V Active Observations Summary

IV&V Observation Number	Observation Title	IV&V Recommendation	State Current Update	IV&V Current Update	Priority	Owner	Date Identified
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 tracks newly introduced technical debt versus technical debt retired, including the number of new bugs and a trend indicator to support early detection of unacceptable growth.	April CAP has been approved. Project is now embarking on formal review under the CAP starting 4/27/26	Final April 2026 IV&V notes that the proportion of failed test cases is continuing to not be reported during weekly and monthly reports by the System Integrator. Lack of insight into areas that have a	Medium	Michael Armstrong	12/30/25

				higher potential for failure "hotspots" reduces the effectiveness of UAT and regression test execution to ensure successful remediation of errors encountered during sprint testing." IV&V has requested additional information and has not received a response from the Vendor Test Manager at this time.			
7.0.1	7.0.1 Resource Availability Risk for UAT and Training Activities	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).	April APDU approval has been received. State has identified over 40 participants for UAT and is the process of scheduling training for these individuals	Final April 2026 HI THRIVE has not yet defined or assigned participant roles and responsibilities ahead of next week's SI Vendor-led UAT Process Training. This lack of clarity may reduce training effectiveness and impact UAT execution. IV&V recommends immediate role assignment and communication of expectations. APDU has been approved, IV&V is aware that testers have been identified and will continue to observe the planning and implementation of UAT activities. IV&V has not observed the training materials as of this time. Scheduling for UAT Process Training Week of May 4, part 1, Part 2 in 3 hr sessions. Makeup sessions following week as well. Materials will be provided ahead.	Medium	Steve Clarke	12/30/25
1.1.6	1.1.6 Lack of approved UAT Plan creates risks in project schedule development and project task management	Recommendation 1.1.6.1 IV&V recommends that the HI THRIVE PMO, with the support of the SI Vendor, develop and approve a DHS UAT Plan in coordination with the re-baseline and management of the project schedule. The plan should include: 1. Defined entry and exit criteria (for all parties) 2. Test cycle structure, timing duration, timing dependency assumptions 3. Tester roles, staffing levels, and availability commitments 4. Defect severity definitions and resolution timelines 5. Retesting and regression expectations 6. Acceptance approval authority and decision criteria Recommendation 1.1.6.2 IV&V recommends that project schedule commitments be evaluated to align with approved UAT Plan assumptions related to duretion, dependency, and roles	April State acknowledges the need for close monitoring of UAT plan. Some slack has baen identified wrt UAT training, and training rescheduled accordingly, but the underlying finding still holds true - requiring further State work with Cardinality	Final April 2026 The SI Vendor demonstrated improved planning and coordination in preparation for the upcoming User Acceptance Testing (UAT). Notably, the SI Vendor has made measureble progress in organizing and facilitating the UAT Process Training scheduled for next week, which is a critical milestone for ensuring stakeholder readiness and successful test execution. IV&V provided a representative example of a CCWIS UAT Plan Table of Contents, Defect Matrix, and Test Cases to the HI THRIVE Team for referenca in the creation of the UAT Plan and associated activities.	Medium	marmstrong@dhs.hawaii	02/20/26
1.1.7	1.1.7 Misalignment Between SI-14 Review Approach and IV&V Contract Scope	Recommendation 1.1.7.1 Conduct Formal Impact Assessment and evaluate the effect of the revised SI-14 approach on: * IV&V level of effort * Schedule and contract period * Reporting and deliverable expectations Recommendation 1.1.7.2 Execute Formal Contract Alignment and Implement as appropriate: * Contract modification (scope/schedule/funding adjustment) * As-Needed APD update to ensura federal funding alignment to the additional work created Recommendation 1.1.7.3 Define IV&V Review Model for Segmented Deliverables and clearly document: * Which incremental reviews ara in-scope vs. out-of-scope * Expected IV&V participetion (formal review vs. consultative input) * Acceptanca criteria for each review stage * How final deliverable approval will be assessed Recommendation 1.1.7.4 Establish Governance and Change Control ensura all future changes to deliverable review structure are: * Formally documented * Reviewed for IV&V impact * Approved prior to implementation Recommendation 1.1.7.5 Implement Interim Compliance Safeguard Until	April Cardinality is scheduled to present its proposal regarding warranty and M&O 4/23/26	April 2026 Discussions ara ongoing. IV&V submitted a controlled correspondenca that offered a solution to the additional SI-14 reviews by swapping the planned deliverables that had been deprecated from the Vendor responsibility with the activities needed for the SI-14 reviews at no additional cost to State.	Medium	Michael Armstrong	03/24/26

