



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

LEGISLATIVE BUDGET REQUEST

Florida Department of Health

Tallahassee, Florida

October 15, 2009

Jerry L. McDaniel, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol Tallahassee, Florida
32399-0001

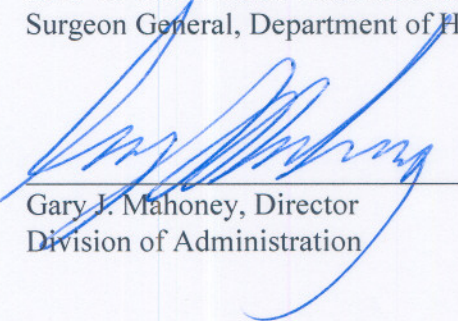
JoAnne Leznoff, Council Director
House Full Appropriations Council on General Government & Health Care
221 Capitol
Tallahassee, Florida 32399-1300

Skip Martin, Council Director
House Full Appropriations Council on Education & Economic Development
221 Capitol
Tallahassee, Florida 32399-1300

Cynthia Kelly, Staff Director
Senate Policy and Steering Committee on Ways and Means
201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Legislative Budget Request for the Department of Health is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2010-11 Fiscal Year. This submission has been approved by Ana M. Viamonte Ros, M.D., M.P.H., Surgeon General, Department of Health.



Gary J. Mahoney, Director
Division of Administration

DEPARTMENT OF HEALTH
DEPARTMENT LEVEL EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
SCHEDULE IV-C
(This schedule is not yet available)

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	<u>Department of Health</u>		
Contact Person:	<u>Julie Meadows-Keefe</u>	Phone Number:	<u>850-245-4005</u>
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Jace D. Manning v. DOH/CPT, et. al		
Court with Jurisdiction:	17th Circuit, Broward County		
Case Number:	08 2791102		
Summary of the Complaint:	Plaintiffs allege that many defendants (including Department of Health's Children's Medical Services Program which administers the Broward Child Protection Tam) failed to adequately protect the minor child Plaintiff from abusive circumstances at home, and that consequently, minor child Plaintiff sustained injuries including two skull fractures and a brain injury. Child is permanently disabled.		
Amount of the Claim:	\$ Plaintiff's counsel alleges that the claim exceeds the amount in excess of statutory limits exclusive of interests and costs.		
Specific Statutes or Laws (including GAA) Challenged:	Plaintiff alleges negligence		
Status of the Case:	Case has been mediated. Mediation resulted in impasse.		
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel	
	X	Office of the Attorney General or Division of Risk Management	
	X	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Risk Management has retained the office of Bradham Benson. Not a class action law suit.		

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Agency:	<u>Department of Health</u>		
Contact Person:	<u>Julie Meadows-Keefe</u>	Phone Number:	<u>850-245-4005</u>
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Florida Pediatric Society v. Benson, et al		
Court with Jurisdiction:	United States District Court, Southern District		
Case Number:	05-23037-CIV		
Summary of the Complaint:	Complaint alleges that the Department, as well as AHCA and DCF are not providing ample access to care for children on Medicaid.		
Amount of the Claim:	\$ Well in excess of 1 million dollars		
Specific Statutes or Laws (including GAA) Challenged:	42 U.S.C. §1983		
Status of the Case:	Set for trial to commence on December 7, 2009		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Kenny Nachwalter law firm and Office of the Attorney General are handling. Yes. Order certifying class will be appealed.		

Schedule VII: Agency Litigation Inventory

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Agency:	<u>Department of Health</u>		
Contact Person:	<u>Julie Meadows-Keefe</u>	Phone Number:	<u>850-245-4005</u>
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	In re: Center for Child Development, Inc.		
Court with Jurisdiction:	United States Bankruptcy Court, Southern District of Florida		
Case Number:	07-15574-BKC-PGH		
Summary of the Complaint:	The Department has been sued by the bankruptcy trustee for amounts the trustee alleges DOH owes the bankruptcy estate. The basis of their claim is that DOH improperly withheld contract payment for two months. The Department had contracted with the Center for Child Development for Early Intervention Services for infants and toddlers.		
Amount of the Claim:	\$ May exceed 1 million dollars		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	In litigation. Preliminary settlement discussions have occurred and a tolling agreement was executed which terminates on December 31, 2009.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Florida Department of Health		
Contact Person:	Rodney M. Johnson, Chief Counsel	Phone Number:	850-595-6517
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Vicky L. Sanders – Plaintiff State of Florida Department of Health - Defendant		
Court with Jurisdiction:	First Judicial Circuit in and for Okaloosa County, Florida, Civil Law Division		
Case Number:	009CA3386		
Summary of the Complaint:	The action is brought pursuant to the Florida Civil Rights Acts, Chapter 760, Florida Statutes, to remedy discrimination based upon Plaintiff's disability		
Amount of the Claim:	\$ Not specified		
Specific Statutes or Laws (including GAA) Challenged:	None		
Status of the Case:	Motion to Dismiss Plaintiff's Amended Complaint Hearing set for December 1, 2009.		
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel	
		Office of the Attorney General or Division of Risk Management	
	X	Outside Contract Counsel – Pamela Langham, Esquire 850-916-7177	

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A
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Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Department of Health, Hillsborough, Pinellas, Manatee and Pasco counties		
Contact Person:	Frank H. Nagatani	Phone Number:	(727) 507-4326 ext. 1274
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Frank Ochoa, Jr., Individually and as personal representative of the estate of Melisa Ochoa deceased and on behalf of the beneficiaries of the estate of Melisa Ochoa, Christopher Frank Ochoa, Anthony Ray Ochoa, Stacy Marie Ochoa, Jonathan Alexander Ochoa and Frank Ochoa IV v. Douglas A. Holt, Shorab Shafii, Shorab Shafii, P.A. and Joyce Ely Health Center		
Court with Jurisdiction:	Hillsborough County Circuit Court		
Case Number:	04-5871		
Summary of the Complaint:	Wrongful death claim based on alleged failure to diagnose and treat breast cancer.		
Amount of the Claim:	Potentially could exceed Five hundred thousand Dollars (\$500,000.00).		
Specific Statutes or Laws (including GAA) Challenged:	n/a		
Status of the Case:	The Plaintiff's counsel indicated a desire to depose two HCHD nurses but did follow up by scheduling depositions. A Settlement Offer of \$500 to each plaintiff, made on 5/27/08 was not responded to. Counsel for the Department filed a Motion to Dismiss for Failure to Prosecute on 4/30/09 and on 6/29/09 Plaintiff's Counsel filed a Motion to Set Case for Trial.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

State of Florida
Department of Health

September 4, 2009

Charlie Crist, Governor
(Ref. Only)

37 860 8477
State Surgeon General
Ana Viamonte Ros, M.D.
25918 245-4321

37 930 8480
Inspector General
James Boyd
69851 245-4140

37 940 8289
Chief of Staff
Robert Siedlecki
80288 245-4014

37 940 8490
General Counsel
Josefina Tamayo
80060 245-4031

37 860 8479
Deputy State Health Officer
Vacant
25930 245-4245

37 950 8484
Deputy Secretary for Health
Shairi Turner-Davis
62245 245-4243

37 940 9033
Assistant Deputy Secretary
Michael Sentman
35936 245-4016

37 860 4568
Dep Sec & Dep State Health Off for CMS
Joseph Chiaro, M.D.
59271 245-4211

37 950 8478
Deputy Secretary
Vacant
69850 245-4353

37 950 8478
Deputy Secretary
Kim Berfield
03404 245-4011

860/940
County Health Departments
(67)

37 540 8489
Performance Improvement Director
Shannon Lease
25990 245-4018

37 520 5284
Statewide Services Admin
Vacant
03860 245-4413

37 530 9252
Minority Health Director
Vacant
83963 245-4321

CMS Clinics
(22)

37 930 9149
Executive Director, FL
Correctional Medical Auth
Murdina Campbell
80776 245-4044

37 920 9556
Communications Director
Doc Kokol
26745 245-4112

37 540 8481
Legislative Planning Director
Manny Arisso
69852 245-4006

37 425 2238
Office of Marketing
Hope Lynn
35363 245-4007

37 540 3289
Chief of Laboratory Services
Max Salfinger
26311 245-4411

37 940 9629
Director of Emergency Medical Operations
Jean Kline
80826 245-4050

37 940 8495
Director Environmental Hlth
Lisa Conti
80170 245-4251

37 860 8493
Director of Disease Control
Julia Gill (Acting)
48120 245-4318

37 940 8494
Director of Family Health Services
Annette Phelps
26511 245-4105

37 940 9256
Director of CMS Network
Phyllis Sloyer
00805 245-4218

37 940 9555
Director of Medical Quality Assurance
Lucy Gee
80452 245-4080

37 940 8476
Director of Administration
Gary Mahoney
65303 245-4149

37 940 9810
Director of Information Technology
David Stokes
69856 245-4060

37 930 7268
Director of Disability Determinations
Lou Fete
83060 488-3330

37 940 9314
Director of Health Statistics and Assessment
Meade Grigg
26740 245-4010

37 940 9307
Director of Health Access and Tobacco
Jan Myrick
81186 245-4151

37 520 9024
Office of Public Health Research
Susan Phillips
84605 245-4527

37 530 8845
Chief of Emergency Medical Services
John Bixler
31328 245-4053

37 540 6567
Chief of Environmental Public Health Medicine
Carina Blackmore
81124 245-4732

37 560 4560
Chief of Epidemiology
Julia Gill
47684 245-4411

37 530 8843
Chief of Family and Community Health
Terry Bradley
26436 245-4102

37 540 9305
Chief of CMS Network Administration
Randy Wilcox
81467 245-4219

37 540 9025
Chief of Management Services
Pamela King
80459 245-4114

37 540 8488
Chief of General Services
Ed McEachron
69855 245-4555

37 530 8365
Chief of Infrastructure and Support
Bob Dillenschneider
30739 245-4389

37 530 7270
Chief of Medical Disability Administrative Services
Starr Metcalf
83071 410-2545

16 540 9315
Chief of Vital Statistics
Ken Jones
30142 359-6900 x1001

37 530 9303
Bureau of Tobacco Prevention Program
Janet Baggett
03913 245-4051

37 220 5344
Office of Public Health Nursing
Carol Tanner
84248 245-4740

37 520 4540
Public Health Preparedness Admin
Rhonda White
85132 245-4246

37 540 4545
Chief of Water Programs
Patti Anderson
44432 245-4115

37 530 5860
Chief of Immunization
Charles Alexander
26840 245-4331

37 530 9001
Chief of Chronic Disease Prev & Hlth Promotion
Betsy Wood
25984 245-4365

37 540 9306
Chief of CMS Network Operations
Vicki Posner
81468 245-4222

37 540 8304
Chief of Operations
Lola Pouncey
80854 245-4094

37 540 8734
Chief of Budget
Terry Walters
00154 245-4452

37 530 8366
Chief of Application Development & Support
Keith Goodner
17966 245-4234

37 530 7271
Chief of Medical Disability Program Services
Daryl Barowicz
83133 488-0486

37 540 9316
Chief of Clinic Mgmt & Informatics
Tom Herring
01456 245-4056

Offices
Volunteer Services
Hlth Professional Recruit
Rural Health
Local Health Councils

37 540 8842
Chief of Statewide Pharmaceutical Services
Jay Watkins
25996 922-9036, ext 101

37 520 5284
Office of Emergency Operations
Ray Runo
81185 245-4041

37 540 6569
Chief of Community Environmental Health
Eric Grimm
26468 245-4075

37 540 8844
Chief of HIV/AIDS
Tom Liberti
30918 245-4477

37 530 8848
Chief of WIC & Nutrition Services
Debbie Eibeck
45207 245-4202

37 540 9304
Chief of Early Steps
Janice Kane
59139 245-4221

37 426 0732
Cons/Invest Svcs Admin
Diane Orcutt
80841 245-4123

37 540 8487
Chief of Finance & Accounting
Matt Kirkland
69854 245-4500

37 530 8367
Chief of Planning and Quality Assurance
Vacant
80099 245-4378

37 530 7272
Chief of Medical Disability Program Operations
Rhonda Wilson
83148 488-3736

37 540 9318
Chief of Community Health Assessment
Joanne Steele
64355 245-4035

37 481 5340
Office of Trauma
Susan McDevitt
53699 245-4059

37 540 9739
Chief of Radiation Control
Bill Passetti
37765 245-4061

37 530 8394
Chief of Sexually Transmitted Diseases
Karla Schmitt
48119 245-4326

37 530 7694
Chief of Child Nutrition Programs
Phil Reeves
81006 245-4360

37 940 9258
Director of CMS Prevention & Intervention
Mike Haney
81510 245-4217

37 540 9031
Chief of Health Care Practitioner Regulation
Cassandra Pasley
80453 245-4095

37 540 8486
Chief of Personnel & Human Resource Mgmt
Sue Veal
69853 245-4164

37 530 8751
Chief of Strategic Information Technologies
Jim Huber
82529 245-4235

37 530 7272
Chief of Medical Disability Information Systems
Douglas Holleman
01996 488.4222 22.0

37 530 5982
Chief of Brain and Spinal Cord Injury
Thom DeLilla
83007 245-4045

37 540 8550
Chief of On-Site Sewage Control & Refugee Health Programs
Gerald Briggs
61185 245-4075

37 530 8395
Chief of Tuberculosis Control & Refugee Health
James Cobb
53732 245-4301

37 540 8739
Chief of CPT / Special Technology
Peggy Scheuemann
00816 245-4220

Board Executive Directors
(8)
Medicine
Dentistry
Pharmacy
Osteo/Massage
Nursing
Chiropractic/Clinical Lab
Medical Thpy
EMT/Paramedic/Rad Tech

37 540 8972
Chief of Revenue Management
Roger Twitchell
25789 245-4503

50 540 9822
Superintendent, AG Holley
Ray Collins
30305 SC 256-3751

HEALTH, DEPARTMENT OF		FISCAL YEAR 2008-09			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,789,104,407		73,246,860	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		37,778,189		-2,000,000	
FINAL BUDGET FOR AGENCY		2,826,882,596		71,246,860	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
<i>Executive Direction, Administrative Support and Information Technology (2)</i>					71,246,860
Health Services To Inmates * Number of correctional institutions surveyed and reviewed		14	70,678.29	989,496	
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.		1,270,028,043	0.02	22,352,451	
Community Based Anti-tobacco Activities * Number of community based anti-tobacco activities.		9,054	2,942.28	26,639,364	
Provide Quitline Services * Number of call to the Florida Quit-for-Life Line. (includes nicotine replacement therapy)		23,451	245.10	5,747,884	
Provide School Health Services * Number of school health services provided		22,514,859	2.98	67,020,490	
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care.		171,591	337.00	57,826,657	
Provide Healthy Start Services * Number of Healthy Start clients.		307,179	541.18	166,238,698	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants		496,765	805.57	400,178,313	
Child Care Food Nutrition * Number of child care meals served monthly		8,980,000	16.25	145,945,886	
Provide Family Planning Services * Number of family planning clients.		214,872	292.46	62,840,445	
Provide Primary Care For Adults And Children * Number of adults and children receiving well child care and care for acute and episodic illnesses and injuries.		291,652	455.80	132,934,736	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.		149,193	228.30	34,061,225	
Recruit Volunteers * Number of volunteers recruited.		25,754	17.35	446,858	
Provide Immunization Services * Number of immunization services provided		1,341,228	32.45	43,527,656	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.		123,380	306.46	37,811,220	
Provide Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (hiv/Aids) Services * Persons receiving HIV patient care and case management from Ryan White Consortia and General Revenue Networks		30,118	5,095.73	153,473,085	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.		305,092	138.08	42,125,636	
Operate Ag Holley Tuberculosis Hospital * Number of patient days.		14,000	1,197.95	16,771,326	
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.		125,224	139.26	17,438,300	
Monitor And Regulate Facilities * Number of facility inspections.		226,668	147.64	33,465,799	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.		194,184	212.52	41,267,287	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.		87,741	127.18	11,158,663	
Racial And Ethnic Disparity Grant * Number of projects.		49	31,349.73	1,536,137	
Provide Community Hygiene Services * Number of Community Hygiene Health Services		108,439	103.00	11,169,599	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.		217,578	59.83	13,018,588	
Record Vital Events - Chd * Number of vital events recorded.		436,833	28.24	12,334,711	
Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.		632,893	21.80	13,796,927	
Provide Public Health Pharmacy Services * Number of drug units distributed.		44,629,555	2.52	112,409,451	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.		5,321,977	8.04	42,773,885	
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)		53,165	1,423.71	75,691,798	
Early Intervention Services * Children provided early intervention services		40,501	1,295.99	52,488,810	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments		28,835	647.99	18,684,747	
Poison Control Centers * Number of telephone consultations.		196,296	15.19	2,982,228	
Pediatric Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (hiv/Aids) * Number of pediatric patients served		2,000	1,043.03	2,086,053	
Genetic Intervention * Number of genetic evaluations.		1,779	549.47	977,507	
Sickle Cell Screening And Intervention * Number of programs presented		1,109	1,165.06	1,292,047	
Children's Medical Services Network * Number of children enrolled		83,210	2,766.55	230,204,832	
Regional Perinatal Intensive Care Centers * Number of eligible regional perinatal intensive care centers newborns, obstetrical patients, obstetrical satellite clinic patients and transported patients in the program.		17,373	96.57	1,677,670	
Kidney Disease * Number of children enrolled		737	1,562.45	1,151,523	
Issue Licenses And Renewals * Health care practitioner licenses issued		392,399	107.02	41,993,310	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.		854	2,200.09	1,878,879	
Profile Practitioners * Number of visits to practitioner profile website.		979,516	1.20	1,171,905	
Support Area Health Education Centers * Number of providers receiving continuing education.		15,762	624.03	9,835,940	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.		181	1,176.67	212,977	
Support Local Health Planning Councils * Number of Local Health Councils Supported.		11	89,012.18	979,134	
Support Rural Health Networks * Rural Health Networks supported.		9	392,623.78	3,533,614	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.		3,250	8,606.59	27,971,432	
Dispense Grant Funds To Local Providers * Number of disbursements.		111	98,122.13	10,891,556	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations		261,108	404.36	105,580,827	
Investigative Services * Number of practitioner cases investigated.		36,231	421.08	15,256,006	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.		9,682	1,501.23	14,534,871	
Consumer Services * Number of complaints resolved.		26,390	164.99	4,354,024	
TOTAL				2,352,732,463	71,246,860
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				339,262,316	
REVERSIONS				134,886,440	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,826,881,219	71,246,860

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND SHOULD NOT:

*** NO ACTIVITIES FOUND ***

THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT:
 (NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION TECHNOLOGY)

*** NO OPERATING CATEGORIES FOUND ***

THE FOLLOWING ACTIVITIES DO NOT HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND ARE REPORTED AS 'OTHER' IN SECTION III: (NOTE: 'OTHER' ACTIVITIES ARE NOT 'TRANSFER-STATE AGENCY' ACTIVITIES OR 'AID TO LOCAL GOVERNMENTS' ACTIVITIES. ALL ACTIVITIES WITH AN OUTPUT STANDARD (RECORD TYPE 5) SHOULD BE REPORTED IN SECTION II.)

BE	PC	CODE	TITLE	EXPENDITURES	FCO
64400200	1306000000	ACT2770	PASS-THROUGH OF STATE FUNDS TO	289,242,884	
64200800	1602000000	ACT2840	DISASTER PREPAREDNESS	917,863	
64400200	1301000000	ACT4280	PASS THROUGH TO SHANDS TEACHING	14,673,569	
64400200	1301000000	ACT4290	PASS THROUGH TO COMMUNITY HOSPITALS	14,428,000	
64400200	1301000000	ACT4310	PASS THROUGH TO JACKSON MEMORIAL	20,000,000	

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 64	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	2,826,882,596	71,246,860
TOTAL BUDGET FOR AGENCY (SECTION III):	2,826,881,219	71,246,860
DIFFERENCE:	1,377	
(MAY NOT EQUAL DUE TO ROUNDING)	=====	=====

DEPARTMENT OF HEALTH
SCHEDULE XII
(This schedule is not applicable)

DEPARTMENT OF HEALTH
SCHEDULE XIII
(This schedule is not applicable)

Schedule XIV
Variance from Long Range Financial Outlook

Agency: Health Contact: Terry Walters

Article III, Section 19(a)3, Florida Constitution, requires each agency Legislative Budget Request to be based upon and reflect the long range financial outlook adopted by the Joint Legislative Budget Commission or to explain any variance from the outlook.

- 1) Does the long range financial outlook adopted by the Joint Legislative Budget Commission in September 2009 contain revenue or expenditure estimates related to your agency?

Yes No

- 2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2010-2011 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request.

	Issue (Revenue or Budget Driver)	R/B*	FY 2010-2011 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Tobacco Awareness	B	-1.4	N/A
b	Cancer Research	B	50	N/A
c	Rural Hospital Capital Improvement	B	2	N/A
d	Capital Improvement/Maintenance and Repair	B	17	10.7
e	Information Systems	B	2.7	5.3
f				

- 3) If your agency's Legislative Budget Request does not conform to the long range financial outlook with respect to the revenue estimates (from your Schedule I) or budget drivers, please explain the variance(s) below.

The Tobacco Awareness (consumer price index change), Cancer Research (biomedical) and Rural Hospital Capital Improvement issues are typically not requested by the department. The appropriations are given to the department during the legislative session. The Maintenance and Repair issue consists of centrally managed projects. The Information Systems issue consists of the Women, Infants and Children (WIC) Data System, Electronic Oral Health Record project and Children's Medical Services (CMS) Infrastructure Development project.