		formal alignment is completed: * Limit IV&V activities to those explicitly authorized under the current contract * Document any requested out-of-scope activities through formal controlled correspondence						
4.6.4	4.6.4 Independent information security assessment prior to go-live	recommendation 4.6.4.1 IV&V recommends that HITHRIVE contract with an independent third-party vendor to conduct an information security assessment of the HITHRIVE system prior to go-live, evaluate the results, and mitigate any high or moderate impact risks that the assessment identifies prior to go-live.	April State maintains its position that current Cardinality scope for this item meets its needs and obligations	Final April 2026 IV&V actively assisting HI THRIVE in mitigating Security validations and building check lists. Mid April 2026: IV&V will continue to work with HI THRIVE to assist in the planning and implementation of monitoring the previously provided list of suggested State Security validations.	Medium	Michael Armstrong	03/31/26
1.1.8	Observation 1.1.8 – Re-Classification of Standards-Aligned IV&V Recommendations from required to optional by the State.	Recommendation 1.1.8.1 Ensure IV&V Recommendations are accurately dispositioned and supported: Require that any IV&V recommendation reclassified from "required" to "optional" be supported by documented justification, including rationale for the reclassification, identification of associated risks, defined mitigation or alternative approaches, and evidenca demonstrating that equivalent, measurable, and verifiable outcomes will be achieved in alignment with standards published by the NIST, 45 CFR §1355.52, and or applicable contracts.	April 2026 State will review all IV&V comments, including the designation of "Required" and "Optional". At State discretion, this designation may be changed. State undertakes to not amend the original recommendation, or original designation. State will forward all recommendations to the SI vendor.		Medium	marmstrong@dhs.hawaii	04/27/26

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.

Health Overall remains Green; however, this status should be considered conditional, as emerging degradation in Sprint execution and sustained cost variance introduce increasing risk to continued performance stability in Quality and Schedule.

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 the health of ongoing development Sprints during the reporting period. Reported metrics include Sprint ID, Planned and Actual Stories and Points, Planned and Actual Duration, Planned and Actual Velocity, Defects, Acceleration, Planned Velocity Deviation (V-Diff) %, Technical Defect-to-Story Ratio, and Test Process Quality (TPQ) indicators derived from test execution results.

April Sprint performance reflects a transition from stable delivery in Sprint 7 to emerging degradation in Sprint 8, introducing early indicators of reduced delivery predictability and throughput risk, with results influenced in part by overlapping sprint timelines.

Sprint 7, spanning mid-March through mid-April, demonstrates stable execution and improved predictability. Story and point delivery remained closely aligned to planned targets, with low velocity deviation and improved defect control. The technical defect-to-story ratio declined compared to earlier sprints, indicating improved code quality and backlog readiness. TPQ indicators reflect efficient test execution with stable pass rates, supporting overall system stability.

Sprint 8, which began mid-April and extends into May, indicates a risk of early of performance degradation within the reporting window. Initial delivery metrics reflect under-performance against planned scope, including reduced story throughput and increased variance between planned and actual velocity. Although Sprint 8 is partially complete within April, these early indicators represent a leading signal of delivery risk rather than an inconclusive condition, suggesting potential issues related to over-commitment, capacity constraints, or evolving scope.

Defect trends during April remain generally stable; however, the reduction in delivered scope during early Sprint 8 introduces potential distortion in defect density metrics, limiting the reliability of quality trend assessment for that sprint.

Acceleration trends indicate a decline in delivery momentum between Sprint 7 and Sprint 8, suggesting reduced execution efficiency and increasing risk to sustained velocity.

From a Test Process Quality (TPQ) perspective, Sprint 7 reflects mature and consistent testing practices, including strong execution volume and stable outcomes. In contrast, reduced testing volume during early Sprint 8 limits visibility into system quality and defect detection effectiveness, introducing risk that latent defects may not be identified within the sprint cycle.

Overall, the Vendor demonstrates capability for stable delivery as evidenced in Sprint 7; however, early Sprint 8 performance introduces measurable risk to delivery predictability and throughput. Without corrective action in sprint planning discipline, capacity alignment, and scope control, continued variability may impact downstream milestones and overall delivery timelines.

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	Passed	Executed	TPQ
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%	68.12%	-	-	-
3	90	89	486	481	20	20	12.15	12.03	26	3.43%	1.03%	28.89%	128	142	9.86%
4	121	121	603	603	20	20	15.075	15.08	0	3%	0%	0%	553	694	20.32%
5	134	121	655	604	20	20	16.375	15.1	13	3.00%	7.79	9.7%	763	815	6.38%
6	111	108	555	521	20	20	13.875	13.03	29	-2.08%	6.13%	26.1%	1077	1113	3.23%
7	121	115	608	578	20	20	15.2	14.45	5	1.43	4.93%	4.13%	765	797	4.02%

Monthly Health Detail Description

The Monthly Health Detail area provides stoplight indicators of Technical Process Areas evaluated by the IV&V Team during the reporting period, including Health Overall, Budget Overall, Cost Variance Ratio, 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, and Scope Overall.

For the April 2026 reporting period, overall project health reflects stable baseline conditions following the March re-baseline but demonstrates emerging variability in execution performance, with the majority of Technical Process Areas remaining Green while select areas indicate early risk to delivery predictability.

Health Overall remains Green; however, this status should be considered conditional, as emerging degradation in Sprint execution and sustained cost variance introduce increasing risk to continued performance stability.

Budget Overall remains Green, indicating expenditures are within defined thresholds. The Cost Variance Ratio (CVR) remains Red due to sustained under-budget performance exceeding acceptable tolerance levels. This condition introduces risk of resource under-utilization, delayed execution of planned work, and potential schedule compression in future periods if planned activities are deferred rather than eliminated.