* R/B = Revenue or Budget Driver

DEPARTMENT OF HEALTH
ADMINISTRATIVE SUPPORT EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
ADMINISTRATIVE SUPPORT SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Administrative Trust Fund
LAS/PBS Fund Number:	64100200 Executive Direction & Support Services
	2021

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	9,438,452.75 (A)		9,438,452.75
ADD: Other Cash (See Instructions)	595.50 (B)		595.50
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	482,185.62 (D)	0.00	482,185.62
ADD: Other Current Assets	0.00 (E)		0.00
Total Cash plus Accounts Receivable	9,921,233.87 (F)	0.00	9,921,233.87
LESS: Allowances for Uncollectibles	-78.00 (G)		-78.00
LESS: Approved "A" Certified Forwards	-324,971.68 (H)		-324,971.68
Approved "B" Certified Forwards	-92,636.97 (H)		-92,636.97
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	-3,334.40 (I)		-3,334.40
LESS: Current Deferred Revenues	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	9,500,212.82 (K)	0.00	9,500,212.82 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Tobacco Settlement Trust Fund

Budget Entity:

64100200 Executive Direction and Support Services

LAS/PBS Fund Number:

2122

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	18,205,764.65 (A)		18,205,764.65
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments	0.00 (C)		0.00
ADD: Outstanding Accounts Receivable	21,588,086.46 (D)		21,588,086.46
ADD:			0.00
Total Cash plus Accounts Receivable	39,793,851.11 (F)	0.00	39,793,851.11
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards			0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Transfers Within The Fund	0.00 (J)		0.00
LESS: Reserved For FCO	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	39,793,851.11 (K)	0.00	39,793,851.11 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Federal Grants Trust Fund

Budget Entity:

64100200 Executive Direction and Support Services

LAS/PBS Fund Number:

2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	212,722.05 (A)		212,722.05
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	7,678.08 (D)		7,678.08
ADD:			0.00
Total Cash plus Accounts Receivable	220,400.13 (F)	0.00	220,400.13
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-10,783.64 (H)		-10,783.64
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Deferred Revenues	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	209,616.49 (K)	0.00	209,616.49 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Federal Grants Trust Fund
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(236,991.75)"/>	(A)
Add/Subtract:		
	<input type="text" value="0.00"/>	(B)
Other Adjustment(s):		
Accounts Payable Not Certified Forward	<input type="text" value="27,375.26"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="(209,616.49)"/>	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="209,616.49"/>	(E)
DIFFERENCE:	<input type="text" value="0.00"/>	(F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Administrative Trust Fund
LAS/PBS Fund Number: 2021 - B/E 64100200

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 (9,199,600.90) (A)

Add/Subtract: (B)

Other Adjustment(s):

Accounts Payable Not Certified Forward (316,208.37) (C)

Financial Statement Adjustment Between B/E 15,596.45 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: (9,500,212.82) (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 9,500,212.82 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64100200

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AC-08-005	June 30, 2009	Office of Minority Health	In an effort to increase competition, Office of Minority Health limited applicants to address 1 health disparity, perhaps overshadowing a greater goal to improve health outcomes of racial and ethnic programs. <i>We recommend that for future grant cycles, the Office of Minority Health consider removing from the grant criteria stipulations that an applicant apply for</i>	Explore alternatives to increase competition for Closing the Gap (CTG) grants and consider removing the restriction that limit the number of applications an organization may submit when applying for CTG funding.	

Office of Policy and Budget - July 2009

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64100200

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-141	June 30, 2008	Division of Administration	DOH continued to utilize contracts to acquire staff to administer DOH grant activities although the express statutory authority to do so was not clear. Additionally, DOH did not fairly state the status of a similar finding in the Summary Schedule of Prior Audit Findings (SSPAF). <i>We recommend that DOH seek the Attorney General's opinion regarding whether governing State laws authorize FDOH to secure, through staffing contracts, the services of staff to supplement authorized full-time equivalent staff positions. Absent an opinion of the Attorney General affirming DOH's authority, DOH should discontinue the use of staffing contracts.</i>	DOH has received repeated assurances from its attorneys that it has sufficient authority to enter contracts for staff services. If contracts for staff services are not allowed under state law then the contractor would be in peril since the contract could be void. No attorney for contract providers or DOH attorney has ever questioned the lawful authority for such contracts. DOH will not seek the opinion of the attorney general as it has received the legal opinion of its own attorneys. The attorney general notes on his web site, "Attorney General Opinions are not a substitute for the advice and counsel of the attorneys who represent governmental agencies and officials	
09-018	June 30, 2009	Division of Administration	DOH procedures did not ensure timely deletion of Florida Accounting Information Resource (FLAIR) Subsystem user access for terminated employees. <i>To ensure that only authorized individuals have access to DOH accounting records, we recommend that DOH finalize a process to timely remove FLAIR user access upon an employee's separation from DOH.</i>	Completed. A process was established where Personnel will provide the Office of Policy and Systems a monthly listing of employees separated from the department during that month. Policy and Systems will compare this listing against FLAIR Resource Access Control Facility (RACF) and Access Control records deleting records or revoking authority as appropriate for active FLAIR security records with a	
09-018	June 30, 2009	Division of Administration	DOH did not always timely record property items in the FLAIR Property Subsystem. <i>We recommend that DOH continue its efforts to ensure property acquisitions are timely recorded</i>	Completed. Process was established and implemented by 12/10/08. DOH continues to communicate with end users.	

09-018	June 30, 2009	Division of Administration	DOH did not always accurately record the acquisition cost of property items in the FLAIR Property Subsystem. <i>To ensure that property items are correctly valued, we recommend that DOH strengthen its policies and procedures to better define the elements of acquisition cost.</i>	Completed. Department of Health Policy (DOHP) 250-11-09 was updated and signed by the State Surgeon General on 2/2/09.	
09-018	June 30, 2009	Division of Administration	Physical inventories were not always conducted by appropriate DOH staff. <i>We recommend that DOH take appropriate actions to monitor policy and procedure compliance to better ensure that the property custodian's delegates do not perform the required annual physical inventories.</i>	Completed. Clarified the inventory package instructions to ensure inventories are conducted as outlined in the DOHP 250-11-05 policy.	
09-018	June 30, 2009	Division of Administration	DOH did not document property disposals in accordance with applicable laws and rules. <i>We recommend DOH re-establish the use of the Memorandum of Disposal form or require some other method of documentation to ensure that future disposals and related records conform to the requirements of applicable laws and rules.</i>	1. Completed. Revised the Certificate of State Surplus Property Form (DH1100). 2. A change request has been submitted to the Asset Manager System (12/16/08 footprint ticket) to add the revised form.	
09-018	June 30, 2009	Division of Administration	In some instances, DOH employees either did not complete or did not appropriately complete notifications of additional employment. <i>We recommend that DOH communicate the need to adhere to established policies regarding additional employment. We also recommend that DOH, through the performance of record matching procedures, periodically identify employees who also have a vendor relationship with DOH and ensure that the relationship has been reported to and appropriately reviewed by</i>	Ongoing. Request the Dual Employment report from the Department of Management Services twice per year to verify the receipt of Dual Employment forms.	
09-018	June 30, 2009	Division of Administration	DOH did not always conduct leave balance audits for employees separating from DOH. In addition, leave balance audit adjustments were not always reviewed for accuracy. <i>We recommend that DOH continue to remind CHDs to perform leave balance audits for terminating employees. In addition, we recommend that DOH implement procedures for the review of leave balance record adjustments.</i>	Completed. Leave and attendance audits are a requirement due to the problems with the People First system. County health departments are instructed to complete leave and attendance audits upon termination and randomly. It has also been recommended that leave balance adjustments be verified the day after the input occurs. Additionally, the Leave and Attendance Desk Manual was updated to reflect the verification	

09-144	June 30, 2009	Division of Administration	<p>Contrary to State law, DOH made payments to a health science center affiliate (component unit) of University of Florida (UF) that was not a party to the contract under which the payments were made. Additionally, DOH and UF had not effectively implemented policies and procedures to monitor Federally-funded contracts. <i>DOH should implement adequate procedures to ensure that payments for all Federal contracts go directly to the party stated in the contract. Also, DOH should enter into a subaward agreement with the Component Unit (CU) if it is necessary for the funds to go directly to the CU. UF should follow established directives and procedures to ensure that Federal contracts for which UF has responsibility are executed by the appropriate contracting</i></p>	<p>1. Completed. Amended Children's Medical Services (CMS) contract to ensure that payments are made and sent to the contractual entity name as specified in the contract.</p> <p>2. Completed. Required contractual providers to submit a W-9 form to ensure that the name of the legal entity and Federal Employer Identification (FEID) number agrees.</p>	
09-144	June 30, 2009	Division of Administration	<p>Contrary to Federal requirements, FDOH did not always maintain records to support salary and benefits charged to the Program. Additionally, FDOH charged a portion of the salary of one contract employee to the Program when the employee's job duties were related to another person. <i>We recommend that the FDOH maintain time and effort records or payroll certifications as appropriate for all employees that work on Federal programs. We also recommend that FDOH restore to the Program, funds inappropriately charged for the contract</i></p>	<p>1. Complete. DOHP 57-03-07 Bureau of Revenue Management Time Keeping Requirements for Federal Programs has been implemented.</p> <p>2. Complete. Center for Disease Control (CDC) approved the request submitted on January 28, 2009 for payment as documented in the Notice of Grant Award dated February 20, 2009.</p>	
09-144	June 30, 2009	Division of Administration	<p>DOH charged the Federal grant award for obligations incurred prior to the grant award period. <i>As this is an isolated instance, we recommend that DOH consult with the Federal grantor agency as to resolution of this matter.</i></p>	<p>Partially completed. On February 26, 2009, the Department of Health and Human Services' (DHHS) Assistant Secretary for Preparedness & Response (ASPR) Grants Management Specialist denied our request to use current year grant funds to pay for previous grant year services. DOH has moved these</p>	

09-144	June 30, 2009	Division of Administration	We noted one instance in which DOH paid for goods prior to receipt and had not subsequently documented in the procurement records that the goods were received. Additionally, DOH did not ensure that items were recorded in the property records at the correct costs. <i>We recommend that DOH ensure that payments are made only for goods actually received. Additionally, DOH should record property items at the appropriate cost in the property</i>	1. Completed. DOH Bureau of Finance and Accounting provided additional training and instruction in regards to proper procedures for the approval and payment of goods in MyFloridaMarketPlace. (December 2008) 2. Completed. All program offices were notified during a budget lead meeting/conference call conducted in	
09-144	June 30, 2009	Division of Administration	DOH used the Other Cost Accumulator (OCA) field as an essential control for identifying and recording revenue and expenditures in the State's accounting system relative to specific activities. To account for Federal grants, the DOH maintains the Other Cost Accumulator Management System (OCAMAN) that provides a description of the activities and the funding source for each OCA. <i>DOH management indicated that they are in the process of redesigning the OCAMAN system. We recommend that DOH establish and implement</i>	Completed. OCAMAN redesign was tested and operational 6/30/08. http://dohswebchd6402/OCAMAN/	
09-144	June 30, 2009	Division of Administration	DOH procedures for preparing the Schedule of Expenditures of Federal Awards (SEFA) data form were not sufficient to ensure amounts reported were accurate. <i>We recommend DOH ensure its procedures for determining amounts to report on the SEFA data form include use of complete and accurate financial and contract information. Additionally, DOH should ensure that the methodology used to determine accounts payable accrual amounts at fiscal year-end provides a reasonable estimate of</i>	1. Completed. Reviewed procedures to determine amount to report on SEFA is accurate and complete. 2. Completed. DOH re-evaluated the automation process and its methodology to prevent future re-occurrences.	
09-144	June 30, 2009	Division of Administration	DOH continued to utilize contracts to acquire staff to administer DOH grant activities, although the statutory authority for doing so had not been clarified. <i>We recommend that DOH obtain the legal interpretation from the Florida Department of Management Services, and provide it to the DHHS Inspector General's office for consideration. We will review subsequent Program Determination Letters in</i>	Finding No Longer Valid. DHHS agreed with the Legal Opinion from Florida Department of Management Services and DOH.	

AC-08-001	June 30, 2008	Division of Administration	DOH's policy does not sufficiently explain that the term "official state business" may not be construed to permit the use of a vehicle for commuting purposes. <i>We recommend DOH's Management of Vehicles policy be amended to sufficiently explain that the term "official state business" does not include the use of a vehicle</i>	Policy has been revised and routed for State Surgeon General's signature.	
AC-08-001	June 30, 2008	Division of Administration	DOH policy does not adequately address assignment of vehicles. <i>We recommend management amend its policy to make clear vehicles may only be assigned if an employee is projected to drive a minimum of 10,000 miles on official state business, with preference to those who drive over 15,000 miles on official</i>	Policy has been revised and routed for State Surgeon General's signature.	
AC-08-002	June 30, 2008	Division of Administration	Headquarters reports Environmental Health Aged Accounts Receivable balances as reported by CHDs, but has not developed and finalized its policy on whether such balances are, in fact, receivables. <i>We recommend management timely conclude regarding its policy of Accounts Receivable related to fees, permits, and licenses, so that program offices and CHDs may adopt and follow related procedures. We recommend that (should DOH management determine that uncollected fees associated with Environmental Health permits are in fact Accounts Receivable) the Division of Environmental Health take an active role in the accuracy and reliability of all such related data</i>	Completed. The Bureau of Finance & Accounting removed those references to amounts within Division of Environmental Health's CENTRAX system, and added that any amounts from final orders may be tracked as accounts receivable within the Health Management System (HMS).	
AC-08-002	June 30, 2008	Division of Administration	Aged Accounts Receivable data as received by the Bureau of Finance & Accounting is formatted differently than the data as submitted to that Bureau by the Division of Environmental Health. <i>We recommend management correct coding so the columns related to specific time periods in the aging of accounts receivable accurately reflects the true periods as reported by CHDs.</i>	Completed. The Bureau of Finance & Accounting removed those references to amounts within Division of Environmental Health's CENTRAX system, and added that any amounts from final orders may be tracked as accounts receivable within the Health Management System (HMS). The Division of Environmental Health assisted the	

AC-08-002	June 30, 2008	Division of Administration	Accounts Receivable data as collected by the Division of Environmental Health in CENTRAX for reporting to the Bureau of Finance & Accounting included illogical financial relationships in the aging of receivables at each CHD. <i>We recommend Division of Environmental Health management determine and address the cause of illogical financial relationships in the aging of environmental health accounts receivables</i>	Completed. The Bureau of Finance & Accounting removed those references to amounts within Division of Environmental Health's CENTRAX system, and added that any amounts from final orders may be tracked as accounts receivable within the Health Management System (HMS). The Division of Environmental Health assisted the Bureau of Finance and	
AC-08-002	June 30, 2008	Division of Administration	Accounts Receivable data submitted by Division of Environmental Health for publication may not accurately reflect data at CHD level. <i>We recommend Division of Environmental Health management develop a control to determine and verify on at least a selected test basis, that environmental health accounts receivables data is accurate. We also recommend Division of Environmental Health management determine and address the cause of differing data at</i>	Completed. The Bureau of Finance & Accounting removed those references to amounts within Division of Environmental Health's CENTRAX system, and added that any amounts from final orders may be tracked as accounts receivable within the Health Management System (HMS). The Division of Environmental Health assisted the Bureau of Finance and	

Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Administrative Support

Agency Budget Officer/OPB Analyst Name: Agency: Terry Walters / OPB: Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)			
			64100200	

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y	
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y	

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y	
1.4 Has security been set correctly? (CSDR, CSA)			Y	
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y	
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y	
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y	

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y	
--	--	--	---	--

Action		Program or Service (Budget Entity Codes)			
				64100200	
AUDITS:					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y	
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	N/J see below			
	There are instances where A01 does not equal B08 because B08 is greater than B04.				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				

Action		Program or Service (Budget Entity Codes)			
				64100200	
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?			Y	
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y	
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y	
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y	
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y	
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y	
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADAC)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y	
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y	

Action		Program or Service (Budget Entity Codes)			
				64100200	
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			NA	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			NA	
7.14	Do the amounts reflect appropriate FSI assignments?			Y	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			NA	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			N/A	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			N/A	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y	

Action		Program or Service (Budget Entity Codes)			
				64100200	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y	
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y	
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			NA	

Action		Program or Service (Budget Entity Codes)			
				64100200	
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			NA	
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y	
8.10	Are the statutory authority references correct?			Y	
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y	
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y	
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y	
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y	
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y	
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y	
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y	
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y	
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y	
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y	
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	

Action		Program or Service (Budget Entity Codes)			
				64100200	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Amounts other than pay grade minimum are justified.	
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity Codes)			
				64100200	
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y	
13. SCHEDULE VIII-B-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIII-B-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				

Action		Program or Service (Budget Entity Codes)			
				64100200	
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	

DEPARTMENT OF HEALTH
INFORMATION TECHNOLOGY EXHIBITS AND SCHEDULES

**DEPARTMENT OF HEALTH
INFORMATION TECHNOLOGY SCHEDULE I SERIES**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64100400 Information Technology
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	-93,655.89 (A)		-93,655.89
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	212,772.70 (D)	0.00	212,772.70
ADD: Other Current Assets	0.00 (E)		0.00
Total Cash plus Accounts Receivable	119,116.81 (F)	0.00	119,116.81
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-729,126.63 (H)		-729,126.63
Approved "B" Certified Forwards	-26,042.20 (H)		-26,042.20
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Fund Balance Reserved For Encumbrances	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	-636,052.02 (K)	0.00	-636,052.02 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
 Trust Fund Title: Administrative Trust Fund
 LAS/PBS Fund Number: 2021 - B/E 64100400

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 651,700.59 (A)

Add/Subtract:

0.00 (B)

(B)

Other Adjustment(s):

Accounts Payable Not Certified Forward (52.12) (C)

Financial Statement Adjustment Between B/E (15,596.45) (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 636,052.02 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (636,052.02) (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

#

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Information Technology

Agency Budget Officer/OPB Analyst Name: Agency: Terry Walters / OPB: Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)			
			64100400	

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y	
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y	

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y	
1.4 Has security been set correctly? (CSDR, CSA)			Y	
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y	
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y	
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y	

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y	
--	--	--	---	--

Action		Program or Service (Budget Entity Codes)			
				64100400	
AUDITS:					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y	
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)			Y	
<i>Please note that the LBR Instructions reference the wrong B column.</i>					

Action		Program or Service (Budget Entity Codes)			
				64100400	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>				N/J see below
	There are instances where A01 does not equal B08 because B08 is greater than B04.				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?			Y	
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y	
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y	
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y	
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y	
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y	
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y	
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y	

Action		Program or Service (Budget Entity Codes)			
				64100400	
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			Y	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			NA	
7.14	Do the amounts reflect appropriate FSI assignments?			Y	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			NA	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			N/A	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			N/A	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L)))			Y	

Action		Program or Service (Budget Entity Codes)			
				64100400	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y	
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y	
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			NA	
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			NA	
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y	
8.10	Are the statutory authority references correct?			Y	

Action		Program or Service (Budget Entity Codes)			
				64100400	
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y	
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y	
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y	
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y	
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y	
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y	
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y	
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y	
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y	
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y	
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	

Action		Program or Service (Budget Entity Codes)			
				64100400	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Amounts other than pay grade minimum are justified.	
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					

Action		Program or Service (Budget Entity Codes)			
				64100400	
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			NA	
13. SCHEDULE VIII-B-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIII-B-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				

		Program or Service (Budget Entity Codes)			
Action				64100400	
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	

DEPARTMENT OF HEALTH
FAMILY HEALTH SERVICES EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
FAMILY HEALTH SERVICES SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Administrative Trust Fund
LAS/PBS Fund Number:	64200300 Community Public Health - Family Health Services
	2021

	Balance as of 6/30/2008		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	28,259.75	(A)			28,259.75
ADD: Other Cash (See Instructions)		(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	0.00	(D)			0.00
ADD: Other Current Assets		(E)			0.00
Total Cash plus Accounts Receivable	28,259.75	(F)	0.00		28,259.75
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards		(H)			0.00
Approved "B" Certified Forwards	0.00	(H)			0.00
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)		(I)			0.00
LESS: Transfers Within FID	0.00	(J)			0.00
Unreserved Fund Balance, 07/01/09	28,259.75	(K)	0.00		28,259.75 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Rape Crisis Program Trust Fund

Budget Entity:

64200300 Community Public Health - Family Health Services

LAS/PBS Fund Number:

2089

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,612,219.13 (A)		1,612,219.13
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable			0.00
ADD:			0.00
Total Cash plus Accounts Receivable	1,612,219.13 (F)	0.00	1,612,219.13
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-69,000.00 (H)		-69,000.00
Approved "B" Certified Forwards			0.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	1,543,219.13 (K)	0.00	1,543,219.13 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Tobacco Settlement Trust Fund

Budget Entity:

64200300 Community Public Health - Family Health Services

LAS/PBS Fund Number:

2122

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,839.15 (A)		2,839.15
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable			0.00
ADD: Transfer From 20-2-122001 64100200	0.00 (E)		0.00
Total Cash plus Accounts Receivable	2,839.15 (F)	0.00	2,839.15
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS: Transfers Within The Fund	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	2,839.15 (K)	0.00	2,839.15 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Epilepsy Services Trust Fund

Budget Entity:

64200300 Community Public Health - Family Health Services

LAS/PBS Fund Number:

2197

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	123,841.06	(A)			123,841.06
ADD: Other Cash (See Instructions)		(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable		(D)			0.00
ADD:		(E)			0.00
Total Cash plus Accounts Receivable	123,841.06	(F)	0.00		123,841.06
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	-693.63	(H)			-693.63
Approved "B" Certified Forwards	0.00	(H)			0.00
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	-4,853.88	(I)			-4,853.88
LESS:		(J)			0.00
Unreserved Fund Balance, 07/01/09	118,293.55	(K)	0.00		118,293.55 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Federal Grants Trust Fund

Budget Entity:

64200300 Community Public Health - Family Health Support Services

LAS/PBS Fund Number:

2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,716,943.77 (A)		1,716,943.77
ADD: Other Cash (See Instructions)	2,698,391.56 (B)		2,698,391.56
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	18,557,958.44 (D)		18,557,958.44
ADD:			0.00
Total Cash plus Accounts Receivable	22,973,293.77 (F)	0.00	22,973,293.77
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-21,964,369.26 (H)		-21,964,369.26
Approved "B" Certified Forwards	-444,787.82 (H)		-444,787.82
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Deferred Revenue	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	564,136.69 (K)	0.00	564,136.69 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Grants and Donations Trust Fund
Budget Entity:	64200300
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,165.57	(A)			3,165.57
ADD: Other Cash (See Instructions)	0.00	(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	0.00	(D)			0.00
ADD: Due From Other Departments	0.00	(E)			0.00
Total Cash plus Accounts Receivable	3,165.57	(F)	0.00		3,165.57
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	-3,347.20	(H)			-3,347.20
Approved "B" Certified Forwards		(H)			0.00
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00	(I)			0.00
LESS:		(J)			0.00
Unreserved Fund Balance, 07/01/09	-181.63	(K)	0.00		-181.63 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Welfare Transition Trust Fund
Budget Entity:	64200300 Community Public Health - Family Health Support Services
LAS/PBS Fund Number:	2401

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	176,843.00 (A)		176,843.00
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable			0.00
ADD:			0.00
Total Cash plus Accounts Receivable	176,843.00 (F)	0.00	176,843.00
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-158,336.00 (H)		-158,336.00
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	18,507.00 (K)	0.00	18,507.00 **

Notes:

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** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Maternal and Child Health Block Grant Trust Fund

Budget Entity:

64200300 Community Public Health - Family Health Services

LAS/PBS Fund Number:

20-2-475004

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00	(A)			0.00
ADD: Other Cash (See Instructions)	0.00	(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	55,274.58	(D)			55,274.58
ADD: Transfer to B/E 64300100	0.00	(E)			0.00
Total Cash plus Accounts Receivable	55,274.58	(F)	0.00		55,274.58
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	(55,274.58)	(H)			(55,274.58)
Approved "B" Certified Forwards	(1,258.61)	(H)			(1,258.61)
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00	(I)			0.00
LESS: Deferred Revenue	0.00	(J)			0.00
Unreserved Fund Balance, 07/01/09	(1,258.61)	(K)	0.00		(1,258.61)**

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Preventive Health Block Grant Trust Fund

Budget Entity:

64200300 Community Public Health - Family Health Services

LAS/PBS Fund Number:

2539

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	712,583.93 (A)		712,583.93
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	147,924.73 (D)		147,924.73
ADD: Due From Federal Government	0.00 (E)		0.00
Total Cash plus Accounts Receivable	860,508.66 (F)	0.00	860,508.66
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-35,908.19 (H)		-35,908.19
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:			0.00
LESS: Deferred Revenues	-39,000.20 (J)		-39,000.20
Unreserved Fund Balance, 07/01/09	785,600.27 (K)	0.00	785,600.27 **

Notes:

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RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
 Trust Fund Title: Administrative Trust Fund
 LAS/PBS Fund Number: 2021 - B/E 64200300

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 (2,194,704.59) (A)

Add/Subtract:

BE out of Balance - See 64200600 2,166,444.84 (B)

Other Adjustment(s):

Cash from FID 20-2021042 B/E 64200600 0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

0.00

ADJUSTED BEGINNING TRIAL BALANCE: (28,259.75) (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 28,259.75 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
 Trust Fund Title: Federal Grants Trust Fund
 LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	15,435,932.21	(A)
Add/Subtract:		
Out of Balance	0.00	(B)
Other Adjustment(s):		
Accounts Payable Not Certified Forward	-15,987,269.94	(C)
	0.00	(C)
	0.00	(C)
Fund Out of Balance	(12,798.96)	(C)
	0.00	(C)
	0.00	(C)
ADJUSTED BEGINNING TRIAL BALANCE:	(564,136.69)	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	564,136.69	(E)
DIFFERENCE:	0.00	(F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Grants & Donations Trust Fund
LAS/PBS Fund Number: 20-2-339060

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 181.63 (A)

Add/Subtract:

BE Not Balanced - See 64100200 0.00 (B)

Other Adjustment(s):

Accounts Payable - Not Certified Forward 0.00 (C)

Compensated Absences 0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 181.63 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (181.63) (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
 Trust Fund Title: Welfare Transition Trust Fund
 LAS/PBS Fund Number: 20-2-401001

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 0.00 (A)

Add/Subtract:

Financial Statement Adjustment - Decrease Certified Forwards (18,507.00) (B)

Financial Statement Adjustment - Receivable from DCF 0.00 (B)

Other Adjustment(s):

0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: (18,507.00) (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 18,507.00 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Maternal and Child Health Block Grant Trust Fund
LAS/PBS Fund Number: 2475

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 724.20 (A)

Add/Subtract:

0.00 (B)

Other Adjustment(s):

Accounts Payable Not Certified Forward (724.20) (C)

Encumbrances not reserved 1,258.61 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 1,258.61 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (1,258.61) (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Preventive Health services Block Grant Trust Fund
LAS/PBS Fund Number: 20-2-539002 - B/E 64200300

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(785,346.61) (A)]

Add/Subtract:

[0.00 (B)]

Other Adjustment(s):

Expenditures Not Certified Forward [(253.66) (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(785,600.27) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [785,600.27 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

FLORIDA DEPARTMENT OF HEALTH

SCHEDULE IV-B

FOR

ELECTRONIC ORAL HEALTH RECORD

(EOHR) PROJECT

FOR

FISCAL YEAR 2010-11



State of Florida

The Florida Legislature

Governor's Office of Policy and Budget




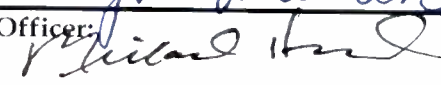
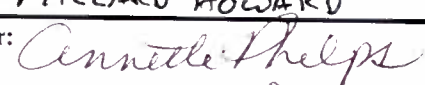
October 15, 2009

Table of Contents

I.	Schedule IV-B Cover Sheet	3
II.	Major Project Risk Assessment Component.....	4
	A. Risk Assessment Tool	4
	B. Risk Assessment Summary	4
III.	Technology Planning Component	6
	A. Current Information Technology Environment.....	6
	B. Proposed Solution Description.....	6
	C. Capacity Planning	12
	D. Analysis of Alternatives	13
IV.	Project Management Planning Component	19
	A. Project Charter	19
	B. Work Breakdown Structure	19
	C. Resource Loaded Project Schedule	19
	D. Project Budget	20
	E. Project Management Plan.....	20
V.	Appendices	21

FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Florida Department of Health	Schedule IV-B Submission Date:
Project Name: Electronic Oral Health Record (EOHR)	Is this project included in the Agency's LRPP? ____ Yes ____ No
FY 2010-11 LBR Issue Code:	FY 2010-11 LBR Issue Title:
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address):	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:  Printed Name:	Date: 10/9/09
Agency Chief Information Officer:  Printed Name: David Stokes	Date: 10/8/09
Budget Officer:  Printed Name:	Date: 10/8/09
Planning Officer:  Printed Name: MILLARD HOWARD	Date: 10/8/09
Project Sponsor:  Printed Name: ANNETTE PHELPS	Date: 10/8/09
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	N/A
Cost Benefit Analysis:	N/A
Risk Analysis:	Michael Cragg, 850-245-4444 x3823, michael_cragg@doh.state.fl.us
Technology Planning:	Michael Cragg, 850-245-4444 x3823, michael_cragg@doh.state.fl.us
Project Planning:	Michael Cragg, 850-245-4444 x3823, michael_cragg@doh.state.fl.us

II. Major Project Risk Assessment Component

The Major Project Risk Assessment Component identifies the risks faced by the project so the agency can enact appropriate mitigation strategies for managing those risks. **This Feasibility Study Component is required for all Information Technology (IT) projects.**

A. Risk Assessment Tool

Purpose: To provide an initial high-level assessment of overall risk incurred by the project to enable appropriate risk mitigation and oversight to improve the likelihood of project success.

Eight major project risk assessment areas:

- Strategic
- Technology
- Change Management
- Communication
- Fiscal
- Project Organization
- Project Management
- Project Complexity

(See 'Attachment A – Risk Assessment' for the Technology Review Workgroup (TRW) Risk Assessment completed for the EOHR project)

B. Risk Assessment Summary

Purpose: To identify the overall level of risk associated with the project and provide an assessment of the project's alignment with business objectives.

Discuss the results from the *Project Risk Area Summary Table* and the *Project Risk Summary Chart*.

(See 'Attachment B – Risk Register' for a log and assessment of each of the EOHR project's identified risks)

Based on the results of the risk assessment, the EOHR project scores as a highly-aligned and relatively low risk initiative. This is due to several key characteristics of the project.

From a strategic perspective, the project is well-aligned with the overall direction of the department regarding its Electronic Health Record initiative. Therefore, the project is strongly endorsed by all levels of executive management and supports short and long-term goals. This executive support will ensure the project is able to secure the necessary resources to carry it through to completion.

The project's key stakeholders are well-informed and have been involved in the planning of this project from inception. The sponsors of the project are well aware and supportive

of the project objectives and have endorsed the plan for accomplishing those objectives. The involvement of and support by the key stakeholders and sponsors will ensure the project remains a priority within the department. Because planning is a continual process throughout the project lifecycle, involvement of key stakeholders and sponsors will provide guidance in the event the project plan must be adjusted to accommodate unforeseen changes.

The final characteristic, the development approach, is also a key factor in the project's risk score. The project team intends to purchase a Commercial Off-the-Shelf (COTS) software solution. This strategy will allow the department to gain from the selected vendor's vast industry experience at a much lower cost than dedicating internal resources to this effort.

III. Technology Planning Component

Technology Planning Section	\$1-1.99M	\$2 - 10 M		> \$10 M
		Routine upgrades & infrastructure	Business or organizational change	
Current Information Technology Environment		X	X	X
Proposed Solution Description	X	X	X	X
Capacity Planning	X	X	X	X
Analysis of Alternatives	X	X	X	X

Due to the total cost of this project, section 'A' is not required to be completed.

~~A. Current Information Technology Environment~~

~~1. Current System~~

- ~~a. Description of current system~~
- ~~b. Current system resource requirements~~
- ~~c. Current system performance~~

~~2. Strategic Information Technology Direction~~

~~3. Information Technology Standards~~

B. Proposed Solution Description

1. Summary description of proposed system

a. Vision and Benefits

The vision of this project is to create a fully integrated EOHR solution as a component of the Department of Health (DOH) Health Management System (HMS). Users of the system will see the solution not as two separate systems but as one seamlessly integrated solution where navigation between systems is transparent. Patients of the County Health Department (CHD) dental clinics will have improved overall experiences due to increased efficiencies and modernization of clinic operations. Providers within the CHD dental clinics will spend a greater portion of their time in direct service to the patient and less time performing administrative and operational duties. The Division of Family Health Services and the Public Health Dental Program will have access to performance and aggregated outcomes data so the overall quality of services provided can be properly monitored and continuously improved.

A centralized solution is preferred. This will allow the most efficient sharing of patient records among CHD dental clinics. From a technical perspective, a centralized solution will minimize the initial hardware investment, reduce associated system maintenance costs and facilitate centralized reporting. A centralized solution will best align with the department's long-term strategy for an Electronic Health Record.

The end results of this solution are a system that will provide significant cost savings, improved safety for Florida's citizens (those receiving services at the CHDs and dental professionals) and robust reporting functionality that will contribute significantly to the Public Health Dental Program's quality improvement initiatives.

In support of the strategic goals of DOH, use of the EOHR solution will increase availability of dental health care services by improving the efficiency of local operations in order to meet the growing demand for services and thus enable CHDs to increase the number of customers served. Aggregated outcomes data will help identify high-need services and allow for effective distribution of future funds (through increased revenues); ensuring expansion efforts are targeted to areas most in need.

The system will reduce costs by:

- Allowing for maximum utilization of space for operatories. Physical space devoted to record storage and darkroom (if digital radiography is used) will become available and can be converted to additional operatories. Analysis performed during the planning phase determined approximately 6.9% of the space within the CHDs is devoted to storage and darkrooms.
- Eliminating the need to purchase and maintain specific types of supplies. Analysis determined the CHDs collectively spend over \$180,000 annually to purchase the paper dental records. Paper dental folders, x-ray film, developing chemicals and other darkroom supplies (if digital radiography is used) will no longer be necessary. Analysis determined 63% of the CHDs either currently use digital radiography or will convert within one year. Within five years, approximately 96% of the CHDs expect to convert.
- Standardizing software support.
- Increasing operational efficiencies thereby enabling the CHDs to serve the expected increases in clients receiving dental services. Analysis determined CHD staff spends approximately 14 minutes per patient visit locating, pulling and re-filing the paper patient chart. This is a conservative estimate, and when applied to the total number of patient visits collectively at all the CHDs this amounts to over 85,000 hours annually.
- Making the related processes more efficient (barcode entry of services provided, voice activation for charting).

The system will improve safety by:

- Improving accuracy of coding encounter data and reducing the associated risks.
- Allowing providers to reference medication profiles to coordinate patient prescriptions through the interface with HMS.
- Reducing radiation exposure (digital radiography reduces the amount of radiation exposure by as much as 80%). Only associated to those CHDs that choose to pursue digital radiography, although it is expected that 96% will be using within five years.

The system will contribute to quality improvement initiatives because:

- It will prepare Florida's health and medical system to meet national standards.
- Digital records are more legally defensible.
- Multi-level security facilitates traceability if there should be changes to the EOHR.
- Consistent and clearly legible treatment notes will be provided. Analysis performed during the planning phase showed one out of every 14 patient records contains illegible treatment notes.
- Health Insurance Portability and Accountability Act (HIPAA) compliance will be improved through the use of digital records.
- Reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements.
- It will facilitate and support the department's future plans for teledentistry and mobile dentistry.

b. Business Requirements

See 'Attachment C – Business Requirements' for a listing of the solution's Business Requirements.

The business requirements of the EOHR solution include requirements that will be accommodated by the HMS and those that will be fulfilled by a dental software package. For the purposes of this initial definition of the requirements, there was no differentiation of the specific system that is expected to satisfy these requirements. Prior to producing an Invitation to Negotiate (ITN) each of the business and technical requirements will be evaluated and the appropriate system as well as the criticality will be identified.

c. Technical Requirements

The below technical requirements are based on multiple submittals to the Request for Information (RFI) that was advertised in May 2009.

1. The system must integrate with the HMS system using standard DOH integration services and standard messaging protocols.
2. The system must have the ability to import data from and export data to other DOH systems.
3. The system's vendor must provide the metadata for the software's database electronically in a format suitable for importing into the department's metadata repository.
4. The system must provide a mechanism to support the unique identification of every patient in the system. This information will need to be shared with other integrated systems.
5. The system must meet or exceed applicable DOH Division of Information Technology (DIT) standards for hardware, software and connectivity.
6. The system must be capable of operating on existing DOH computers (desktop and laptop) and printers.

7. The system must support the online entry of information with real-time updating of centralized files utilizing the existing DOH network.
8. The system must meet DOH standards regarding system backup and recovery.
9. The system must be able to support digital radiography, digital photography, digital video, and periodontal probing devices.
10. The system must be able to integrate with input devices such as bar codes, light pens, touch-screens, voice activation, optical scanners or scantron.
11. The system must be HIPAA, American Dental Association (ADA) and The Joint Commission (TJC) compliant for security and privacy, with well-documented backup and restoration procedures.
12. The system must be standards-based and hardware/software independent for digital radiography.
13. The system must allow access to the database for reporting purposes through a commercially available reporting tool.
14. The system must provide a tutorial on how to export data from fields within the software to programs like Crystal Reports and Microsoft Office applications.
15. The system must have interface capabilities with standard third party word processor software and meet Digital Imaging and Communications in Medicine (DICOM) standards.
16. The system must allow documentation in the record to be signed electronically in compliance with the following: Florida Id. r. 59G1.010 (160) (a) and Florida Statutes 668.5 - Uniform Electronic Transaction Act.

d. System Security Requirements

The below system security requirements are based on multiple submittals to the RFI that was advertised in May 2009.

1. The system must meet or exceed applicable DOH DIT Information Security and Privacy Policy standards. Reference: DOHP 50-10-07 'Department of Health Information Security and Privacy Policy'.
2. The system must include password protection with multiple (hierarchical) security levels to limit access to the data.
3. The system must enable revision history to be provided upon request.
4. The system must allow view, add, change, and delete options to be available to the user relative to their security level.
5. The system must record time and date of all changes to user authorizations.
6. The system must include a security audit trail for changes to users' security level, including, but not limited to corrections, changes and deletions of data (no changes may be made anonymously).
7. The system must control add, change, delete capability at field level with appropriate access.
8. The system must allow for altered information storage with time/date stamp and marked as altered information.
9. The system must provide an audit trail of patient information disclosures,

by whom, why, and when.

10. The system must comply with all applicable laws and security regulations.

e. Summary Description

1. System type: commercially developed and web-based
2. Connectivity: If a centralized solution is selected, it will be hosted at a state shared resource center, while a distributed solution will be hosted in each participating CHD. Either solution will require users to access the system via the DOH intranet and network.
3. Security: meets or exceeds DOH standards (see System Security Requirements above)
4. Development approach: COTS package will be purchased from selected vendor based on defined requirements and DOH policies and Florida Statutes governing competitive procurement. No modifications to the software package core functionality will be required, but an interface with HMS will be included. For further details regarding the interface, see item 5 below. A test environment will be created to replicate the production environment. This environment will be used to test any new functionality before it is released to production. Prior to implementation and any new development associated with this software solution, potential issues are mitigated by using a "pilot" approach. Meaning the new functionality is initially deployed in one or more pilot counties for production testing purposes. This testing phase is intended to address the confirmation of software and changes to the current business processes. When the pilot phase(s) has provided the desired results, software updates will be released to all applicable counties.

(See 'Attachment D - Current State' and 'Attachment E - Future State' for descriptions of the Current and Future State Business Processes)

5. Interfaces: the selected software will interface with HMS via web services. All messages will be in HL7 format and the HMS application will be updated accordingly. All interfaces must be implemented in accordance with the DOH Enterprise Data Policy. Reference: DOHP 50-13-06 'DOH Enterprise Data Policy'.

(See 'Attachment F - HMS Interface with Electronic Oral Health Record System Scoping Vision' and 'Attachment G - Data Exchange' for more information regarding the required application interfaces)

6. Maturity, life expectancy: the technology will be web-based, using a relational database. Life expectancy is 10 - 15 years, depending on program requirements and technology changes.
7. Software maintenance: maintenance and enhancements past the warranty period will be provided by the software vendor.

2. Resource and summary level funding requirements
- a. The anticipated server configuration for a centralized solution is described in the following table.

Environment Type	Server Type	Quantity	Replacement Cycle
Production	Database	2 (new)	5 years
Production	Application	1 (existing)	
Test	Database	1 (new)	
Reports/Training	Application	1 (existing)	
Disaster Recovery	Database	1 (new)	

*** If a decentralized solution is selected, the application will reside on current county application servers and the database will reside on purchased database servers (included in the costs of this project).**

- b. The anticipated staffing requirements involve technical support which will be provided by DOH system support staff hired by the Division of Family Health Services. The vendor will provide second-level support to these staff as part of the annual support costs.
- c. The anticipated total operating costs post-implementation are:

Operating Costs	
Software Annual Support	\$ 28,920.00
Ongoing Integration Maintenance	\$ 62,500.00
Operations Review Specialist (Support and Training Resource)	\$ 74,519.00
HL7 Annual Support	\$ 37,200.00
Total Post-Implementation Operating Costs	\$ 203,139.00

3. Ability to meet performance requirements
- a. Availability - the proposed EOHR solution shall minimally be available during CHD dental program operation hours. These hours are determined at the local level.
- b. Capacity - Capacity will be discussed below in Section V-C 'Capacity Planning'.
- c. Reliability - The proposed EOHR solution shall be tested to ensure it meets all reliability requirements.
- d. Backup and Operational Recovery - If a centralized solution is selected for the EOHR solution at a level 2, a duplication of the production environment at the DOH disaster recovery site will not be necessary. However it will require the purchase of additional equipment and possibly licenses for the disaster recovery site. If a decentralized solution is selected, it will be the responsibility of each CHD

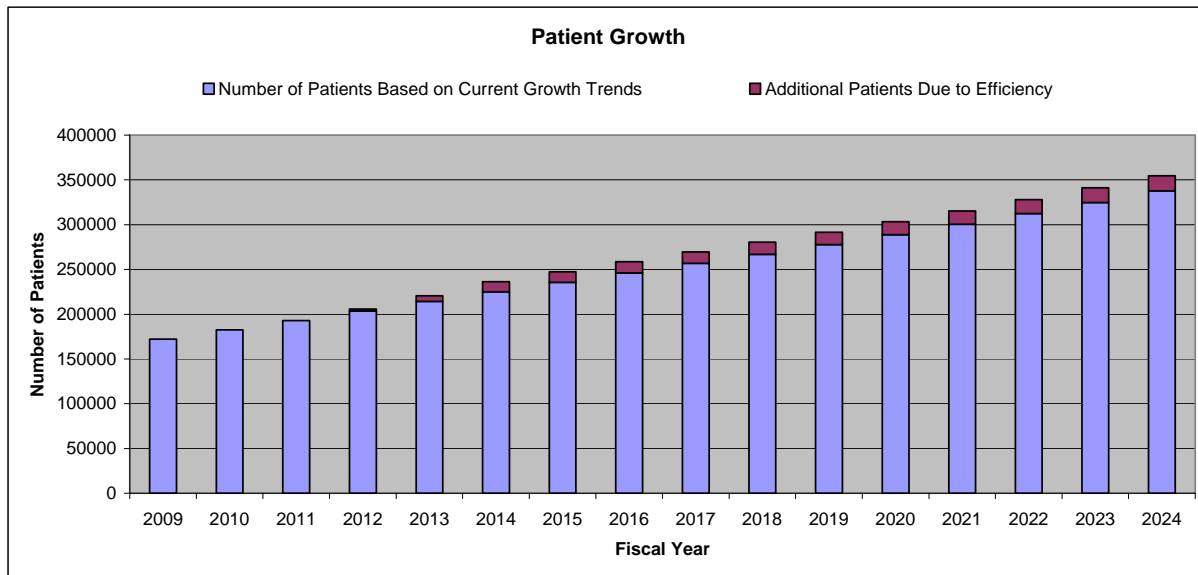
to backup and recover their instance of the application as it is with HMS.