Quality Overall remains Green based on continued adherence to defined processes across Deliverable Quality, Requirements Process Quality, Design Process Quality, and Test Process Quality. Reduced measurable delivery throughput during early Sprint 8 limits the volume of validated functionality, constraining the ability to fully assess sustained product quality trends.

Sprint Process Quality reflects emerging variability (Green trending Yellow) during April. While Sprint 7 execution remained strong and aligned with planned targets, early Sprint 8 performance indicates risk of reduced delivery throughput and increased variance between planned and actual velocity.

Schedule-related metrics, including Schedule Performance Indicator, Deliverable Schedule Variance, Milestone Variance, and overall Schedule Variance, remain within acceptable thresholds and support a Green Schedule Overall status. However, these indicators are inherently lagging, and emerging degradation in Sprint execution represents a leading indicator of potential future schedule impact if not corrected.

Scope Overall remains Green, with no significant scope volatility observed during the reporting period. However, reduced delivery throughput in Sprint 8 may indicate emerging pressure between planned scope and achievable capacity, requiring continued validation of scope realism against delivery performance.

Overall, April reflects stable performance following the March re-baseline; however, emerging variability in Sprint execution and sustained CVR deviation introduce measurable risk to delivery predictability and resource utilization effectiveness. Without corrective action, these conditions may impact downstream schedule performance and overall project stability in future reporting periods.

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

Monthly Project Health Detail

Project Health Area	Trend	4/26	3/26	2/26	1/26	12/25	11/25	10/25	9/25	8/25	7/25	6/25	Baseline	Details:
Health Overall	↑	7.90%	8.74%	24.35%	20.72%	19.64%	17.60%	17.30%	17%	19%	18%	15%	14%	
Budget Overall	→	69.72%	69.72%	66.18%	63%	63%	63%	63%	63%	63%	66%	55%	33%	
Cost Variance Ratio	→	-	-	-	-	-	-	-	-	-	-	-	-	Cost Variance is less than 1.
Schedule Performance Indicator	↓	70%	30%	30%	30%	25%	24%	24%	24%	21%	19%	61%	61%	
Quality Overall	↑	1.91%	2.69%	46.82%	34.37%	31.48	30%	29%	27%	41%	34%	29%	29%	
Deliverable Quality	↑	7.18%	7.50%	7.50%	8.62%	9.42%	9.90%	11%	10%	12%	10%	10%	8.50%	
Deliverable Schedule Variance	↓	-22.62%	-26.31%	266.46%	189.01%	130.35%	152%	147%	141%	232%	191%	132%	126%	
Requirements Process Quality	→	0%	0%	0%	0%	0%	0%	0%	0%	-	-	-	-	
Design Process Quality	→	0%	0%	0%	0%	2.20%	2.20%	14%	2.25%	-	-	-	-	
Sprint Process Quality	→	16.13%	16.13%	41.62%	42.95%	14.96%	18%	40%	56%	-	-	-	-	
Test Process Quality	↑	7.68%	-	-	-	-	-	-	-	-	-	-	-	
Schedule Overall	↓	4.36%	3.37%	27.89%	25.16%	23.47%	18%	17.30%	17%	15%	14%	12%	9.50%	
Milestone Variance	↓	-3.96%	-6.25%	27.62%	26.10%	15.00%	15%	15%	15.30%	14%	12%	15%	9.60%	
Schedule Variance	↑	12.67%	12.99%%	28.87%	24.21%	24.10%	20%	17.30%	17%	16%	16%	15%	14.38%	
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

Continuous Delivery, 5.0 Product Increment Planning, 6.0 Development Processes, 7.0 Implementation Processes, 8.0 Project Closure.

All Focu Areas have shown improvement with the approval of the re-baselined schedule.

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	🟢	🟢	Trending Yellow, re-Baselined Tasks slipping.
2.0 Support Process IV&V	🟢	🟢	Deliverable quality has improved.
3.0 Solution Architecture	🔵	🔵	No observations.
4.0 Continuous Delivery	🟢	🟢	IV&V evaluating Test Rails Data.
5.0 Product Increment Planning	🟢	🟢	Sprints 1-7 delivered according to plans.
6.0 Development IV&V	🟢	🟢	Sprints 1-7 delivered according to plans.
7.0 Implementation IV&V	🟢	🟢	Trending Yellow, no DHS M&O Roles/Scope
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	Critical – Escalation to immediate action. Many life cycle activities are not in alignment with requirements. Many processes require corrective action. Risk mitigation is not effective, or issue resolution is not timely. Critical processes are not effective and are resulting in delays or issues. The current technical risk to the project and software quality is significant. >20% Variance	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 1.1.6 Lack of approved UAT Plan creates risks in project schedule development and project task management.

Medium Observation 5.0.2 Lack of Technical Debt Transparency

Medium Observation 7.0.1 Resource Availability Risk for UAT and Training Activities

Medium Observation 1.1.7 Misalignment Between SI-14 Review Approach and IV&V Contract Scope

Medium Observation 4.6.4 Independent information security assessment prior to go-live

IV&V Observations Active During the Month

Observation Title	IV&V Observation Description	IV&V Impact Description	IV&V Recommendation	State Current Update	State Ongoing Update	IV&V Current Update	IV&V 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 enhanca Agile ceremonies, including accurate sprint raporting and improved utilization of configuration management tools.	Impact 6.1.1 Ineffective Transparancy 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 Transparancy 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 ensura consistency, visibility, and compliance with contractual traceability obligations.	March 26: Sprint quality has improved, although shortcomings still exist - particularly in backlog. CAP to formally manage this process is awaiting State approval.	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 adherence to stricter Agile best 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 raview. January_2: Items in test report email were added to the Sprint 3 Retrospective. Email sent to request Cardy to follow-up with steff 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 tast report email. This will be brought up during the Sprint 3 retrospective. CAP is due 1/12/26 sc agile ceramony action plans can be assessed at that time.December_2: 6 1 1 2 Email was sent	March 2026 IV&V recommendation 6.1.1.1 Provide HI THRIVE and IV&V with read-only access to TestRail and defect tracking tools. - This recommendation has been met by Vendor and can ba closed. IV&V recommendation 6.1.1.2 Improve the accuracy and timeliness of daily standup and weekly Jira reports. - This recommendation has been met by Vendor and can be closed. IV&V recommendation 6.1.1.3 Incorporate IV&V recommendations into Agile ceremonies, ensuring sprint reviews include transparant defect, backlog, and progress reporting. - This recommendation has been partially met, defect and backlog reporting has not been incorporated into daily standup and sprint close out and still need to be performed by Vendor. IV&V recommendation 6.1.1.4. Align issue tracking and reporting across Jira and Test Rails to ensura consistency, visibility, and compliance with contractual traceability obligations. - This recommendation has been met and can be closed. IV&V concurs with state initial rasponse.	February 26: Status unchanged from January, CAP and Schedule still under development as of January 31. Test Rails access still opan. January 26: 1/12 CAP response stated Vendor will provide DHS 2 licanses of Test Rails Jan 31. Monitor that licenses and access are granted.December IV&V Ongoing Update: Recommendation 6.1.1.1.1 Access to Test rails and the underlying test data 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 requira confirmation: Enforce mandatory resolution settings for closed issues. Configura a "Risk Rating" custom field. Establish a regular permissions review cycle. Set up filtar 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

					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.		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 walkthroughs—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 deliberete approach during Planning is helping improve engagement and clarity. However, traceablility and reporting visibility remain limited due to the lack of active Sprint ceremonies and insufficient updates in Jira and related tools. There still exists a lack of visibility of overell 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 caremonies focus on the individual discreet tasks but there is no visibility to overall status/priority that should help determine the cadence and path of work being picked up/assigned. Initial update: Not required on initial observation - Observation type is neutrel until it is reviewed by the State and Priority is Medium.
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 addressed or resolved within sprint execution. In accordanca 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.	5.0.2.1 A review of recent sprint outcomes indicates that available sprint capacity is primarily used to sustain existing functionality rather than to reduce 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,	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, including the number of new bugs and a trend indicator to support early detection of unacceptable growth.	April CAP has been approved. Project is now embarking on formal review under the CAP starting 4/27/26	March 2026 Cardinality has begun to conduct retrospective meetings in alignment with the CAP. However these are yet to fully address technical debt. HI THRIVE will engage Cardinality in this issue as part of CAP monitoring February_2: CAP v4 received by DHS and under review. Should represent the collaborative meeting	Final April 2026 IV&V notes that the proportion of failed test cases is continuing to not be reported during weekly and monthly reports by the System Integrator. Lack of insight into areas that have a higher potential for failure "hotspots" reduces the effectiveness of UAT and regression test execution to ensure	1st half April IV&V notes that technical debt is not being reported on a frequent basis; S6 failed test rail test cases were not reported as part of the S6 end of sprint close out report ; S7 publication of test cases (draft and executed) ware not published during the sprint. Test Rails analysis has shown it is possible to