- e. Scalability - The proposed EOHR solution shall be scalable to meet the demands for volume of service. This topic will be discussed further in Section V-C., Capacity Planning. The proposed EOHR solution will be more fully defined after a software vendor is selected through the State of Florida competitive procurement process. The system contractor selection is planned for July 2010.

C. Capacity Planning

The following diagram represents the anticipated patient growth between fiscal years 2009 and 2024. The diagram accounts for the anticipated growth in patient volume due to natural business processes (identified by the blue bars) and the anticipated growth in patient volume due to the additional capacity that will be available due to process efficiencies gained through the use of the EOHR solution (red bars).

It is important to note that a mass conversion of paper dental charts for existing patients is not planned. The existing patients' paper dental charts will be phased out gradually as warranted by the current business processes. All dental charts for new patients will exist only in electronic form.



Several significant factors have yet to be determined that will substantially impact the project team's ability to plan for capacity growth. The overall solution architecture (centralized vs. decentralized), the specific software solution and the utilization of additional features by the CHDs such as digital radiography and digital photography will dramatically impact the capacity plan. These factors are also likely to require that customized capacity planning be performed per site. Therefore, the project team has accounted for this need and included an allowance for detailed surveys of each participating CHD's operation within the project schedule. Following these site surveys and the determination of other critical factors, a thorough capacity plan will be developed with the assistance of resources from DIT.

The following table presents information regarding the largest clients of the major oral health software providers. Based on this information, DOH would represent a significant installation for any one of these vendors.

Major Software Vendors' Largest Installations			
Vendor Name	Software	Number of Sites	Concurrent Users
Henry Schein, Inc.	Dentrix Enterprise	43	243
		10	400
Patterson Dental, Inc.	EagleSoft	3	150
		130	Not specified
QSI, Inc.	QSI	450	Not specified
Florida Department of Health CHDs		47*	400*

**Although the above chart indicates there are 47 CHDs with dental programs and 400 users, currently additional dental programs are being established. Over the past five years, there has been an average of two new dental programs established each year. Because of these factors, the project team is assuming there will be an additional 2-4 established prior to implementation. However, we do not anticipate the growth in the total number of dental programs will continue at this same pace. Currently 20 CHDs do not have dental programs but several of these have very strong dental programs in the community health centers. We do anticipate as the expansion in the number of CHDs slows, the current dental programs will begin to expand and add providers to help satisfy the unmet demand.*

The above information will be required of each vendor when submitting responses to the ITN and will be included within the criteria for selection.

D. Analysis of Alternatives

1. Assessment of Alternatives

a. Purchase a Commercial Off-the-Shelf (COTS) software package

i. Advantages:

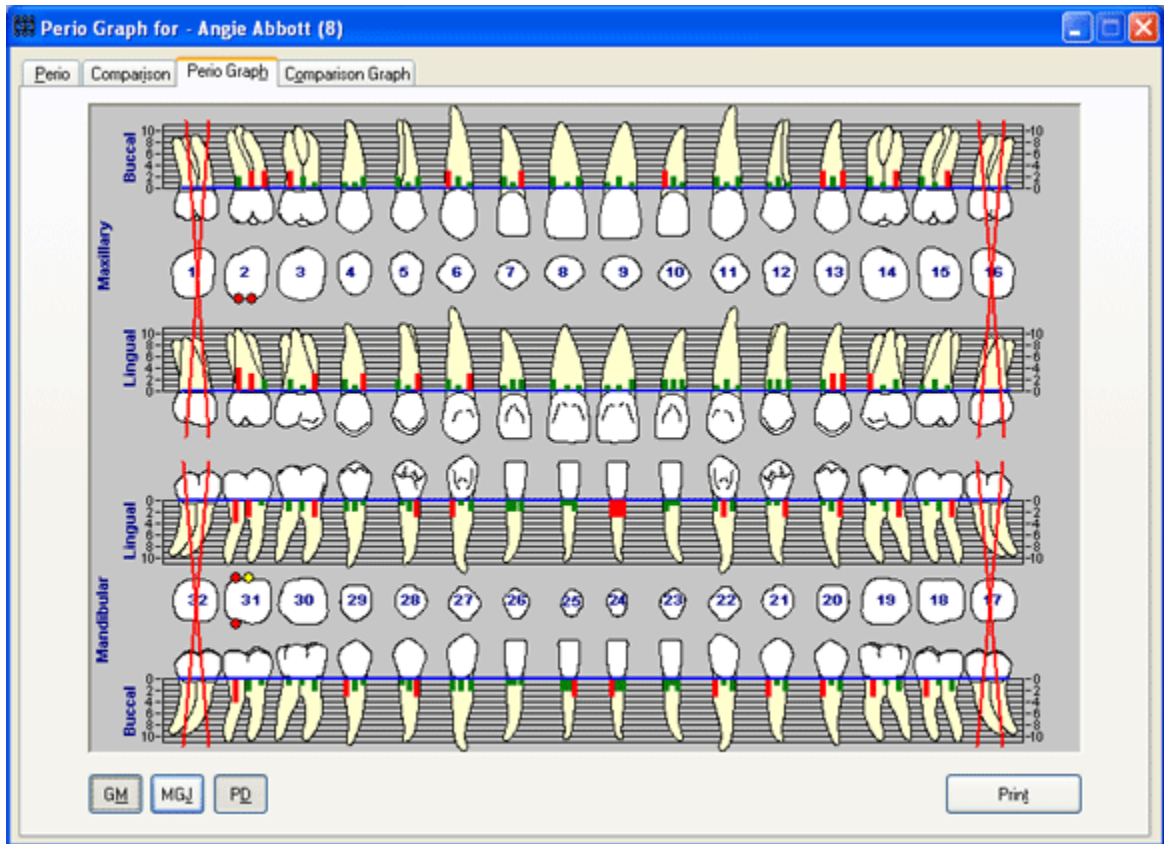
- This solution provides for the purchase of a proven industry product that includes periodic upgrades and ongoing technical support.
- The products offered by the industry leaders have been developed with many years of combined subject matter expertise. This expertise, although available, would be extremely costly to utilize for internal development efforts.
- From a training perspective, the selected vendor will be obligated to provide train-the-trainer sessions and also web based training. The vendor's specific experience and capacity in these areas will be criteria used in the selection process.
- Business processes supported by the software solution will be based on industry standard best-practices.

ii. Known Issues:

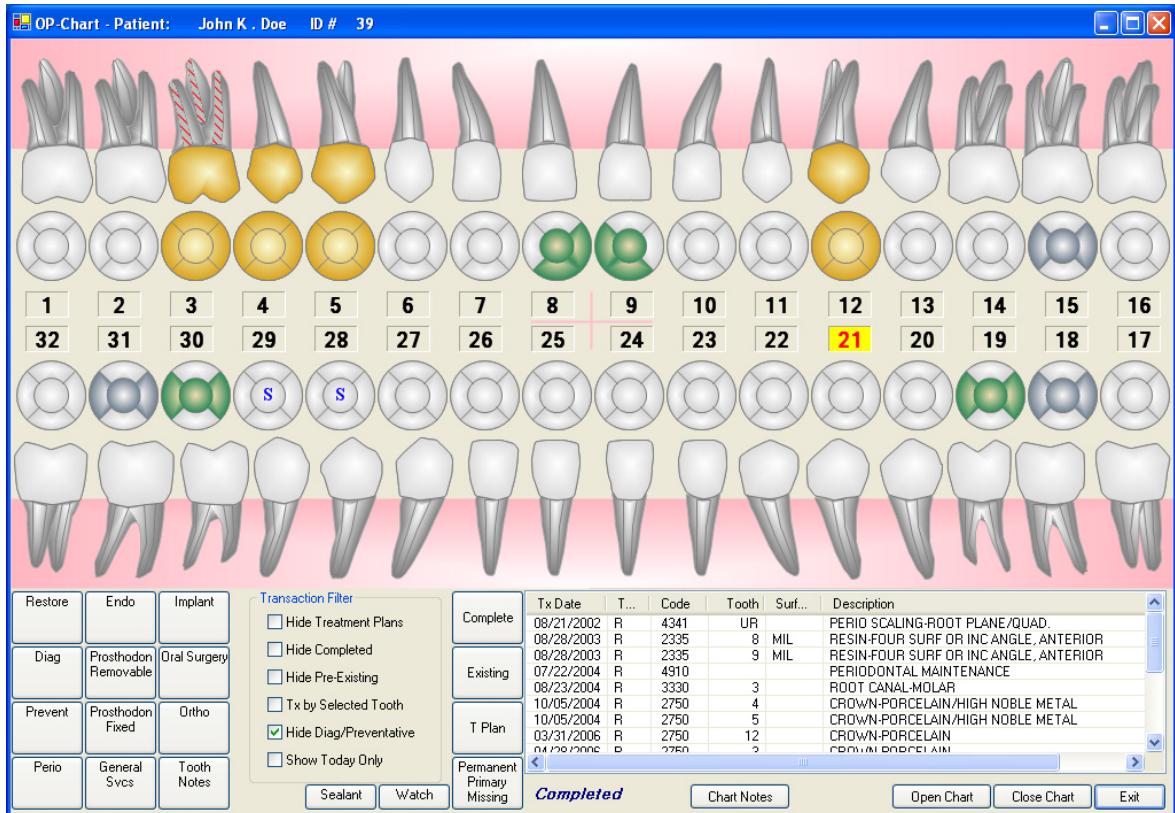
- Initial purchase costs (software and hardware), and recurring costs associated with support will be provided by the CHDs.
- The requirement to interface with the current HMS application. (The inability to fulfill this requirement is expected to limit the vendors able to adequately respond to the ITN.)

- Some standardization of business processes will be necessary to meet the functionality delivered with the selected solution.
- iii. Risks:
- Future software updates may or may not affect the interface functionality between the EOHR solution and the HMS application.
- b. Develop internally with FDOH resources
- i. Advantages:
- The internal applications development teams possess extensive knowledge regarding DOH software architecture.
 - This solution would provide the opportunity to build a solution that is customized to adhere to the current business processes.
- ii. Known Issues:
- Current demand on resource availability. Resources would need to be dedicated for an extended period of time to develop such a solution.
 - The organization's ability to provide a sufficient quantity of training resources with the necessary skill set is limited.
 - There is a lack of required knowledge to develop the essential dental specific functionality (e.g. periodontal and disease-specific charting). *(Dental and periodontal charting provide a graphic description of the conditions in a patient's mouth, including caries (i.e., decay), restorations, missing or malposed teeth, clinical attachment levels, furcation (root) involvement, mobility, pocket depths, bleeding sites, and other deviations from normal. Other conditions that may be charted include erosion, abrasion, developmental anomalies and use of prostheses. See examples of electronic dental and periodontal charts below.)*

FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)



Example of a Periodontal Charting (from Patterson Eaglesoft Dental Software).



Example of a Restorative Charting (from OCS Dental Software).

- From a subject matter expertise perspective, the project would incur a high expense to secure this knowledge as well as an opportunity cost.
 - If developed internally, the organization would possess the institutional knowledge to facilitate maintenance. However, a long term resource commitment would be necessary.
- iii. Risks:
- The project's resource requirement would impact schedules of other initiatives by utilizing existing resources to accomplish the development.
 - The duration of time it would take for existing resources to learn the latest technology relating to this functionality would delay development efforts.
 - The resources dedicated to developing this solution may be needed for other efforts once the development is initiated.
 - The organization's ability to retain institutional knowledge and dedicate it to maintenance of the solution is not guaranteed.
- c. Contract development to outside entity
- i. Advantages:
- The organization would incur a minimal impact on existing development and subject matter resources.
 - The selected contractor would be required to have expertise in the subject matter.
 - There is less risk than internal development from a cost perspective.
 - An externally developed solution would be available quicker than an internally developed solution.
- ii. Known Issues:
- The ability to secure a contractor with the required development and training experience is not guaranteed.
 - The externally developed solution would take additional time as compared to a COTS solution.
 - This solution would require a greater level of resources to be devoted to the development and testing as compared to the COTS solution.
- iii. Risks:
- The duration of time it would take to develop the software required to fulfill current requirements would not be fixed.
 - There would be greater variability in the costs required.
 - There would be a long-term commitment to the system's contractor for maintenance purposes.
- d. Acquire an Open Source Software (OSS) solution
- i. Advantages:
- An OSS solution would require a significantly lower initial investment.
 - DOH would be provided full access to the software's source code.
- ii. Known Issues:

- Although OSS is often thought of as 'free' it is not; it still requires training, software updates and support which may cost more than the commercial product its replacing.
- DOH would need to identify a resource to provide support; this resource would not be the system's creators.
- There would be a limited subset of vendors that are capable of providing the required training.
- Several OSS offerings are complete health management solutions. There may be issues with disabling large portions of the software's functionality (because only dental functionality is desired).
- OSS is generally updated frequently; these updates impose implementation, interoperability and support challenges.

iii. Risks:

- Support is a major issue with OSS deployments. There may be greater involvement and a different skill set required from operations staff.
- The majority of feedback available regarding OSS solutions is based on single-practice installations.
- There are potential legal risks; OSS licenses do not provide indemnification.
- There are lingering issues regarding copyright infringement (Santa Cruz Operation Inc's pursuit of Linux, as example).
- It may be a challenge to the project team to find an OSS offering that is HL7 compliant.

e. Keep current paper process

i. Advantages:

- Solution requires no software development costs and will not cause an impact on current DIT projects.

ii. Known Issues:

- Currently, individual CHDs are discussing development of their own electronic processes; with the number of systems available, there is the potential there will be several different systems chosen. None of these will be integrated into the DOH EHR.
- Maintaining the current paper process would represent a failure to move towards national standards for Electronic Health Records.
- The current non-standard and inefficient process would continue to be used.
- There would be increased costs associated with paper driven process.
- There would be an opportunity cost of the potential revenue earned through providing critical dental services.
- There would continue to be an ever increasing stress on physical space limitations.
- The electronic aspects of oral health would be limited to using the progress notes and the manual recording of dental services that is currently available in the HMS. Analysis performed during the planning phase determined that 85% of the CHDs are not currently

using HMS to record dental progress notes. This is not done due to the fact that the remainder of the process is not electronic but a manual paper-based process. Thereby making it cumbersome for staff.

- Compiling aggregated data for analysis would continue to be resource-intensive and limited in its ability to support the program office needs.

iii. Risks

- Missed opportunities regarding providing critical dental services to clients and the associated revenue.
- Vulnerability of paper records to catastrophic events.
- Maintaining the current paper process will not address patient safety issues identified as benefits of this project.

2. Assessment Process

In accordance with the department's long term vision of Electronic Health Records, the intention of the HMS Steering Committee in 2007 was to include the required oral health functionality within HMS. To accomplish this, the department's subject matter experts and development resources performed the required research and analysis to determine the scope of what would be required to include dental services as functionality within the . As a result, it was determined the resources required to develop this functionality internally would be prohibitive from a cost and time perspective. Additionally, the specialized nature of the software required technical expertise the department's development resources did not possess.

In May 2009, DOH issued an RFI to determine if there was a provider who could meet the department's oral health software requirements. Based on the responses, it was determined there are cost-effective software packages available.

The Advantages, Known Issues and Risks associated with each of the above approaches were analyzed in an effort to determine the solution that would provide the department the most benefit while incurring the lowest level of risk.

3. Technology Recommendation

Based on the analysis performed, the project team recommends the purchase of a commercial software application from a qualified vendor. This solution will best address time constraints and ensure a standardized solution is utilized throughout the CHD community. The seemingly limitless patient need indicates additional capacity is needed now. Currently, limited resources constrain the department's ability to meet this need.

IV. Project Management Planning Component

Project Management Section	\$1-1.99 M	\$2 - 10 M		> \$10 M
		Routine upgrades & infrastructure	Business or organizational change	
Project Charter	X	X	X	X
Work Breakdown Structure	X	X	X	X
Project Schedule	X	X	X	X
Project Budget	X	X	X	X
Project Organization			X	X
Project Quality Control			X	X
External Project Oversight			X	X
Risk Management			X	X
Organizational Change Management			X	X
Project Communication			X	X
Special Authorization Requirements			X	X

A. Project Charter

Purpose: To document the agreement between project customers, the project team, and key management stakeholders regarding the scope of the project and to determine when the project has been completed. It is the underlying foundation for all project related decisions.

(See 'Attachment H – Project Charter')

B. Work Breakdown Structure

Purpose: To define at a summary level all work that will take place within the project. It serves as a common framework for planning, scheduling, estimating, budgeting, configuring, monitoring, reporting on, directing, implementing and controlling the entire project.

(See 'Attachment I – Work Breakdown Structure')

C. Resource Loaded Project Schedule

Purpose: To indicate the planned timetable for all project-related work and estimate the appropriate staffing levels necessary to accomplish each task, produce each deliverable, and achieve each milestone.

(See 'Attachment J – Project Schedule')

D. Project Budget

Purpose: To ensure a realistic project budget has been developed.

Note: A Project Spending Plan is also included as an attachment to the Project Management Plan.

Project Budget				
	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Ongoing Annual Expense
Project Management				
Contracted Services		\$ 144,000.00	\$ 120,000.00	
IT Staff Resource	\$ 34,609.23	\$ 4,499.20	\$ 4,499.20	
IT Management	\$ 12,656.25	\$ 8,437.50		
Program Office				
Staff	\$ 58,387.50	\$ 58,387.50	\$ 32,906.25	
Software				
Vendor Charges		\$ 623,995.00		
Integration		\$ 91,500.00	\$ 62,500.00	\$ 62,500.00
Hardware				
Servers		\$ 117,500.00		
Support				
Vendor Charges		\$ 49,590.00	\$ 66,120.00	\$ 66,120.00
Dental Resource		\$ 34,017.50	\$ 37,259.50	\$ 37,259.50
Training				
Vendor Charges		\$ 40,000.00	\$ 40,000.00	
Dental Resource		\$ 34,017.50	\$ 37,259.50	\$ 37,259.50
Total by Year	\$ 105,652.98	\$ 1,205,944.20	\$ 400,544.45	\$ 203,139.00
Total Project	\$ 1,712,141.63			

E. Project Management Plan

Purpose: To define the approach to be used by the project team to deliver the intended project management scope of the project.

(See 'Attachment K - Project Management Plan')

V. Appendices

Number and include all required spreadsheets along with any other tools, diagrams, charts, etc. chosen to accompany and support the narrative data provided by the agency within the Schedule IV-B.

Attachment A - Risk Assessment - the Technology Review Workgroup Risk Assessment workbook completed for the EOHR project.

Attachment B - Risk Register

Attachment C - Business Requirements

Attachment D - Current State - a process flow diagram describing the high-level flow of business operations within the CHD Dental Clinics prior to the implementation of an EOHR solution.

Attachment E - Future State - a process flow diagram describing the high-level flow of business operations within the CHD Dental Clinics following the implementation of an EOHR solution.

Attachment F - HMS Interface with Electronic Oral Health Record System Scoping Vision - documentation of the EOHR software interface requirements with the HMS.

Attachment G - Data Exchange - a diagram depicting the data exchange between the EOHR software and the HMS.

Attachment H - Project Charter

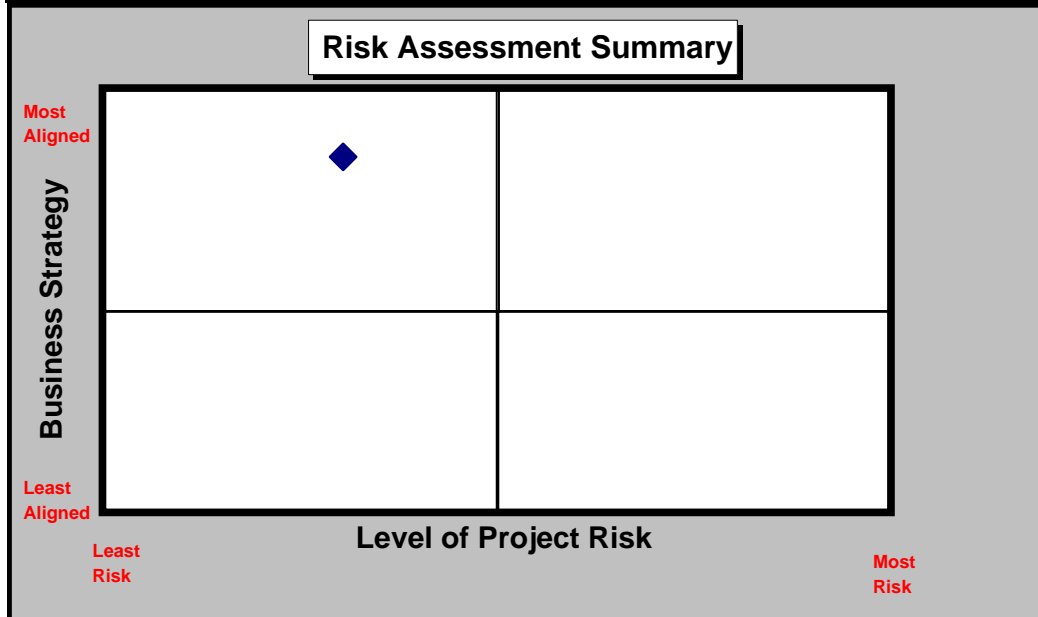
Attachment I - Work Breakdown Structure

Attachment J - Project Schedule

Attachment K - Project Management Plan

Attachment L - Project Spending Plan - a monthly breakdown of the total project costs.

Project	<i>Electronic Oral Health Record (EOHR)</i>	
Agency	<i>Department of Health</i>	
FY 2010-11 LBR Issue Code:	FY 2010-11 LBR Issue Title:	
<i>Issue Code</i>	<i>Issue Title</i>	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Michael Cragg, 245-4444 x3823, michael_cragg@doh.state.fl.us</i>		
Executive Sponsor	<i>Annette Phelps, Meade Grigg, Michael Sentman</i>	
Project Manager	<i>Michael Cragg</i>	
Prepared By	<i>Michael Cragg</i>	<i>10/15/2009</i>



Project Risk Area Breakdown	
Risk Assessment Areas	Risk Exposure
Strategic Assessment	MEDIUM
Technology Exposure Assessment	LOW
Organizational Change Management Assessment	MEDIUM
Communication Assessment	LOW
Fiscal Assessment	MEDIUM
Project Organization Assessment	LOW
Project Management Assessment	LOW
Project Complexity Assessment	MEDIUM
Overall Project Risk	
MEDIUM	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is partially documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Few or none
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Moderate external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 1 and 3 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Read about only or attended conference and/or vendor presentation	Installed and supported production system more than 3 years
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	External technical resources will be needed for implementation and operations	Internal resources have sufficient knowledge for implementation and operations
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are defined only at a conceptual level
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Minimal changes to organization structure, staff or business processes structure
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	81% to 100% -- All or nearly all processes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Less than 1% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with similar change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	All or nearly all messages are documented
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	All or nearly all messages have success measures
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between \$500K and \$1,999,999
		Greater than \$10 M	
		Between \$2 M and \$10 M	
		Between \$500K and \$1,999,999	
		Less than \$500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Detailed and rigorous (accurate within ±10%)
		Order of magnitude – estimate could vary between 10-100%	
		Placeholder – actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	Yes
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Neither requested nor received
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	All or nearly all project benefits have been identified and validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	Within 3 years
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the project manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	Some selection criteria and outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
		Some have been defined and documented	
		All or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	1
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
		No, project manager is assigned 50% or less to project	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	Yes, business, functional or technical experts dedicated full-time, 100% to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Mostly staffed from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
		No, only IT staff are on change review and control board	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	81% to 100% -- All or nearly all have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

Agency: Department of Health

Project: Electronic Oral Health Record (EOHR)

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	5 to 8
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	None
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Business process change in single division or bureau
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Implementation requiring software development or purchasing commercial off the shelf (COTS) software
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Greater size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

Attachment B - Risk Register Electronic Oral Health Record (EOHR)

#	Date Logged	Description	Impact to the Project			Probability	Tolerance	Response Type	Strategy
			Effect	Area	Degree				
1	9/10/2009	The CHD Cost Model is based on 47 CHDs participating in the use of the solution. Due to the financial aspects of the investment, some CHDs may decide not to participate.	Negative - If less than 47 CHDs participate in the solution, the fixed costs will be shared between fewer participants and the per/CHD costs will be much higher.	Cost	High	Medium	Medium	Mitigate	* Mandate the use of the solution for all 47 CHDs with Dental Programs. * Require that any Dental Programs desiring to use the solution subsequent to the initial implementation share in a portion of the fixed costs. * Develop a cost allocation strategy for the CHDs that is perceived as fair and balanced. * Require that the financial investment and CHD cost allocation methodology be governed by the DOH Fiscal Management Advisory Committee (FMAC).
2	9/10/2009	The CHD Cost Model is based on 47 CHDs participating in the use of the solution. Due to the financial aspects of the investment, some CHDs may decide not to participate.	Positive - If less than 47 CHDs participate in the solution, the time required for implementation will be less and allow the project to complete sooner. This will lower certain project costs.	Schedule	Low	Medium	Low	Accept	Although this will be a positive impact in some aspects, the project will accept this risk from this perspective (mitigation will be used against negative impacts).
3	9/10/2009	There is not an acceptable response to the ITN from a vendor that can supply a centralized solution.	Negative - If the project pursues a decentralized model, there will be higher costs and more time required than with a centralized solution.	Cost/Schedule	High	Medium	Medium	Mitigate/Accept	* Ensure that the requirement to provide a centralized solution is clearly stated in the ITN. * Base the cost estimates and schedule on worst case scenario (decentralized).
4	9/10/2009	No software package is commercially available that can adequately integrate with HMS.	Negative - The solution would have to be implemented as a stand-alone system and dual entry would be required.	Scope	High	Low	Low	Accept	Due to the project constraints, if this risk occurs the project will choose to not pursue a stand-alone system.
5	9/10/2009	The project is assuming that the Project Management resource will be needed until 4/30/2011.	Negative - If the PM is needed longer the costs will increase and the current resource may not be available.	Cost	Low	Low	High	Accept	The estimates are based on worst-case; ensure that the project is adequately documented so that it can be concluded with another resource.
6	9/10/2009	The project is assuming that the Project Management resource will be needed until 4/30/2011.	Positive - The implementations may conclude sooner than expected and the resource can be released sooner than 4/30/2009.	Cost	Low	High	High	Enhance	* Ensure the implementation schedule is as aggressive as reasonable. * Require PMO Monitoring to ensure project stays on schedule and that Sponsors are aware of status. * Use a contract PM resource so that the release can be based entirely on project needs.
7	9/10/2009	Current Central Office hardware is not capable of supporting the addition of Electronic Oral Health Records.	Negative - If additional hardware is needed it will increase the costs of the project.	Cost	Low	Low	High	Accept	The addition of an Electronic Oral Health Record solution is not expected to stress the current hardware beyond capacity.
8	9/10/2009	CHDs will be responsible for additional hardware required to support the dental practice and use of digital radiography (Intraoral cameras, digital radiography equipment and any other specialized devices).	Negative - Although these items are considered out-of-scope, there may be impacts due to configuration and training needed regarding the use of these additional tools.	Schedule	Medium	High	High	Mitigate	* Ensure that the scope clearly defines these items as 'out-of-scope'. * When creating the training schedule ensure there is adequate training time to accommodate. * Perform detailed site analysis prior to implementation to access the degree to which each CHD intends to use additional hardware (only to make a better quantification of the risk).
9	9/10/2009	The integration work is scheduled to be performed during hurricane season.	Negative - Key resources may be unavailable to perform integration tasks.	Schedule	High	Medium	Low	Mitigate	Ensure that the integration tasks are scheduled with flexibility to accommodate 1 - 2 storms.

Attachment B - Risk Register Electronic Oral Health Record (EOHR)

#	Date Logged	Description	Impact to the Project			Probability	Tolerance	Response Type	Strategy
			Effect	Area	Degree				
10	9/10/2009	Data Center Consolidation and Full Service Transition may require resources committed to the project.	Negative - Key resources may be unavailable to perform project tasks.	Schedule	Medium	Low	Medium	Accept	The timing of the risk is difficult to determine at this point; reassess at a later date.
11	9/10/2009	Dr. Millard Howard will be retiring in the Spring of 2010.	Negative - Institutional knowledge will be lost to the project.	Scope/ Schedule	Medium	High	Medium	Mitigate	Ensure that additional Subject Matter Experts are in agreement and informed of the project's plans and scope.
12	9/10/2009	The project budget is assuming that a contract Project Manager that meets the qualifications will be available at the rate of \$75 per hour.	Negative - It may take longer to secure the PM resource and/or the costs may be more than expected.	Cost/ Schedule	Low	Low	High	Mitigate	Plan sufficient time (more than normal) in the schedule to secure the PM resource.
13	9/10/2009	Resources within the Division of IT who specialize in Integration Broker currently have many obligations.	Negative - The project may be challenged to get full-time involvement from IB resources.	Schedule	High	Medium	Low	Mitigate	When producing the project's schedule, do not plan for IB resources to be able to work tasks full-time.
14	9/10/2009	The costs of the project include servers needed at each CHD, however, if additional networking and infrastructure is needed within a given CHD the costs and installation will be the responsibility of the CHD.	Negative - Although these items are considered out-of-scope, there may be impacts to the schedule if the CHDs do not acquire them with sufficient lead time.	Schedule	High	Low	Low	Mitigate	* Ensure that the project's implementation plan is communicated frequently to the CHDs. * Ensure each CHD assigns a point of contact for communication with the project team.
15	9/10/2009	If additional workstations are needed for operatories within a specific CHD, they will be the responsibility of the CHD.	Negative - Although these items are considered out-of-scope, there may be impacts to the user's ability to test if sufficient workstations are not available.	Schedule	Low	Low	High	Mitigate	* Ensure that each CHDs specific configuration is identified during detailed site surveys. * Ensure each CHD assigns a point of contact for communication with the project team.
16	9/10/2009	Current bandwidth is not capable of supporting 10 mobile units using the EOHR solution.	Negative - If network capacity is not sufficient, it may degrade the perceived quality.	Quality	Low	Low	High	Accept	Mobile units are currently functioning adequately, the costs to increase the throughput for the mobile units is not worth the expense. It is highly unlikely that mobile units will house digital radiography equipment (digital radiographs would represent the most significant load on the network).
17	9/10/2009	Practice Management functionality (scheduling, billing) will remain components of HMS.	Negative - If all components of Dental software are not used it may degrade the perceived quality.	Quality	Low	Low	High	Accept	Currently, other initiatives are underway to enhance this functionality within HMS.
18	9/10/2009	The software solution chosen must be HIPAA, ADA and TJC compliant.	Negative - A solution may not be available that meets these requirements at a reasonable cost.	Cost	Medium	Low	Low	Mitigate	Perform RFI to identify software packages available and base cost estimates on a solution that meets these requirements until a specific solution is selected.
19	9/10/2009	The project may not be able to retain long term executive support.	Negative - The project may become less of a priority for the agency.	Schedule	High	Low	Low	Mitigate	* Ensure that Executive Sponsors understand and agree to the project's plans, schedules and scope. * Ensure that the project's alignment with strategic priorities of the agency and division are clearly documented and frequently communicated.
20	9/10/2009	The vendor selection may be contested.	Negative - The process to address the contest will take additional time.	Schedule	High	Medium	Low	Mitigate	* Ensure that DOH policies and Florida Statutes governing competitive procurement are understood and followed. * Include resources from DOH purchasing in the process. * Build additional time into the schedule to ensure that sufficient time is allowed for procurement activities if there is a slippage.

**Attachment B - Risk Register
Electronic Oral Health Record (EOHR)**

#	Date Logged	Description	Impact to the Project			Probability	Tolerance	Response Type	Strategy
			Effect	Area	Degree				
21	9/11/2009	An Application Security Scan is required prior to software being installed at the CHDs. DOH will not have control of the source code.	Negative - If the Application Security Scan turns up issues that must be corrected, the remediation will require coordination with the software vendor.	Schedule	Medium	Low	Medium	Accept	From a project perspective, we can allow additional time in the schedule for these activities, but nothing can be done to reduce the probability of this risk.
22	9/11/2009	The DOH CHDs will represent a very large installation for the software vendor. Based on the results of the RFI, this project is 30% larger than the largest cited installation of any of the vendors that responded.	Negative - The project may suffer schedule overruns due to the vendor's ability to adhere to the unavoidably rigorous schedule.	Schedule	Medium	Low	Low	Mitigate	* Ensure that the ITN addresses the ability to adhere to the planned schedule of training and implementations. * Include largest client size as a criteria for vendor selection. * Hire a full-time Project Manager for the project so that the project is skillfully planned and the progress can be effectively tracked.

Key

- Area** - Cost, Schedule, Scope, Quality
- Degree** - measure of the overall impact of the risk's occurrence to the project
- Probability** - likelihood that the risk will occur
- Tolerance** - the degree to which the project can accept or wants to promote the occurrence of this risk
- Response Type** - Avoid (-), Transfer (-), Mitigate (-), Accept (+/-), Share (+), Enhance (+), Exploit (+)

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

1. Usability and Navigation

- 1.1. The system must allow the user to move seamlessly between applications wherever necessary. This movement should appear as transparent as possible.
- 1.2. The system must provide page forward and page backward functions for multi page screens (data entry and display).
- 1.3. The system's user interface must provide Hot Keys, buttons, and jumps to advance from one part of a patient's file to another while retaining current patient when inside patient record.
- 1.4. The system must provide tabs or special rapid access markings on the screens/pages for ease of locating information.
- 1.5. The system must provide display and data entry screens for all applications accessed via functionally grouped menus and submenus.
- 1.6. The system's user interface must provide the ability to see the patient's documents and digital radiograph scans and chart on one screen.
- 1.7. The system must provide error detection/correction and smart data entry features to enhance accuracy of data when editing date ranges, numeric vs. alphanumeric, valid number range, etc.
- 1.8. The system must provide the ability to print entire chart with one or two commands for portability or legal review.
- 1.9. The system must allow the entry of special characters (non-alphanumeric) in all text entry fields.

2. System Documentation and User Help

- 2.1. The system must provide context sensitive online help, i.e. highlighting a field and clicking "help" provides information specific to that field.
- 2.2. The vendor must provide the system's interoperability requirements for: digital radiography, digital photography, digital video, and periodontal probing devices.
- 2.3. The system must include an online manual with context-sensitive search by subject.
- 2.4. The system's online help must cover operating instructions for insurance functions, generating statements, charting, etc.
- 2.5. The system's online help must include information on how to run, read, and interpret reports.
- 2.6. The system's online help must include an index, a table of contents, and complete coverage of all features and functions.
- 2.7. The system must provide tutorials that allow a user to practice using the program by guiding the user through the daily, weekly, and monthly functions.
- 2.8. The vendor must provide instructions for access and use of online help.
- 2.9. The vendor must provide updates to documentation for all changes to the program.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

3. Data Structure and User Interface

- 3.1. The system's user interface must provide a patient summary with a snapshot of all exams, notes, and treatments with dates.
- 3.2. The system must have user-definable fields throughout the application that are fully reportable.
- 3.3. The system must provide drop-down menus for data entry, progress notes and treatment plans with spell-check and choices displayed alphabetically or most frequently used.
- 3.4. The system must provide text fields that support automatic word wrap around for multi-line entries.
- 3.5. The system must provide the ability to designate certain fields as required data entry fields that prevent the user from continuing until data is entered (e.g. PAIN ASSESSMENT; VITAL SIGNS).
- 3.6. The system must accommodate document scanning of medical history that automatically populates medical alerts including allergies, medications, and medical conditions from a practice-defined medical history form template.
- 3.7. The system must allow the patient chart/record to be scanned and digital image to be accessed in 5 seconds or under.
- 3.8. The system must provide a record lock in order to prevent simultaneous modification by more than one person.
- 3.9. The system must provide a practice defined progress note "lock down" that prevents further changes without formal amending of the entry.
- 3.10. The system must make available archiving/purging of records and provide verified printed output.
- 3.11. The system must support patient search by a number of criteria including name, birth date, social security#, account#, chart#, unique insurance claim#, provider and other demographic data.
- 3.12. The system must support merging charts for the same patient with multiple charts. This function must be available to authorized users without programming assistance.
- 3.13. The system must be able to auto-populate progress notes with prescriptions entered in the drug database.
- 3.14. The system must provide clinical note templates that are customizable by procedural code.
- 3.15. The system must prevent duplication of social security numbers.
- 3.16. The system must provide a patient profile that includes demographic, financial and commitment information as well as guardianship/conservator, nearest relative/emergency contact, and parent information.
- 3.17. The system must include multiple contact fields for a cell phone, fax or e-mail address.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

4. Clinical Record

- 4.1. The system must provide allergy and medical health alerts.
- 4.2. The system must allow recording of all American Dental Association (ADA) approved descriptive and treatment codes.
- 4.3. The system must allow recording of anatomic site.
- 4.4. The system must provide date stamps on all treatments, diagnoses, and conditions noted.
- 4.5. The system must enable the user to perform historical comparisons of clinical observations (e.g., changes in periodontal data over a two year period).
- 4.6. The system must provide a prescription log.
- 4.7. The system must provide a prescription writer.
- 4.8. The system must provide a sedation log.
- 4.9. The system must store altered images with time/date stamp and markings denoting them as altered images.
- 4.10. The system must ensure confirmed medication information is recorded in the clinical record.

5. Patient Health History

- 5.1. The system must provide a health history interview as part of patient health history.
- 5.2. The system must allow the dentist to confirm any responses which may affect dental treatment.
- 5.3. The system must allow the dentist or specialist to customize the questions.
- 5.4. The system must allow free form input of notes upon the affirmative or unknown response.
- 5.5. The system must allow the dentist to comment on information presented.
- 5.6. The system must allow patient health history to be updated at user-defined intervals.
- 5.7. The system must provide scheduler prompts for health history updates.
- 5.8. The system must ensure prior health history responses are retained.
- 5.9. The system must allow patient health history to be entered by patient.
- 5.10. The system must allow patient identification information to be shared among modules.
- 5.11. The system must allow specific allergic reactions to be noted e.g. anaphylactic shock, hives or upset stomach.
- 5.12. The system must allow the patient/guardian's signature to be placed on the form when the health history is initially completed and with each update.
- 5.13. The system must allow the dentist signature noting that the health history has been reviewed and at each update.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

6. Training and Support

- 6.1. The vendor must provide training on all features of the system. Training may be through video, on-site (before, during and after EOHR implementation), tutorials, or in combinations.
- 6.2. The vendor must provide on-site training during implementation to selected representatives of the County Health Departments (CHDs) and Program Office staff at a time, place and schedule to be determined by the DOH Project Manager.
- 6.3. The vendor must make support available by telephone during the prevailing work hours of dental offices in the clinic's geographical area with the option to have evening and Saturday hours of coverage available via phone.
- 6.4. The vendor must provide a response to a critical problem within 24 hours.
- 6.5. The vendor must inform client of bugs and possible solutions, including work-arounds until the next upgrade corrects them.
- 6.6. The vendor must make the source code available by license in the event that the vendor goes out of business.
- 6.7. The vendor must ensure maintenance fees include training on system upgrades.
- 6.8. The vendor must monitor federal and state regulations and incorporate necessary forms and features; supporting them as part of maintenance fees.
- 6.9. The vendor must provide a Service Level Agreement as part of the purchase contract that describes priority/severity of problems and the response time associated with them.
- 6.10. The vendor must provide a mechanism for customers to influence the addition of new features and functions into the product.
- 6.11. The vendor's trainers and account managers understand the requirements of CHDs and government payers.
- 6.12. The vendor must sponsor a user group with regular meetings and specific tracks for CHD users.