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 reduce unplanned technical debt.	and future delivery output and velocity.		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'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.	successful remediation of errors encountered during sprint testing." IV&V has requested additional information and has not received a response from the Vendor Test Manager at this time.	have both a pass state and a fail state for a tes case if it's executed more than once. IV&V is observing discrepancies in the tests passed and tests failed and believe it is due to the dual status that a test case may have. IV&V cannot at this time independently run reports to determine which test cases failed and whether they were successfully re-executed. Both IV&V and HI-Thrive are reliant on Cardy to accurately document this in their test report. IV&V has requested access to run/create additional reports from Cardy during the April reporting period. Until access for creation of reports is granted IV&V will have no indication of potential hotspots that were fixed and may require additional scrutiny during UAT. March 2026: 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, including the number of new bugs and a trend indicator to support early detection of unacceptable growth. - This recommendation has been partially fulfilled. IV&V acknowledges that technical debt increment planning sessions ware scheduled during this reporting period. The recommendation to implement and report on weekly technical debt metrics has not been implemented and the Vendor still needs to complete this activity. 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 demonstreted 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 technical debt to be resolved in the subsequent sprint. As such IV&V is reporting 90% of planned stories completed during S5.February 26: IV&V observes improvement that the Vendor is managing the technical debt, if not its 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 averege time to resolve from 39 days to 7. These numbers were calculated by exporting all JIRA type=bug and then using the PO-Reviewed date 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 training 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 training. In accordance with 45 CFR §§95.605, 95.611, and 95.621, staffing approaches and associated costs supporting implementation activities must be documentad 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 adversely 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).	April APDU approval has been received. State has identified over 40 participants for UAT and is the process of scheduling training for these individuals	March 2026: Anticipated procurement for UAT assistance is dependant upon Federal approval of the the APDU document submitted in February. Approval has not yet been received. In parallel, HI THRIVE has communicatad to the wider stakeholder community the timing and nature of UAT and has begun to identify particpants February 16: 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 Stata has not received feedback on this weiver request.	Final April 2026 HI THRIVE has not yet defined or assigned participant roles and responsibilities ahead of next week's SI Vendor-led UAT Process Training. This lack of clarity may reduce training effectiveness and impact UAT execution. IV&V recommends immediate role assignment and communication of expectations. APDU has been approved, IV&V is awere that testers have been identified and will continue to observe the planning and implementation of UAT activities. IV&V has not observed the training materials as of this time. Scheduling for UAT Process Training Week of May 4, part 1, Part 2 in 3 hr sessions. Makeup sessions following week as well. Materials will be provided ahead.	March 2026 : IV&V observed that HI THRIVE still aweiting ACF APD approval for contracting.
1.1.6 Lack of approved UAT Plan creates risks in project schedule development and project task management	1.1.6 IV&V observes that the project does not have an approved UAT Plan and rebaseline and development activities for a project schedule are underway. The project work plan contains User Acceptance Testing (UAT) durations and role expectations that lack documented validation against a HI THRIVE User Acceptance Test Plan. The schedule includes fixed UAT start and end dates; however, the project has not documented supporting assumptions such as entry and exit criteria, number of test cycles, defect resolution ti f T t il bilit	1.1.6 The absence of an approved UAT Plan increases the risk that activities planned during the schedule rebaseline may turn out to be invalid at the time UAT planning occurs. Not having a defined UAT planning baseline increases the risk that: • Defects will be discovered late in the implementation phase • Retesting effort will exceed the planned timeline • Business users will th d t ti	Recommendation 1.1.6.1 IV&V recommends that the HI THRIVE PMO, with the support of the SI Vendor, develop and approve a DHS UAT Plan in coordination with the re-baseline and management of the project schedule. The plan should include: 1. Defined entry and exit criteria (for all parties) 2. Test cycle structure, timing duration, timing dependency assumptions 3. Tester roles, staffing levels, and availability commitments 4. Defect severity definitions and resolution timelines 5 R t ti d i	April State acknowledges the need for close monitoring of UAT plan. Some slack has been identified wrt UAT training, and training rescheduled accordingly, but the underlying finding still holds true - requiring further State work with Cardinality	New Observation No Update Required.	Final April 2026 The SI Vendor demonstrated improved planning and coordination in preparation for the upcoming User Acceptance Testing (UAT). Notably, the SI Vendor has made measurable progress in organizing and facilitating the UAT Process Training scheduled for next week, which is a critical milestone for ensuring stakeholder readiness d f It t	Early April 2026 IV&V recommends continuing monitoring the UAT plan development activities; based on the baseline project total slack time of 49 days for this activity the risk and issue status will be revisited on April 20th to confirm successful on-time commencament. Cardy to provide documentation week of April 12. HI-Thrive to create new d t /d ti f UAT