7. Treatment Plan Management

- 7.1. The system must provide a comprehensive display of treatment completed and planned.
- 7.2. The system must provide onscreen treatment planning - virtual charting.
- 7.3. The system must allow treatment plans to be tracked by specific providers.
- 7.4. The system must track procedures and produce a report of procedures performed and pending.
- 7.5. The system must provide a treatment plan broken down by visit with time spreads, & notes on a report for the patient.
- 7.6. The system must provide the ability to identify and retain deleted and/or changed treatment plan items.
- 7.7. The system must allow the printing of treatment plans that indicate date, time, and user printing the treatment plan.
- 7.8. The system must allow explanatory notes to be stored with individual treatment plan items.
- 7.9. The system must allow a Dentist to utilize a "status" to be applied to any treatment plan or its items.
- 7.10. The system must provide treatment plans that can be constructed in phases including multiple treatment plans that can be stored and generated for one patient.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

- Customizable treatment plans based on treatment priority order / clinical findings.
 - Ability to create alternative treatment plans based on clinical findings.
- 7.11. The system must provide the ability to print incomplete treatment plans by: provider, procedure or user defined criteria.
 - 7.12. The system must provide the ability to monitor treatment plans by medical diagnosis such as diabetes.
 - 7.13. The system must provide an integrated patient education system based on practice defined fields and reports from CHD oral health disparities targeting specific systemic illness or oral conditions.
 - 7.14. The system must provide the ability to create templates with treatment plans and chart notes that allow charting by exception to minimize typing.
 - 7.15. The system must provide a referral report showing referred, treatment planned and treatment performed.
 - 7.16. The system must provide consent to treatment forms.
 - 7.17. The system must provide home care, post-operative and post-sedation instructions.
 - 7.18. The system must allow medication orders and provide instructions.
 - 7.19. The system must allow treatment plans to be sorted and reordered as needed.
 - 7.20. The system must allow treatment plans to be stored and billed as work is actually completed.
 - 7.21. The system must enable all statistics and reports to be available by location of treatment, provider, or combination thereof.
 - 7.22. The system must have built in ability to create treatment completion reports and user defined outcome measures such as:
 - # of completed treatment plans
 - # of children with sealed permanent molars
 - # of infants and toddlers receiving fluoride varnish
 - # of parents receiving anticipatory guidance
 - # of diabetics receiving periodontal therapy

8. Care Management and Scheduling

- 8.1. The system must include a communication log that tracks correspondence through various media.
- 8.2. The system must provide the ability to display or generate next appointment, recall information.
- 8.3. The system must have an integrated recall system capable of generating multi-lingual patient reminders for use by email, phone, or letter.
- 8.4. The system must provide recall/recare mechanisms of tracking and reporting for follow up and continuing care.
- 8.5. The system must provide reactivation tracking and reporting for inactive patients in recall or recare. Active or inactive status determined by client.
- 8.6. The system must allow the recall interval to be entered/modified.
- 8.7. The system must provide a list of patients (with phone #) due for recall by user-specified time period, provider or providers.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

- 8.8. The system must allow the user to record notes from phone contacts, or attempts to contact.
- 8.9. The system must provide prompts to place the patient on recall at the treatment planning screen, when treatment is completed, or at current appointment.
- 8.10. The system must allow the user to generate schedules for individual provider(s), for groups of providers, or for an entire clinic (as determined by user).
- 8.11. The system must provide alerts to medical concerns when capturing existing appointment or when making new appointment.
- 8.12. The system must provide a direct interface of schedule from treatment plan.
- 8.13. The system must provide patient financial requirements on scheduler viewing.
- 8.14. The system must include manual or computer search for length of time needed by provider.
- 8.15. The system must provide appointment searching for specific requests such as Saturday AM only and by first available appointment.
- 8.16. The system must provide broken, failed, or canceled appointment tracking and reporting.
- 8.17. The system must allow the user to override the scheduler and create double booking.
- 8.18. The system must generate a new patient record from a new patient appointment.
- 8.19. The system must enable patient demographic tracking and reporting.
- 8.20. The system must allow the schedule for the clinic to have the same template as the Calendar in the Health Management System (HMS) in order for the scheduled time to show different providers and appointment descriptions.

9. Tooth and Periodontal Charting

- 9.1. The system must provide the ability to chart supernumerary teeth in primary and permanent dentitions.
- 9.2. The system must provide the ability to view radiographs on the same screen as the area being charted.
- 9.3. The system must provide the ability to see the date of the exam on the tooth charting and periodontal charting/ Periodontal Screening and Recording (PSR) as part of the data collected.
- 9.4. The system must provide the ability to overlay the full mouth periodontal exam or PSR findings over the tooth charting for a better general synopsis.
- 9.5. The system must provide the ability to conduct a PSR independent of a full mouth periodontal examination.
- 9.6. The system must provide the ability to utilize voice recognition and voice activated software to record tooth charting or periodontal findings during a full mouth periodontal exam or PSR.
- 9.7. The system must provide customizable practice defined full mouth periodontal exam templates.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

10. Productivity Measurement and Support

- 10.1. The system must have a built in way to track and report broken, failed, or canceled appointments according to user defined criteria.
- 10.2. The system must track lost production and unscheduled treatment from broken appointments.
- 10.3. The system must generate future production reports.
- 10.4. The system must provide patient listing for confirmation of appointments.
- 10.5. The system must quantify the number of active patients using practice-defined criteria of “active”.
- 10.6. The system must provide historical reporting of transactions by user defined date parameters.
- 10.7. The system must have the ability to assign an “effective date” to provider schedule templates and maintain several templates simultaneously for the same provider.
- 10.8. The system must maintain an appointment types database that tracks amount of time, intervals between appointments, expected revenue, & appointment restrictions.
- 10.9. The system must provide a referral report showing referred, treatment planned, treatment performed.

11. Billing

- 11.1. The system must have the ability to support CHD/Medicaid requirements to bill by an encounter rate (individual procedures roll up to an encounter rate).
- 11.2. The system must support secure electronic billing to governmental and commercial payers.
- 11.3. The system must allow printing of insurance forms for completed services, including Medicaid and ADA standard dental claim form.
- 11.4. The system must provide statements that can be printed on request for a single patient.
- 11.5. The system must allow statements to be printed in user defined order.
- 11.6. The system must immediately display a walk-out statement.
- 11.7. The system’s walk-out statement must include:
 - Today's payment and date
 - What is owed by patient and insurance
 - Next appointment; recall information
 - Tooth number and surfaces, if applicable;
- 11.8. The system must provide aging by the date of service on request.
- 11.9. The system’s aging dates must reflect current (under 30 days), 30-60 days, 61-90 days, 91-120 days, over 120 days.
- 11.10. The system must allow production and collection tracking for multiple providers.
- 11.11. The system must enable insurance form duplication for resubmission.
- 11.12. The system must enable insurance aging and auditing of submitted, paid, and/or non-submitted claims.
- 11.13. The system must enable reflection of primary insurance payment when secondary claim is sent.
- 11.14. The system must have the ability to track Managed Care, record and submit (bill) capitated services.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT C – BUSINESS REQUIREMENTS**

12. Integrates Records Among Sites that are Geographically Disparate

- 12.1. The system must provide an online patient profile inquiry screen at all sites.
- 12.2. The system must ensure all statistics and reports are available by location of provider, treatment performed or combination thereof.
- 12.3. The system must utilize one database that links geographically disparate sites.
- 12.4. The system must have the ability to operate in a mobile van with access to central database.

13. Meets TJC (formerly known as JCAHO) Standards

- 13.1. The system must meet The Joint Commission (TJC) requirements for medication reconciliation between health records.
- 13.2. The system must meet TJC standards for dual patient identifiers to prevent clinical errors.
- 13.3. The system must meet TJC standards for authentication and authorization when logging on to the system.
- 13.4. The system must meet TJC standards for medication abbreviations.

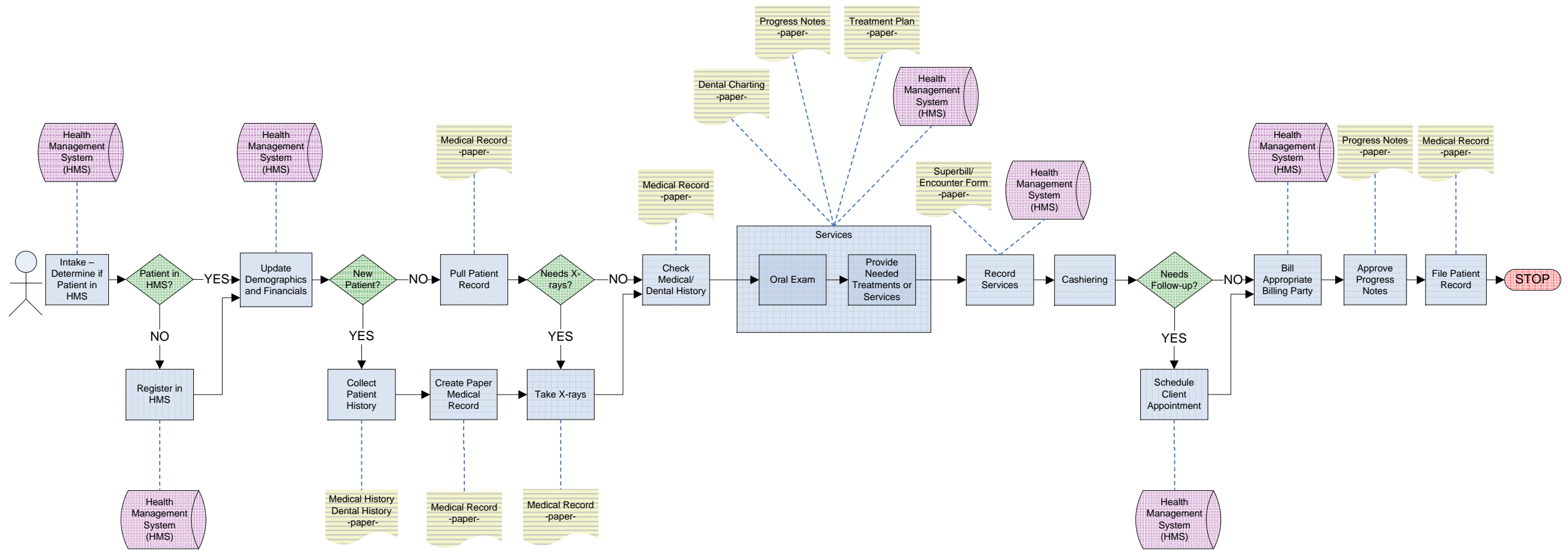
14. Imaging and Document Scanning

- 14.1. The system must have the ability to roll over “thumb nail” views of scanned radiographs and documents in series or table format with resultant “zoom preview” of contained images.
- 14.2. The system must allow multiple users to access the same radiographs simultaneously.

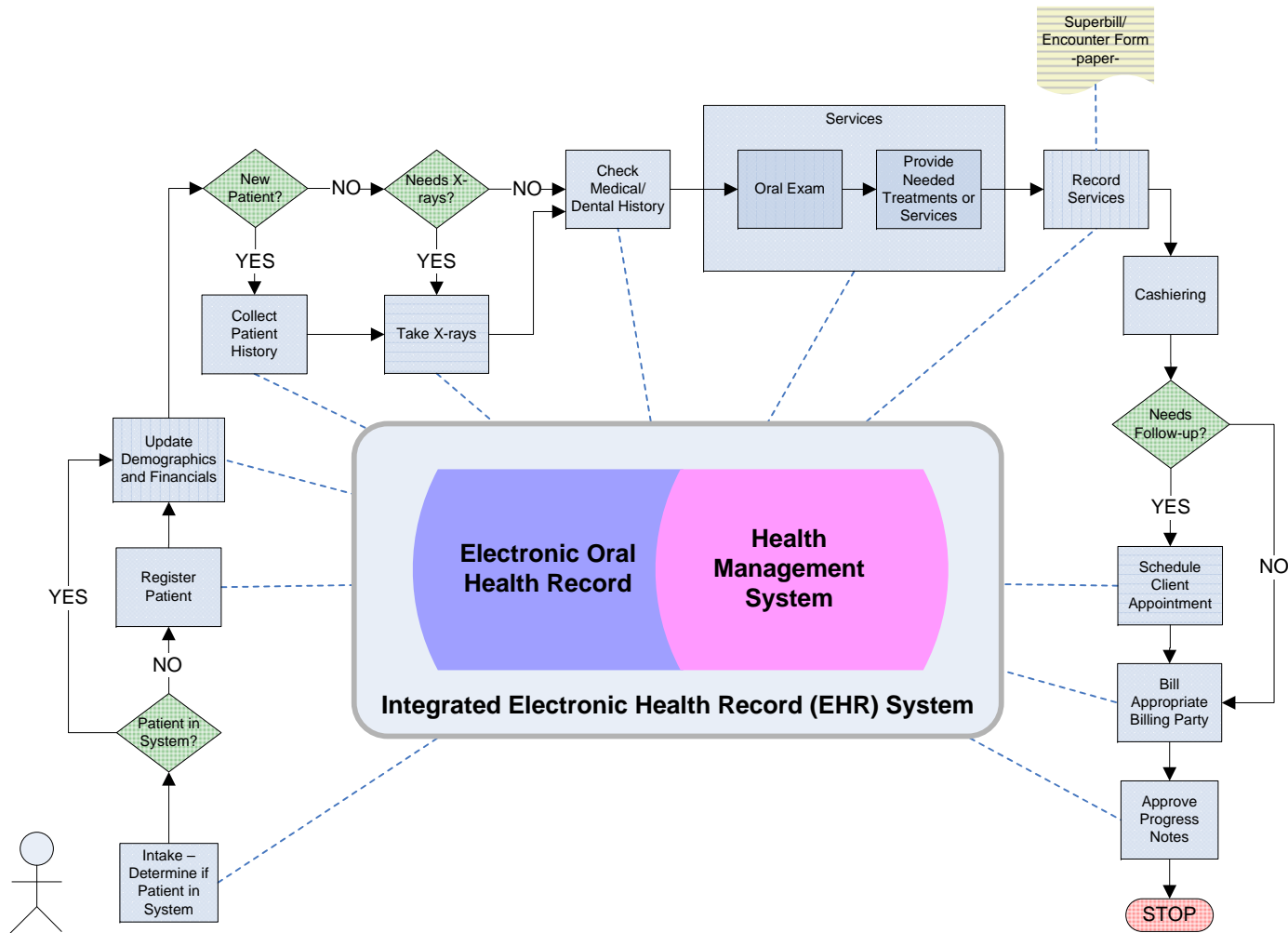
15. Integration with DOH Health Management System

- 15.1. The system must have the ability to interface demographic, service provided and medication/prescription information from and/or to HMS, using HL7 messaging standards.
- 15.2. The system’s database must be exportable / importable or have interchangeability so that other applications can use the data.

Attachment D – Current State County Health Department Dental Office Current-State Business Process Flow Diagram October 15, 2009



Attachment E – Future State County Health Department Dental Office Future-State Business Process Flow Diagram October 15, 2009





**Attachment F –
HMS Interface with Electronic Oral Health Record System
Scoping Vision**

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

Revision History

Date	Description	Author
08/20/09	Draft	Sandy Barnes
08/24/09	Review with Business Owners	Sandy Barnes
8/26/09	Additional interface added for Medications	Sandy Barnes
9/16/2009	Revisions to ensure consistent use of 'Electronic Oral Health Record'	Michael Cragg
9/23/2009	Revisions based on EOHR team review	Michael Cragg
10/07/2009	Final version for submission	Michael Cragg

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

Table of Contents

1.	Vision	1
2.	References	1
3.	Stakeholders	1
4.	Risks	1
5.	Definitions	2
6.	As-is	2
7.	Problems with Current Process	2
8.	To-be	3
9.	Business Objectives	3
10.	User Stories/Features	3
11.	Interface Profile	5

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

Scoping Vision

1. Vision

Vision for the new Software Application or Module
HMS will interface with the new Electronic Oral Health Record software allowing an exchange of demographics, medications and Client Service information.

2. References

Reference Name and Description	Location
<i>Multiple HMS Use Cases</i> <i>(reference HMS/Florida Shot's interface documentation)</i>	Requisite Pro
New Models – as needed	
Published models	HPE HMS Sharepoint
Oral Health Flow – Current vs. Proposed	HPE IT Sharepoint

3. Stakeholders

List the types of people involved in the process and describe their roles

Contact Information	Role
Dr. Howard	Overall subject matter expertise for Oral Health
Dennis Hollingsworth	Product Owner
Vicki Serpico	Lead SIG Subject Matter Expert
Dr. Howard	Lead program office subject matter expert
Bill Lucas	IT Development Lead
Sandy Barnes	IT business/systems analyst

4. Risks

Describe any project risks.

Risk #	Describe	Mitigation Strategy
1.	In order for the CHD's to have an Electronic Oral Health Record solution, additional software will need to be purchased.	Work with Program Office, County Health Departments and FMAC to secure funding. Schedule IV-B is being submitted. ITN

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

Risk #	Describe	Mitigation Strategy
2.	The availability of the Integration Broker to produce and translate the data.	Dedicated staff should be identified for HMS purposes.
3.	Coordination between multiple partners (Interfacing with all groups) (i.e. Electronic Oral Health Record software, Integration Broker and HMS, etc.)	Identify project manager or central point of contact to oversee this effort.

5. Definitions

Describe any terminology specific to this application or module in order to provide a common frame of reference

Term/Description
HMS – Health Management System
IB – Integration Broker

6. As-is

Describe how the process is currently being done
Currently the Oral Health client is registered, Oral Health eligibility and financial eligibility is determined. If the client is eligible for Oral Health services, services are provided and the Oral Health Services are recorded for billing purposes.

7. Problems with Current Process

Describe problems with the current process
<p>A comprehensive Electronic Oral Health Record (EOHR) is a key component of the initiative. Although dental services is one of the components of HMS, the software does not fulfill the functional requirements of an EOHR system.</p> <p>Key deficiencies of HMS in regards to the EOHR are that:</p> <ul style="list-style-type: none"> • Functionality to enable electronic periodontal (disease-specific) and dental charting is not present. • Digital Radiography is not currently supported. • HMS has limited ability to provide aggregated outcomes data which is an essential component of trend analysis used in identifying the most effective treatments of oral health disparities. • Many of the CHD dental patients are mobile (seek services at more than one CHD); this creates a situation whereby a patient may have records in multiple locations, which currently are not shared. As a result, duplicative procedures may become necessary.

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

8. To-be

Describe the ideal future business process

The Electronic Oral Health Record software will obtain the demographics from HMS. HMS will receive the Medications and Service Information from the Electronic Oral Health Record software for billing purposes.

From an architectural perspective, the software will be available for use statewide by all CHD's. The software is expected to be used by over 400 dental professionals. Currently, 47 CHD's have dental programs that provide dental services to over 170,000 citizens of the State of Florida. An EOHR system will enhance DOH's current HMS system by creating a true dental application with charting and dental treatment plans and will make the current process of recording services more efficient. The EOHR system will replace use of the HMS care plan for dental. Software will integrate with the electronic medical record component of HMS.

9. Business Objectives

Describe concise business objectives or goals that will be accomplished by this project. Describe benefits derived from each business objective. List each business objective separately and do not combine business objectives together. Rank the priority for each business objective as Critical, Important or Useful. Only critical business objectives will be included in the first release of a software application.

Name and Describe the Business Objectives	Benefit	Priority
<p>Dental Interface</p> <p>There is not a dental treatment module in HMS. Several very good commercial dental packages are available. We are exploring the option to purchase one package and will need an interface with HMS to move certain dental data fields into HMS for billing and reporting purposes.</p>	Eliminate dual data entry for dental staff.	Critical

10. User Stories/Features

Describe discrete pieces of system functionality, reports or external system interfaces that this application development project must accomplish. State each story on its own line. Do not combine stories. Note: Only "Critical" user stories will definitely be included in the initial release of the application or module.

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

Story #	Role/Actor	User Story/Feature	Priority	Story Type
1.	HMS	HMS will send the client demographics to the Integration Broker (IB).	Critical	Functional
2.	IB	IB will receive client demographics from HMS and will send the data to the Electronic Oral Health Record software.	Critical	Functional
3.	IB	IB will receive client service information from the Electronic Oral Health Record software and will send the data to HMS.	Critical	Functional
4.	HMS	HMS will receive client Oral Health service information from the Integration Broker.	Critical	Functional
5.	Oral Health Software	The Electronic Oral Health Record software will request Client Demographics from HMS.	Critical	Functional
6.	IB	IB will transfer the request from the Electronic Oral Health Record software to HMS.	Critical	Interface
7.	HMS	HMS will acknowledge the request from the Electronic Oral Health Record software and send Client demographics to IB.	Critical	Functional
8.	HMS	HMS will need to modify the Record a Service functionality to accommodate the specifics for Oral Health Services.	Critical	Functional
9.	Oral Health Software	The Electronic Oral Health Record software will send Client Medications to IB.	Critical	Functional
10.	IB	IB will transfer Medications to HMS.	Critical	Interface

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

11. Interface Profile

The following are required to build an Interface in the system:

Item	Description
Interface Name	HMS – Electronic Oral Health Record software
Functional Area	Client Demographics, Recording of Services
Interface System Name	HMS – Electronic Oral Health Record
Description	HMS will push the Client demographics to the Electronic Oral Health Record software. HMS will receive the Client Medications from the Electronic Oral Health Record software. HMS will receive the Service Information from the Electronic Oral Health Record software for billing purposes.
Interface Priority	Critical
External System Owner	Dental Program Office
External System Contact Information	Dr. Millard Howard (850) 245-4328
Interface Directionality	Bi-directional
Batch or Online	Online (Web – Service)
Frequency or availability	Real- Time
Interface Type (all HIPAA compliant)	Integration Broker

HMS Interface with Electronic Oral Health Record System	Version: final
Scoping Vision	Date: Created on <October 07, 2009>

Scope Approval – HMS Interface with Oral Health Software Package

This approval sets the scope of this package as follows:

- **Critical** user stories/features will be incorporated into the initial release of the package in the HMS system
- **Important** - user stories/features will be prioritized and incorporated into later releases but will not be included in the initial release
- **Useful** - user stories/features are low priority and may be prioritized for implementation into future releases

All ClearQuest enhancement tickets, user stories, use cases, functionality and other requirements should be directly traceable to the **Critical** user stories in order to be considered for the planned release backlog. The Product Owner manages the product backlog and release backlog and will ensure that work items trace to these critical user stories.

ATTACHMENT G – DATA EXCHANGE

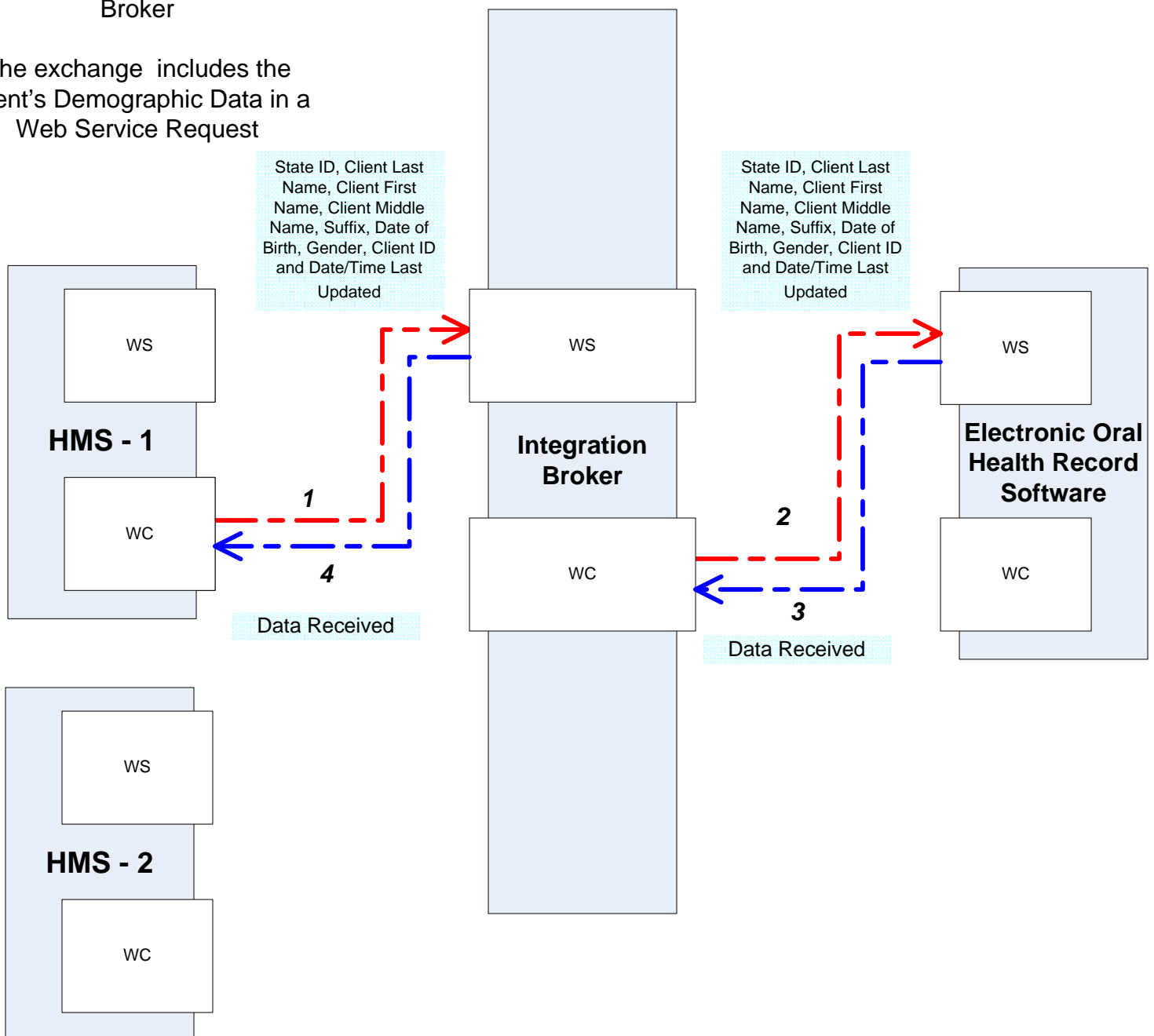
October 15, 2009

PROPOSED SOLUTION

CLIENT'S DEMOGRAPHIC DATA EXCHANGE BETWEEN HMS, INTEGRATION BROKER AND ELECTRONIC ORAL HEALTH RECORD SOFTWARE

HMS will Exchange Client Demographic Data with the Electronic Oral Health Record Software via the Integration Broker

The exchange includes the Client's Demographic Data in a Web Service Request



WS = Web Service
WC = Web Service Client



Florida Department of Health

**Electronic Oral Health Record
(EOHR)
Project Charter**

Attachment H - Project Charter

Prepared by: Michael Cragg, PMP
Date: October 11, 2009

FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER

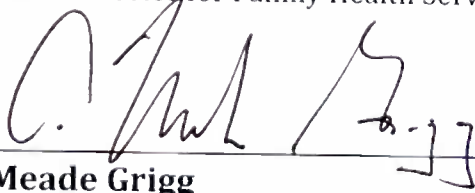
Approval Signatures



Annette Phelps, ARNP, MSN
Executive Sponsor
Division Director for Family Health Services

10/8/09

Date



C. Meade Grigg
Executive Sponsor
Director, Office of Health Statistics and Assessment
& State Registrar of Vital Statistics

10/8/09

Date



Michael Sentman
Executive Sponsor
Assistant Deputy Secretary for Health

10/8/09

Date



Dr. Millard Howard, DDS
EOHR Business Lead
Senior Health Services Analyst

10/8/2009

Date



Michael Cragg, PMP
Project Manager
Project Management Consultant

10/8/2009

Date

1. INTRODUCTION

1.1. Purpose

The purpose of this Project Charter is to ensure everyone with a stake in the project's success shares a common understanding of the following:

- Why the project is being undertaken
- What the project will deliver
- Who will be involved in the project
- When the project milestones will be delivered

1.2. Background

The focus of the Public Health Dental Program is to improve and maintain the oral health of Florida's citizens by promoting and developing high-quality, cost-effective community and school-based preventive, educational and treatment programs which emphasize the elimination of oral health disparities.

The vision of the Public Health Dental Program is...

- An **integrated, coordinated oral health system** between the public and private sectors exists that:
 - Provides maximum access to community and school-based preventive and educational programs.
 - Provides access within 48 hours for the relief of pain and infection.
 - Provides access to basic preventive and corrective care that assures adequate dental function and reasonable esthetics.
- An oral health **surveillance** system exists that provides adequate data to monitor oral health status and to facilitate policy development.
- The **organizational structure** of the Public Health Dental Program exists that allows it to adequately function as a base of information, technical assistance and support to facilitate the development of a statewide integrated, coordinated oral health system and oral health surveillance system.

In April of 2004 President Bush issued an executive order establishing a national health information technology coordinator with the goal of establishing electronic health records for all Americans within 10 years. In January of 2009, President Obama continued the pursuit of an electronic health records system, making it a priority of his first term and pledged 10 billion dollars per year over the next 5 years.

In support of the federal government's goal for an Electronic Health Record (EHR) for all Americans by 2014, the Department of Health (DOH) has

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER**

established an EHR initiative, building on the functionality currently provided by the DOH Health Management System (HMS).

A comprehensive Electronic Oral Health Record (EOHR) is a key component of the initiative. Although dental services are one of the components of HMS, the software does not fulfill the functional requirements of an EOHR system.

Key deficiencies of HMS in regards to the EOHR are that:

- Functionality to enable electronic periodontal (disease-specific) and dental charting is not present.
- Digital radiography is not currently supported.
- HMS has limited ability to provide aggregated outcomes data which is an essential component of trend analysis used in identifying the most effective treatments of oral health disparities.

There are specific issues regarding the oral health record that need to be addressed with the county health departments (CHDs):

- Not all CHDs utilize the Public Health Dental Program's recommended standardized paper dental record.
- Several CHDs use locally developed adjunctive dental forms (e.g., medical and dental history, consent).
- There are concerns regarding integrity of the dental records (clarity of hand-written treatment notes, difficulty determining which staff member provided and/or documented the service in the record, misplacement of records).
- Paper records are unavailable to multiple parties when utilizing teledentistry.

The result of these conditions is a lack of consistency in historical charting of oral health conditions, e.g., pre-existing, proposed and completed treatments. In addition, many of the CHD dental patients are mobile (seek services at more than one CHD); this creates a situation whereby a patient may have records in multiple locations, which currently are not shared. As a result, duplicative procedures may become necessary. In the case of x-rays, frequently used in these settings, the result is additional and avoidable exposure to radiation. From a financial perspective, in fiscal year 2008 more than \$38 million in Medicaid revenue was generated by CHD dental practices who served in excess of 98,000 Medicaid patients. This represents only a small portion of the total Medicaid-eligible population leaving well over 2 million not served. Physical expansion of facilities is not financially practical in the majority of counties; therefore additional capacity must be gained through more efficient use of currently available resources. With the excess in demand, the anticipated efficiency gains of 5% will allow more customers to be served by current resources.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER**

1.3. Vision Statement

The vision of this project is to create a fully integrated Electronic Oral Health Record solution as a component of the DOH HMS. Users of the system will see the solution not as two separate systems but as one seamlessly integrated solution where navigation between systems is transparent. Patients of the CHD dental clinics will have improved overall experiences due to increased efficiencies and modernization of clinic operations. Providers within the CHD dental clinics will spend a greater portion of their time in direct service to the patient and less time performing administrative and operational duties. The Division of Family Health Services and the Public Health Dental Program will have access to performance and aggregated outcomes data so that the overall quality of services provided can be properly monitored and continuously improved.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER**

2. EXECUTIVE SUMMARY

The following table provides a summary of key project attributes.

Project Name	Electronic Oral Health Record (EOHR)
Project Goals	Create a true dental application with charting and dental treatment plans that is integrated with the DOH HMS making the current process of delivering and recording services more efficient.
Executive Sponsors	Annette Phelps, Meade Grigg, Michael Sentman
Project Sponsors	Amy Cober, Tom Herring
Project Core Team	Dr. Millard Howard Dennis Hollingsworth Vicki Serpico
Start Date	6/24/2009
Projected End Date	6/30/2012
Impacted Areas	<ul style="list-style-type: none"> ❖ CHDs with dental programs ❖ The Division of Family Health Services ❖ The Office of Health Statistics and Assessment (HPE)
Key Assumptions	<ul style="list-style-type: none"> ✓ A software package is commercially available that can adequately integrate with HMS. ✓ All CHDs with dental programs will use the solution. ✓ Current central office hardware is capable of supporting the addition of Electronic Oral Health Records.
Project Approach	Purchase a Commercial Off-The-Shelf (COTS) Oral Health software package and integrate with the Health Management System (HMS)

3. PROJECT PARAMETERS

3.1. Business Objectives

The end results of this solution will be significant cost savings, improved safety for Florida's citizens (those receiving services at the CHDs and dental professionals) and robust reporting functionality that will contribute significantly to the Public Health Dental Program's quality improvement initiatives.

In support of the strategic goals of DOH, the system will increase availability of dental health care services by improving the efficiency of local operations in order to meet the growing demand for services and thus enable CHDs to increase the number of customers served. Aggregated outcomes data will help identify high-need services and allow for effective distribution of future funds (through increased revenues), ensuring that expansion efforts are targeted to areas that are most in need.

3.2. Assumptions

- ✓ For project planning purposes, the project schedule and budget are based on the worst-case scenario of pursuing a distributed solution.
- ✓ If the distributed solution is required, backup, storage and retention will be the responsibility of the individual CHDs.
- ✓ A software package is commercially available that can adequately integrate with HMS.
- ✓ The total number of CHDs with dental clinics will increase during the life of the project. There are currently 3-4 in various stages of development and there have been 4 new dental programs established in the last 2 years. Because of these factors, the project is assuming that there will be an additional 2-4 established prior to implementation. However, we do not anticipate that the growth in the total number of dental programs will continue at this same pace. Currently there are 20 CHDs that do not have dental programs but several of these have very strong dental programs in the community health centers. We do anticipate though that as the expansion in the number of CHDs slows, the current dental programs will begin to expand and add providers to help satisfy the unmet demand.
- ✓ Project Management resource will not be needed after 4/30/2011.
- ✓ Current central office hardware is capable of supporting the addition of Electronic Oral Health Records.

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER**

- ✓ The use of the EOHR solution will be mandatory for all CHDs with a dental program.
- ✓ CHDs will be responsible for additional hardware required to support the dental practice and use of digital radiography (intraoral cameras, digital radiography equipment and any other specialized devices).
- ✓ The costs of the project include servers needed at each CHD, however, if additional networking and infrastructure is needed within a given CHD the costs and installation will be the responsibility of the CHD.
- ✓ If additional workstations are needed for operatories within a specific CHD, they will be the responsibility of the CHD.

3.3. Constraints

- ✓ Practice management functionality (scheduling, billing) will remain components of HMS.
- ✓ The software solution chosen must be Health Insurance Portability and Accountability Act (HIPAA), American Dental Association (ADA) and The Joint Commission (TJC) compliant.
- ✓ The financial investment and CHD cost allocation methodology will be governed by the DOH Fiscal Management Advisory Committee (FMAC).
- ✓ The solution determined to best meet the requirements of the project must be presented to the DOH Tier 2 Body for Governance review and approval.
- ✓ The project must be executed in accordance with the DOH Project Management Methodology and is subject to monitoring by the DOH Division of Information Technology (DIT) Project Management Office (PMO).

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER**

3.4. Success Criteria

Bus. Objective	Success Criteria	Measure Method	Criticality
Significant cost savings gained through increased efficiency	5% more services provided with current resources	Annual evaluation of Medicaid utilization data (# of patients/services) and HMS generated dental service reports	High
Significant cost savings gained through increased efficiency	5% more services provided with current resources	Analysis of Medicaid payments to CHDs and HMS generated dental service reports	High
Cost savings due to reduced supplies purchasing	Following initial implementation, costs for supplies required by the new system are less than those of the manual paper-based system	Aggregate annual costs by CHD for paper-based supplies prior to implementation and compare to costs of new system once in maintenance	Medium
Quality improvement by providing consistent and clearly legible treatment notes	100% of treatment notes are electronic	Measurement not necessary, users will have no other option	High
Quality improvement by ensuring prescriptions and medications are included in patient record	100% of prescriptions and medications are recorded in Electronic Health Record	Measurement not necessary, users will have no other option	High

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER**

4. PROJECT ORGANIZATION

4.1. Project Team

Project Team Member	Title	Role	Division
Annette Phelps	Division Director for Family Health Services	Executive Sponsor	Division of Family Health Services
Meade Grigg	Director, Office of Health Statistics and Assessment & State Registrar of Vital Statistics	Executive Sponsor	Office of Health Statistics and Assessment (HPE)
Michael Sentman	Assistant Deputy Secretary for Health	Executive Sponsor	Department of Health
Amy Cober	Assistant Division Director, Family Health Services	Project Sponsor	Division of Family Health Services
Tom Herring	Bureau Chief-Clinic Management and Informatics	Project Sponsor	Office of Health Statistics and Assessment (HPE)
Michael Cragg	Project Management Consultant	Project Manager	Division of Information Technology
Dr. Millard Howard	Senior Health Services Analyst	Business Lead	Division of Family Health Services
Dennis Hollingsworth	Manager - Clinic Management and Informatics	Technical Lead	Office of Health Statistics and Assessment (HPE)
Vicki Serpico	Health Services and Facilities Consultant	Business Process Analyst	Office of Health Statistics and Assessment (HPE)
Sandy Barnes	Systems Project Consultant, HMS	Technical Systems Analyst	Division of Information Technology

**FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER**

4.2. Key Stakeholders

Stakeholder	Interest
Florida's citizens	Improved patient safety, recipients of improved care (via Quality Improvement initiatives)
Florida Department of Health	Significant contributions to the accomplishment of the department's strategic plan, reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements
County Health Departments	Reduced costs, standardization of procedures, reduction in liability (through safety improvements and improved HIPAA compliance)
County Health Department Dental Professionals	Improved access to patient information and aggregated outcomes data, simplification of required business processes (entry of services provided)
Division of Family Health Services	Improved access to information to support Quality Improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, standardization of software support
Public Health Dental Program	Improved access to information to support Quality Improvement initiatives and assessment of performance target achievements, improved HIPAA compliance
Dental Special Interest Group	Improved access to information to support Quality Improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, simplification of required business processes (entry of services provided)
Office of Health Statistics and Assessment	Improved access to information to support Quality Improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, standardization of software support
Center for Disease Control	Reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements
David Stokes	Chief Information Officer

FY 2010-11 SCHEDULE IV-B FEASIBILITY STUDY FOR
ELECTRONIC ORAL HEALTH RECORD (EOHR)
ATTACHMENT H - PROJECT CHARTER

5. SCHEDULE AND BUDGET

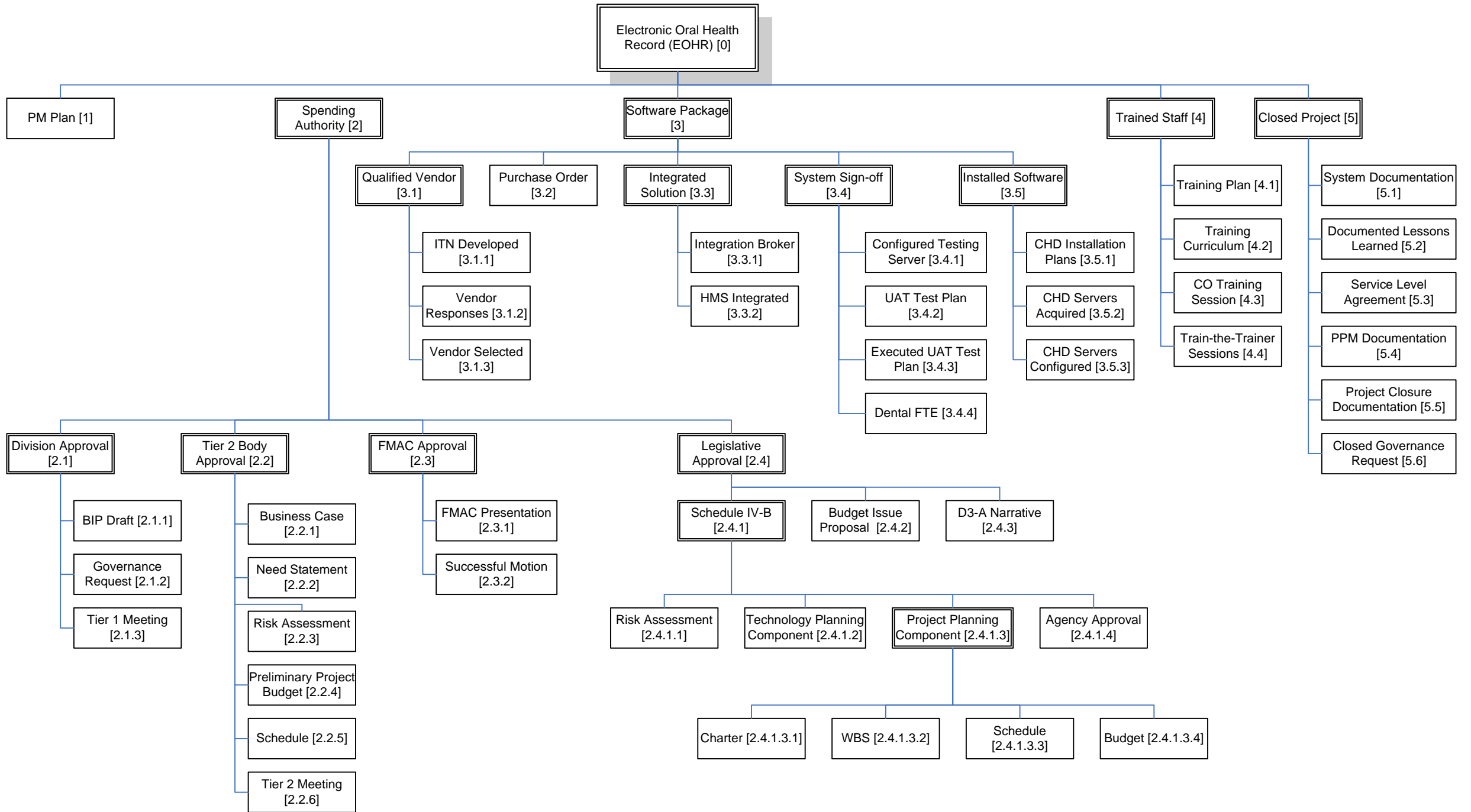
5.1. Project Timeline

High Level Schedule		
Planned Start	Planned Complete	Activity or Milestone
5/2010	7/2010	Acquire Project Manager
5/2010	9/2010	Select Vendor
9/2010	2/2011	Software Integration and Testing
2/2011	7/2012	CHD Rollouts

5.2. Project Budget

High Level Project Budget	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Total by Year	\$ 105,652.98	\$ 1,205,944.20	\$ 400,544.45
Total Project	\$ 1,712,141.63		

Ongoing Annual Expense
\$ 203,139.00



Electronic Oral Health Record (EOHR)

Attachment J - Project Schedule

Wed 10/7/09

37 TRW Initial Review
The TRW performs an initial review of each IT-related LBR issue to determine if it provides all of the information required in the LBR instructions. This review is based on the TRW preliminary LBR checklist, and provides feedback to the agency if any of the required information is missing or deficient in the level of detail needed to justify the budget issue. TRW may also send additional written questions to the agency.

38 Agency LBR Briefing for Legislative Staff
After the initial TRW review of the LBR issues, agencies will have an opportunity to brief TRW and other legislative staff on their LBR issue(s) and address any omissions or deficiencies that were identified and communicated during the initial TRW Review. TRW will work with each agency to schedule this meeting when necessary to ensure the agency is ready to provide required information. If TRW determines that the quality of the information provided with the LBR enables analysis and recommendation, this meeting is not necessary and the duration has been estimated. By the end of this step, all outstanding questions should be addressed and TRW should be able to answer the TRW LBR analysis questions and develop recommendations for consideration by the legislature.