	timeframes, Tester availability, test data preparation, or acceptance decision procedures.	not have adequate time to validate system functionality	5. Retesting and regression expectations 6. Acceptance approval authority and decision criteria Recommendation 1.1.6.2 IV&V recommends that project schedule commitments be evaluated to align with approved UAT Plan assumptions related to duration, dependency, and roles			and successful test execution. IV&V provided a representative example of a CCWIS UAT Plan Table of Contents, Defect Matrix, and Test Cases to the HI THRIVE Team for reference in the creation of the UAT Plan and associated activities.	dates/duration for UAT Plan. Week of May4th part of the process training will be for the UAT Plan development. IV&V to monitor until training occurs.March 2026 Recommendation 1.1.6.1 IV&V recommends that the H THRIVE PMO, with the support of the SI Vendor, develop and approve a DHS UAT Plan in coordination with the re-baseline and management of the project schedule. - IV&V observes that a task for development of a UAT Plan has been added to the schedule. IV&V has not observed the creation of tasks for building a DED or meetings/activities necessary to develop information to include in the plan. Recommendation 1.1.6.2 IV&V recommends that project schedule commitments be evaluated to align with approved UAT Plan assumptions related to duration, dependency, and roles. - The single task for UAT Plan is dependent on the Vendor "Conduct UAT Process Training". IV&V has not observed the development of process training materials or other activities that would support readiness for the State development of the UAT Plan. DHS anticipating receiving additional information on the UAT Process Training and planning. DHS to follow up 2nd week of April.
1.1.7 Misalignment Between SI-14 Review Approach and IV&V Contract Scope	Observation 1.1.7 IV&V observed that DHS issued Controlled Correspondence modifying the SI-14 review approach from two (2) full deliverable reviews to a segmented approach consisting of thirteen (13) incremental reviews and one (1) final comprehensive review (refer to Signed Controlled Correspondence – Module SI-14 Updates Pre-Approval, p.4 and associated RACI). While the revised approach may support incremental validation and earlier issue identification, it materially changes the review cadence, level of effort, and reporting expectations associated with SI-14. IV&V further observed that: * The IV&V contract defines one initial review and one subsequent review per deliverable, and does not explicitly account for iterative or segmented review cycles. * Multiple newly defined review activities extend beyond the current IV&V contract end date of August 31, 2026. * No formal contract modification, funding adjustment, or scope realignment has been executed to reflect this change. As a result, the current SI-14 review approach is not aligned with the IV&V contractual scope, period of performance, or resourcing assumptions or previously accepted IV&V Controlled Correspondence related to deliverable reviews. This observation aligns with: * IEEE 1012-2016 – Section 7.1 (V&V Planning) Requires that V&V activities be defined, planned, and approved in alignment with scope, schedule, and resources. * PMBOK Guide – Scope & Change Control Requires formal evaluation and approval of scope, schedule, and resource changes. * CCWIS expectations (ACF guidance)	Impact 1.1.7 This misalignment introduces several risks: * Contractual Compliance Risk IV&V may be required to perform work outside the authorized scope or period of performance, creating potential non-compliance with contract terms and procurement requirements. * Incomplete Oversight Risk IV&V may be unable to complete all required review activities, particularly those scheduled beyond the contract end date, resulting in gaps in independent oversight. * Traceability and Consistency Risk Fragmenting SI-14 into multiple incremental reviews without a defined IV&V review framework increases the risk of: * * Loss of end-to-end traceability * * Inconsistent review criteria across iterations * * Reduced ability to assess full system readiness * Federal Compliance and Reporting Risk Incomplete or misaligned IV&V activities may impact DHS's ability to demonstrate compliance with: * * 45 CFR §95.621 (approval and oversight of system implementation) * * 45 CFR §95.615 (federal visibility and oversight expectations) * Financial and APD Risk Performing unapproved	Recommendation 1.1.7.1 Conduct Formal Impact Assessment and evaluate the effect of the revised SI-14 approach on: * IV&V level of effort * Schedule and contract period * Reporting and deliverable expectations Recommendation 1.1.7.2 Execute Formal Contract Alignment and Implement as appropriate: * Contract modification (scope/schedule/funding adjustment) * As-Needed APD update to ensure federal funding alignment to the additional work created Recommendation 1.1.7.3 Define IV&V Review Model for Segmented Deliverables and clearly document: * Which incremental reviews are in-scope vs. out-of-scope * Expected IV&V participation (formal review vs. consultative input) * Acceptance criteria for each review stage * How final deliverable approval will be assessed Recommendation 1.1.7.4 Establish Governance and Change Control ensure all future changes to deliverable review structure are: * Formally documented * Reviewed for IV&V impact * Approved prior to implementation Recommendation 1.1.7.5 Implement Interim Compliance Safeguard Until formal alignment is completed: * Limit IV&V activities to those explicitly authorized under the current contract * Document any requested out-of-scope activities through formal controlled corraspondence	April Cardinality is scheduled to present its proposal regarding warranty and M&O 4/23/26	New Observation No Update Required.	April 2026 Discussions are ongoing. IV&V submitted a controlled correspondence that offered a solution to the additional SI-14 reviews by swapping the planned deliverables that had been deprecated from the Vendor responsibility with the activities needed for the SI-14 reviews at no additional cost to State.	New Observation No Update Required.

	Require continuous, independent, and adequately resourced oversight across implementation activities.	work or failing to align IV&V scope with actual activities may create APD funding and cost allowability issues.				
4.6.4 Independent information security assessment prior to go-live	IV&V observes that HITHRIVE does not appear to have planned for an independent third-party information security assessment of the HITHRIVE system prior to go-live.	IV&V observes that, while ACF does not require an independent security assessment, conducting one prior to go-live is a widely recognized best practice for safeguarding sensitive child welfare data and ensuring compliance with state cybersecurity standards. It provides DHS with objective assurance that the vendor's configuration is secure, reduces the risk of post-deployment incidents, and demonstrates due diligence in protecting the families and children served by the State of Hawai'i. Without such an evaluation the sensitive child welfare data held in the HITHRIVE system might be exposed to unknown and unacceptable risks.	recommendation 4.6.4.1 IV&V recommends that HITHRIVE contract with an independent third-party vendor to conduct an information security assessment of the HITHRIVE system prior to go-live, evaluate the results, and mitigate any high or moderate impact risks that the assessment identifies prior to go-live.	April State maintains its position that current Cardinality scope for this item meets its needs and obligations	Final April 2026 IV&V actively assisting HI THRIVE in mitigating Security validations and building check lists. Mid April 2026: IV&V will continue to work with HI THRIVE to assist in the planning and implementation of monitoring the previously provided list of suggested State Security validations.	March 2026 IV&V will provide additional context of the validation activities, ongoing. For the purposes of a system such as HI THRIVE, information security best practice is documented in NIST SP 800-53. Accordingly, to ensure the security of the HI THRIVE systems prior to go-live, IV&V recommends that DHS take the following actions. 1. Validate that Cardinality has implemented the controls documented in SI-17. 2. Validate that controls in the NIST SP 800-53(b) Moderate baseline but not identified in SI-17 as being in place have been: 1) implemented, or 2) supplanted by compensating controls or 3) that DHS has formally accepted the risk posed by the absence of these controls. These controls include: a. AC-11(01) b. IA-02(12) c. IA-05(02) d. IA-08(01) e. IA-12(05) f. IR-04(02) g. IR-06(05) h. RA-03(01) i. SA-04(10) j. SA-15(03) k. SR-11(01) l. SR-11(02) 3. Validate that Cardinality has gaps previously identified in the following control implementations to the satisfaction of DHS: a. AC-02(03) b. SA-04(10) c. SA-15(03) d. SC-07(08) e. SR-11(01) f. SR-11(02) 4. Validate that the following controls are implemented in a way that meets DHS requirements: a. AC-17 b. AC-22 c. CM-11 d. CP-07(03) e. IA-11 f. PS-07 5. Ensura that the following are implemented in a way that meets DHS requirements: a. Notification trigger implementation b. External interconnections c. Awareness and training d. Role-based training e. Audit information configuration f. Security assessment and authorization g. Independent security assessment h. Information exchange agreements i. Plan of Actions and Milestones (PO&AM) j. Continuous monitoring k. Console configurations to meet CM-06 requirements l. Updated component list m. Backup plan validation n. Incident SLA documentation o. Operations and Maintenance Plan documentation p. Logical media marking to label datasets as PII/PHI/FTI prior to go-live q. System security and privacy plan development r. Personally Identifiable

						r. Personally Identifiable Information Processing and Transparency policies and procedures documentation s. Authority to Process Personally Identifiable Information documentation
Observation 1.1.8 – Re-Classification of Standards-Aligned IV&V Recommendations from required to optional by the State.	1.1.8 IV&V was informed by the State Project team that IV&V observations and recommendations will be communicated as written to the Vendor or identified entity without modification or removal. However, the State reserves the right to reclassify IV&V recommendations from "required" to "optional", without providing a description of how the identified risks of not performing the recommendation will be mitigated or how CCWIS/ACF/State/Contract or other requirements will be met. The State will communicate IV&V's original "required" or "optional" recommendation to the Vendor; however, if the State determines a different final designation, the State's classification will override the IV&V recommendation. The State has indicated that this approach is intended to place a priority on on meeting Go-Live timelines, reducing schedule impacts, and reduce delivery burdens on the Vendor. IV&V has determined that this practice represents a material concern with respect to oversight integrity and the ability to substantiate system readiness. Reclassification of the necessity of recommendations without supporting justification or mitigation introduces risk that required system capabilities and validation activities may not be performed or may not be verifiable. IV&V provides independent assessment of Vendor and State activities against applicable CFR, ACF guidance, State requirements, and contractual obligations to determine the necessity and severity of corrective recommendations. IV&V recommendations grounded in established lifecycle and engineering standards (e.g., ISO/IEC/IEEE 12207 and ISO/IEC/IEEE 15288), as well as CFR and standards published by the National Institute of Standards and Technology, have been reclassified by the State Project Team from "required" to "optional" without documented justification, defined mitigation strategies, or alternative approaches demonstrating how intended outcomes will be achieved. The Cardinality contract requires compliance with recognized industry standards, including the Information Technology Infrastructure Library (ITIL), Project Management Body of Knowledge (PMBOK), and NIST. NIST guidance (including SP 800-53 and SP 800-160) establishes expectations for system assurance, lifecycle rigor, and risk management, and requires implementation of controls and practices sufficient to demonstrably achieve those outcomes. These expectations are operationalized through the ISO/IEC/IEEE lifecycle standards. The raclassificetion of IV&V recommendations—absent documented rationale, formal risk acceptance, or defined mitigation—creates a gap between the requirement to comply with NIST-aligned expectations and the demonstrable implementation of lifecycle, testing, and system assurance practices necessery to satisfy those expectations. Any State disagreement should be formally documented with the development of a project risk, the documentation of a risk acceptance or supported by a documented alternative approach that demonstrably satisfies NIST and contract expectations.	1.1.8 The SI-23 DED review provides a representative example that has been established as an ongoing precedent. The recommendations reclassified as optional include those establishing: * defined validation criteria and measurable readiness metrics, * varification that configurations align to approved baselines, * confirmation of data availability and quality, * validation of user access and role-based functionality, and * documented evidenca supporting environment approval and transition decisions. Collectively, these elements represent the minimum requirements necessary to substantiate system and environment readiness. Their reclassification without justification or mitigation removes the mechanisms necessary to produce objective, evidence-based validation and replaces them with unsupported assertions of readiness. This practice introduces risk to the State's ability to demonstrata compliance with 45 CFR §1355.52, particularly with respect to system operational capability, readiness, and quality assurance expectations. IV&V's position is that reclassification of recommendations must be supported by documented rationale and evidence demonstrating that required outcomes will still be achieved, rather than through unsupported designation as "optional." Risk / Impact: * Inability to substantiate environment readiness due to reclassification of required validation criteria and supporting evidence as optional, resulting in Go/No-Go decisions based on incompleta or non-validatad information * Loss of traceable evidence demonstrating that environments are fully configured, intagrated, and aligned to baseline specifications * Increased risk that critical readiness elements—including configuration completaness, data availability, user access functionality, and environment stability—are assumed rather than validated * Elimination of defined approval critaria and supporting evidence, weakening governance and decision support for transition to testing and production phases * Inability to demonstrate alignment with standards	Recommendation 1.1.8.1 Ensure IV&V Recommendations are accurately dispositioned and supported: Require that any IV&V recommendation reclassified from "required" to "optional" be supported by documentad justification, including retionale for the reclassification, identification of associated risks, defined mitigation or alternative approaches, and evidence demonstrating that equivalent, measurable, and verifiable outcomes will be achieved in alignment with standards published by the NIST, 45 CFR §1355.52, and or applicable contracts.	April 2026 State will review all IV&V comments, including the designation of "Required" and "Optional". At State discretion, this designation may be changed. Steta undertakes to not amend the original recommendation, or original designation. State will forward all recommendations to the SI vendor.	

	Criteria: NIST SP 800-53 – Control expectations for system and services acquisition, assurance, and lifecycle governance NIST SP 800-160 – Systems security engineering and lifecycle expectations (aligned to ISO/IEC/IEEE 15288) ISO/IEC/IEEE 12207 – Software lifecycle processes ISO/IEC/IEEE 15288 – System lifecycle processes 45 CFR §1355.52 – System capability and operational readiness requirements 45 CFR §95.826(b)(2) – IV&V must provide objective analysis and report results to federal agencies concurrently with the State	published by NIST due to absence of measurable, repeatable, and evidence-based validation practices * Potential non-compliance with 45 CFR §1355.52 due to lack of demonstrable evidence supporting system operational capability and readiness * Increased likelihood of rework, delayed testing cycles, and post-deployment defects * Reduced effectiveness of IV&V oversight where recommendations necessary to establish objective validation are not implemented or are deferred without formal risk acceptance

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 $62,611.21

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	$440,293	$1,655,029	$192,810	$184,871	$62,611	$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 - 4	"IV&V PROJECT SUMMARY: WORK COMPLETED: March IVV.5, IVV.7, IVV.10 Report Deliverables Submitted and Approved DED/Deliverable Re-Review and/or related meetings: IVV2, IVV3, SI-14, SI-38, SI-32, SI-35, SM-1 CAP implementation evaluation started, Technical Readiness Assessment under development, SPRINT evaluations, review of vendor artifacts as delivered. OBJECTIVES: Continue CAP analysis, SPRINT evaluations, continue Deliverable and DED reviews WORK IN PROGRESS: April/May 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: May IVV.5, IVV.7, IVV.10 Continue Cap response review, SPRINT evaluations, review of vendor artifacts as delivered."

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	May A. May 3	May 10	May 17	May 24	May 31	Jun 7	Jun 14	Jun 21

IV&V Monthly Meeting Register

Meeting Name	Type	Purpose / Topics Discussed	Meeting Minutes	Minutes Approved	Feedback & Follow-ups	Mandatory Attendance	Optional Attendance	Date - Time

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
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 seperate 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 Thursday 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
Office Hours for Sandbox Walk Thru	Cardinality is hosting optional, weekly office hours for users of the sandbox environment to stop by for any questions regarding system access, performanca 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)
BI-Weekly Backlog Review Meeting (HI THRIVE)		Ad Hoc	Core Team PMO IV&V Vendor Technical Vendor		04/09/26	30
Sprint 7 Review - (Title IV-E 3)		Ad Hoc	Core Team PMO IV&V Vendor Technical Vendor		04/09/26	150
Sprint 7 Review - (PoS and Fiscal Management 2)		Ad Hoc	Core Team PMO IV&V Vendor Technical Vendor		04/09/26	120
HI THRIVE Steering Committee		Ad Hoc	Steering Core Team PMO	IV&V Vendor	04/16/26	60
IV&V Deliverable Review Discussion		Ad Hoc	Core Team PMO IV&V Vendor		04/16/26	60
RBAC Series – Intake		Ad Hoc	Core Team PMO IV&V Vendor Technical Vendor		04/21/26	60
SI-14 - Assessment Module Walkthrough		Ad Hoc	Core Team PMO SME - Business IV&V Vendor Technical Vendor		04/22/26	30
SI-14 Licensing Appendix Deliverable Review Follow-up	SI-14 Licensing Appendix Deliverable Review Comments	Ad Hoc	Core Team PMO SME - Business IV&V Vendor Technical Vendor		04/23/26	50
SI-34 Training Effectiveness Review		Ad Hoc	Core Team PMO SME - Business IV&V Vendor Technical Vendor		04/24/26	30
SI-14 Title IV-E Walkthrough	Walkthrough of the SI-14 Title IV-E Deliverable prior to submission with the Product Owners and team.	Ad Hoc	**Core Team PMO SME - Business IV&V Vendor Technical Vendor**		04/28/26	50

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 membera are following planned processes, and whether contractor work meets project requirements. The IV&V team provides independent tachnical 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 encourages 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 practices
3. Quality assessments of work products
4. Quality assessments of work practices
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.