39 Confirmation of Understanding of Budget Issue
This is an optional step in which the TRW confirms its understanding of the information provided by the agency and to ensure that all relevant facts have been considered. It also provides the agency with an opportunity to discuss its position and correct any factual misinterpretation of the information it has provided to support its request. This process step will not be required for all IT issues. The duration for this task has been estimated.

40 Analysis of Governor's Recommended LBRs
An accelerated analysis process may be needed for IT budget issues that are submitted in a supplemental budget request in LAS/PBS or as new or amended issues in the Governor's budget recommendations. The LBR review process steps are generally the same as previously described, but are completed in a compressed timeframe. For example, upon receipt of the LBR issue, the TRW will review the documentation submitted, focusing on the differences between the original request and the Governor's recommendation when applicable.

41 TRW Briefing on Analyses and Recommendations
This is an optional step in which TRW explains the specifics of its analysis and recommendation relating to a specific budget issue based on the TRW LBR analysis questions. This discussion may encompass suggestions for improving the quality and substance of the submission in the future.

NOTE: This step is available to agencies upon request but requires approval of the staff director from the House/Senate fiscal committee/council and the TRW staff director.

43 Post-session De-briefings
After the completion of the legislative session and passage of the General Appropriations Act, the written analyses and recommendations for each agency LBR issue is available upon request. A face-to-face de-briefing also is available upon request of an agency or legislative staff to improve the processes for IT LBR submissions. TRW can formally convey its observations and discuss the rationale used to derive any findings, concerns, and recommendations related to the agency's IT budget issues.

78 Integration	IB	Days	Avail. Hours	% to Task	%	HMS	Days	Avail. Hours	% to Task
Analysis	80	20	160	0.500	0.222222	129	24	192	0.671
Coding	160	30	240	0.667	0.444444	258	36	288	0.895
Testing	80	20	160	0.500	0.222222	129	24	192	0.671
Documentation	40	10	80	0.500	0.111111	64	12	96	0.671
Total	360				1	580			

HMS provided 580 as total hours, used percentages from IB to divide hours between tasks.

% to Task is assuming 1 resource

80 Analysis
129 hours was the preliminary estimate on 8/26/2009

81 Development
258 hours was the preliminary estimate on 8/26/2009

82 Testing
129 hours was the preliminary estimate on 8/26/2009

83 Documentation
64 hours was the preliminary estimate on 8/26/2009

85 Analysis
80 hours was the preliminary estimate on 8/26/2009

86 Development
160 hours was the preliminary estimate on 8/26/2009

87 Testing
80 hours was the preliminary estimate on 8/26/2009

88 Documentation
40 hours was the preliminary estimate on 8/26/2009

- 97 Conduct Detailed Site Surveys**
- Conduct a survey of each installation site.
 - Identify primary point of contact for installation at each site.
 - Determine any hardware and networking requirements that are outside of the scope of the project and communicate to CHD.
 - Develop current vs future state process documentation for each site.
 - Gather detailed data to assist with assessment of success criteria.

- 98 Create Implementation Plan**
- Determine strategy for installation (group geographically? install 'power' users first?)

Electronic Oral Health Record (EOHR)

Attachment J - Project Schedule

Wed 10/7/09

- Aggregate sites into installation waves.
- Discuss implementation strategy and plan with sponsors and seek approval.

99 Communicate Implementation Plan

- Conduct 14 conference calls with site representatives to communicate implementation plan.
- Communicate with individual sites to ensure that hardware and networking requirements that are outside of the scope will be resolved.

107 Installation Prep Meetings

- Conduct conference call with each site included in the installation wave.
- Communicate plan for installation at each site.
- Ensure all hardware and networking requirements that are outside of the scope have been resolved.
- Adjust implementation as necessary.

108 Acquire CHD Servers

- Purchase server hardware as needed and perform necessary configuration that is outside of the scope of the project.
- CHDs will be responsible for acquiring hardware and networking infrastructure that is outside of the scope of the project.

109 Configure CHD Servers

Vendor loads application onto individual CHD servers included in the installation wave.

162 Training

Allowing for 16 weeks of training throughout implementation. Propose 14, 1 week sessions and 1, 2 week session for CO. Want to spread these out over the entire implementation period. Roll CHDs out geographically to facilitate ease of training.



Electronic Oral Health Record (EOHR)

State of Florida ♦

Division of Family Health Services ♦

Attachment K - Project Management Plan

Contact Information

To request copies, suggest changes, or submit corrections, contact:
Department of Health
Attention: Michael Cragg, PMP, Project Manager, Division of Information
Technology
Phone: 850-245-4444 x3823, email michael_cragg@doh.state.fl.us

File Information

File Location: J:\ITPCB\Electronic Oral Health Record (EOHR)\ Supportive
Docs\Schedule IV-B\Version_FINAL_10152009
Last Saved: Wednesday, October 07, 2009

Revision History

Date	Version	Revised By	Description
9/16/2009	1.0	Michael Cragg	Initial draft provided to project team for review.
9/24/2009	1.1	Michael Cragg	Second draft provided to project sponsors for review
10/6/2009	1.2	Michael Cragg	Final version developed for submission

TABLE OF CONTENTS

1. PURPOSE OF DOCUMENT	5
2. PROGRAM AREA AND BUSINESS NEED	6
2.1. PROGRAM AREA	6
2.1.1. <i>Public Health Dental Program Vision</i>	6
2.1.2. <i>Public Health Dental Program Scope</i>	6
2.1.3. <i>Strategic Alignment</i>	7
2.2. BUSINESS NEED	8
2.2.1. <i>Background</i>	8
2.2.2. <i>Business Objectives</i>	8
2.2.3. <i>Problem Statement</i>	9
2.2.4. <i>Benefits</i>	10
3. PROJECT SCOPE	12
3.1. SCOPE STATEMENT	12
3.2. PROJECT DELIVERABLES	12
3.3. PROJECT EXCLUSIONS	13
3.4. PROJECT NEXT STEPS	14
4. BUDGET ESTIMATE AND SCHEDULE ESTIMATE.....	15
4.1. SPENDING PLAN.....	15
4.2. PROJECT SCHEDULE.....	15
5. ASSUMPTIONS AND CONSTRAINTS	16
5.1. ASSUMPTIONS.....	16
5.2. CONSTRAINTS	16
6. PROJECT TEAM, STAKEHOLDERS AND END USERS.....	18
6.1. PROJECT TEAM ROLES AND RESPONSIBILITIES	18
6.2. KEY STAKEHOLDERS AND INTEREST	20
6.3. END USERS	21
7. RISK AND ISSUE MANAGEMENT PLAN	22
7.1. RISK MANAGEMENT STRATEGY	22
7.1.1. <i>Understand the Business Context</i>	22
7.1.2. <i>Risk Identification Process</i>	22
7.1.3. <i>Risk Evaluation and Prioritization</i>	23
7.1.4. <i>Risk Response Planning</i>	23
7.1.5. <i>Risk Monitoring and Management</i>	23
7.2. ISSUE MANAGEMENT AND RESOLUTION STRATEGY	24
8. CRITICAL SUCCESS FACTORS	25
8.1. PROJECT SUCCESS CRITERIA	25
9. QUALITY ASSURANCE PLAN	26
9.1. REQUIREMENTS VERIFICATION.....	26
9.1.6. <i>Business Requirements</i>	26
9.1.7. <i>Technical Requirements</i>	26
9.2. PROCUREMENT AND CONTRACT MANAGEMENT.....	26
9.3. USER ACCEPTANCE TESTING.....	26
9.4. PHASE GATE REVIEWS.....	26

9.5. PMO MONITORING.....	27
9.6. OPERATIONAL SUPPORT TRANSITION	27
10. PROJECT ORGANIZATION	28
10.1. PROJECT ORGANIZATION CHART	28
11. COMMUNICATIONS PLAN	29
11.1. PROJECT DOCUMENTATION	29
11.2. SUCCESS CRITERIA	29
11.3. SLIPPING TASKS.....	29
11.4. FEEDBACK	30
11.5. COMMUNICATIONS	30
11.6. MEETINGS.....	31
11.7. METHOD FOR UPDATING THE COMMUNICATION PLAN	31
12. CHANGE MANAGEMENT PLAN.....	32
12.1. DOCUMENTING THE PROPOSED CHANGE	32
12.2. PROCESSING THE CHANGE REQUEST	35
13. GLOSSARY OF TERMS AND ACRONYMS	36
14. SIGNATURE AND ACCEPTANCE PAGE.....	40

1. Purpose of Document

This Project Management Plan (PMP) provides guidelines for the Electronic Oral Health Record (EOHR) project identifying the:

- Program Background
- Business Need
- Project Description and Scope
- Budget Estimate and Schedule Estimate
- Project Assumptions and Constraints
- Project Team, Stakeholders and End Users
- Risk Management Plan
- Performance Indicators - Success Criteria
- Quality Assurance Plan
- Project Organization
- Communications Plan
- Change Management Process
- Formalized Approval, Acceptance and Signature by DOH

The Project Management Plan (PMP) is a “living” document that is prepared early in the planning phase of the project. The PMP identifies key elements of the project management strategy and the activities and deliverables of the project.

2. Program Area and Business Need

2.1. Program Area

The focus of the Public Health Dental Program is to improve and maintain the oral health of Florida's citizens by promoting and developing high-quality, cost-effective community and school-based preventive, educational and treatment programs which emphasize the elimination of oral health disparities.

2.1.1. Public Health Dental Program Vision

The vision of the Public Health Dental Program is...

- ❖ An **integrated, coordinated oral health system** between the public and private sectors exists that:
 - Provides maximum access to community and school-based preventive and educational programs.
 - Provides access within 48 hours for the relief of pain and infection.
 - Provides access to basic preventive and corrective care that assures adequate dental function and reasonable esthetics.
- ❖ An oral health **surveillance** system exists that provides adequate data to monitor oral health status and to facilitate policy development.
- ❖ The **organizational structure** of the Public Health Dental Program exists that allows it to adequately function as a base of information, technical assistance and support to facilitate the development of a statewide integrated, coordinated oral health system and oral health surveillance system.

2.1.2. Public Health Dental Program Scope

Policy: Section 381.005, F.S., states "The department shall conduct a primary and preventive health care program" and that this program shall include "Dental health services in accordance with chapter 154 and this chapter." Section 381.0052, F.S., Public Health Dental Program Act, states "It is the intent of the Legislature to make available dental preventive and educational services to the citizens of the state and treatment services to indigent persons." The law further states that "The department shall implement a comprehensive dental program" that will include preventive, educational, and treatment services. Section 381.0056, F.S. requires a school health services plan that includes a preventive dental program. It is the policy of the Department of Health to implement a comprehensive public health dental program according to the intent of the legislature in every county health department as resources permit.

Authority: Sections 381.005, 381.0052 and 381.0056 F.S.

Effective Date: August 1, 2006

2.1.3. Strategic Alignment

This proposal clearly supports the mission of the department to promote, protect and improve the health of all people in Florida as outlined in the 2008 – 2012 Strategic Plan in the following ways:

Advocate equitable health care access for the people of Florida

- Identify and address critical health care staffing needs – the improved data available through this system will allow the County Health Departments (CHDs) and Public Health Dental Program to make a better assessment of the unmet demand. Cost savings provided by efficiency gains can be used for additional staffing located in the areas most in need.
- Increase the number of health care providers in rural communities – cost savings provided by efficiency gains can be used for additional staffing located in the areas most in need, some of which may be rural. Not only will this initiative help to increase the total number of providers, but it will also make each one more efficient; thereby making health care more accessible for everyone.

Reduce the incidence and impact of disease and injury

- Reduce incidence through increased access to education and preventative oral health services.
- Decrease dental caries in the teeth of children and adolescents – while the most preferred method to decrease dental caries is prevention, certain actions taken in the early stages (when caries are still uncavitated) can reverse the process and remineralize the tooth surface. The increased availability of services will provide more frequent opportunities for the promotion of effective oral hygiene as a preventative measure. The eventual transition to digital radiography, which is regarded as a highly-effective method for early detection and a functionality this initiative supports, provides for earlier detection when the condition is still reversible. Digital radiographs also enable comparisons to be done electronically that are not possible with analog x-rays. When performed, the comparison can show differences between two sets of radiographs and assist the examiner in identifying potential areas of concern.

Ensure rapid detection and investigation of emerging events

- Prepare Florida's health and medical system to meet national standards – Electronic Medical Records are planned to become a national standard by 2014. Securing a solution for the EOHR, a key component of the Electronic Health Record will assist the Department of Health in meeting a component of this goal.
- Through increased access to performance data and aggregated outcomes, the Public Health Dental Program can analyze basic screening survey and treatment caries experience trends to help grasp the scope of dental disease and the impacted populations. These are major elements in the development of a dental disease surveillance system.

Improve organizational performance

- Promote efficient use of energy resources – making each encounter between a dental professional and patient more efficient will allow the costs of all

resources involved to be used more efficiently. Additionally, if a CHD adopts digital radiography, less energy will be required to produce the digital image. These digital images can also be shared, reducing the need for duplicative procedures.

- Maintain and expand the department's performance management system – improved access to information will support quality improvement initiatives and assessment of performance target achievements.
- Improve customer satisfaction – improved efficiencies will reduce appointment wait times, if a CHD adopts digital radiography the reduction in radiation exposure and discomfort will contribute to the patient's overall perception of care provided.

2.2. Business Need

2.2.1. Background

In April of 2004, President Bush issued an executive order establishing a national health information technology coordinator with the goal of establishing electronic health records for all Americans within 10 years. In January of 2009, President Obama continued the pursuit of an electronic health records system, making it a priority of his first term and pledged 10 billion dollars per year over the next 5 years.

In support of the federal government's goal for an Electronic Health Record (EHR) for all Americans by 2014, the DOH has established an EHR initiative, building on the functionality currently provided by the DOH Health Management System (HMS). A comprehensive EOHR is a key component of the initiative. The DOH Public Health Dental Program is proposing to implement a standard EOHR software system for use in its multiple CHD dental clinics throughout the state. The solution will be integrated with the Health Management System (HMS). With a significant number of CHD dental patients being fairly mobile in nature, the use of an electronic records system will promote an efficient approach to sharing patient files between the CHDs.

2.2.2. Business Objectives

The DOH Public Health Dental Program is proposing to implement a standard EOHR software system for use in CHD dental clinics throughout the state. The solution will need to be integrated with the HMS and be part of the clinical EHR; providing an efficient approach to sharing patient files between the CHDs. An EOHR system will enhance the current DOH HMS system by creating a true dental application with charting and dental treatment plans and will make the current process of recording services more efficient. The EOHR system will replace use of the HMS care plan for dental. The solution will provide the CHDs the option to utilize digital radiography if they so choose.

Currently, 47 CHDs have dental programs that provide dental services to over 170,000 citizens of the State of Florida. From a financial perspective, in fiscal year 2008 more than \$38 million in Medicaid revenue was generated by CHD dental practices who served in excess of 98,000 Medicaid patients. This represents only a small portion of the total Medicaid-eligible population leaving well over 2 million not served.

Previously performed analysis by the Public Health Dental Program determined that although many dental programs want to expand, they are constrained due to the amount of physical space obtainable and the availability of qualified providers. Physical expansion of facilities is not financially practical in the majority of counties; therefore additional capacity must be gained through more efficient use of currently available resources. This proposal is driven by a need to identify alternatives that can increase the total number of encounters within current space and staffing limitations. With the excess in demand, the anticipated efficiency gains of 5% will allow more customers to be served by current resources.

2.2.3. Problem Statement

A comprehensive EOHR is a key component of the initiative. Although dental services is one of the components of HMS, the software does not fulfill the functional requirements of an EOHR system.

Key deficiencies of HMS regarding the EOHR are:

- Functionality to enable electronic periodontal (disease-specific) and dental charting is not present.
- Digital radiography is not currently supported.
- Information regarding prescriptions, medications and dental practice specific progress notes is not consistently captured. Analysis performed during the planning phase determined that 85% of the CHDs are not currently using HMS to record dental progress notes.
- HMS has limited ability to provide aggregated outcomes data which is an essential component of trend analysis used in identifying the most effective treatments of oral health disparities.

There are specific issues regarding the oral health record that need to be addressed with the CHDs:

- Not all CHDs utilize the Public Health Dental Program's recommended standardized paper dental record.
- Several CHDs use locally developed adjunctive dental forms (e.g., medical and dental history, consent).
- There are concerns regarding integrity of the dental records (clarity of handwritten treatment notes, difficulty determining which staff member provided and/or documented the service in the record, misplacement of records).
- Paper records are unavailable to multiple parties when utilizing teledentistry.

The result of these conditions is a lack of consistency in historical charting of oral health conditions, e.g., pre-existing, proposed and completed treatments. In addition, many of the CHD dental patients are mobile (seek services at more than one CHD); this creates a situation whereby a patient may have records in multiple locations, which currently are not easily shared. As a result, duplicative procedures may become necessary. In the case of x-rays, frequently used in these settings, the result is additional and avoidable exposure to radiation.

2.2.4. Benefits

The end results of this solution are that this system will provide significant cost savings, improved safety for Florida's citizens (those receiving services at the CHDs and dental professionals) and robust reporting functionality that will contribute significantly to the Public Health Dental Program's quality improvement initiatives.

In support of the strategic goals of DOH use of an EOHR solution will increase availability of dental health care services by improving the efficiency of local operations in order to meet the growing demand for services and thus enable CHDs to increase the number of customers served. Aggregated outcomes data will help identify high-need services and allow for effective distribution of future funds (through increased revenues), ensuring that expansion efforts are targeted to areas that are most in need.

The system will reduce costs by:

- Allowing for maximum utilization of space for operatories. Physical space devoted to record storage and darkroom (if digital radiography is used) will become available and can be converted to additional operatories. Analysis performed during the planning phase determined approximately 6.9% of the space within the CHDs is devoted to storage and darkrooms.
- Eliminating the need to purchase and maintain specific types of supplies. Analysis determined the CHDs collectively spend over \$180,000 annually to purchase the paper dental records. Paper dental folders, x-ray film, developing chemicals and other darkroom supplies (if digital radiography is used) will no longer be necessary. Analysis determined 63% of the CHDs either currently use digital radiography or will convert within one year. Within five years, approximately 96% of the CHDs expect to convert.
- Standardizing software support.
- Increasing operational efficiencies and enable CHDs to serve the expected increases in clients receiving dental services. Analysis determined CHD staff spends approximately 14 minutes per patient visit locating, pulling and re-filing the paper patient chart. This is a conservative estimate, and when applied to the total number of patient visits collectively at all CHDs this amounts to over 85,000 hours annually.
- Making related processes more efficient (barcode entry of services provided, voice activation for charting).

The system will improve safety by:

- Improving accuracy of coding encounter data and reducing associated risks.
- Allowing providers to reference medication profiles to coordinate patient prescriptions through the interface with HMS.
- Reducing radiation exposure (digital radiography reduces the amount of radiation exposure by as much as 80%). Only associated to those CHDs that choose to pursue digital radiography, although it is expected that 96% will be using within five years.

The system will contribute to quality improvement initiatives because:

- It will prepare Florida's health and medical system to meet national standards.

- Digital records are more legally defensible.
- Multi-level security facilitates traceability if there should be changes to the EOHR.
- Consistent and clearly legible treatment notes will be provided. Analysis performed during the planning phase showed one out of every 14 patient records contains illegible treatment notes.
- HIPAA compliance will be improved through the use of digital records.
- Reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements.
- It will facilitate and support the department's future plans for teledentistry and mobile dentistry.

The beneficiaries of the end results of the solution are as follows:

- **Florida's citizens** – Improved patient safety, recipients of improved care (via Quality Improvement initiatives).
- **Department of Health** – Significant contributions to the accomplishment of the department's strategic plan, reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements.
- **County Health Departments** – Reduced costs, standardization of procedures, reduction in liability (through safety improvements and improved HIPAA compliance).
- **County Health Department Dental Professionals** – Improved access to patient information and aggregated outcomes data, simplification of required business processes (entry of services provided).
- **Division of Family Health Services** – Improved access to information to support Quality Improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, standardization of software support.
- **Public Health Dental Program** – Improved access to information to support quality improvement initiatives and assessment of performance target achievements, improved HIPAA compliance.
- **Dental Special Interest Group** – Improved access to information to support quality improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, simplification of required business processes (entry of services provided).
- **Office of Health Statistics and Assessment** – Improved access to information to support quality improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, standardization of software support.
- **Center for Disease Control** – Reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements.

3. Project Scope

3.1. Scope Statement

The intent of the project is to implement a solution that will assist DOH in achieving its goal of a comprehensive Electronic Health Record. This project's scope is specifically to create the EOHR component, integrated with the DOH HMS.

3.2. Project Deliverables

Deliverable Name	Completion and Acceptance Criteria
Approvals	<p>The project is responsible for securing the necessary approvals from the:</p> <ul style="list-style-type: none"> • Public Health Dental Program • Division of Family Health Services • Office of Health Statistics and Assessment • Division of Information Technology • DOH Tier 2 Governance Body • Dental Special Interest Group • Fiscal Management Advisory Council • The Florida Department of Health • Technology Review Workgroup • Florida Legislature
Solution Requirements	A comprehensive set of Business and Technical Requirements that define the needs of all Project Stakeholders against which the capabilities of potential solutions can be evaluated.
Software Solution	Identification and acquisition of a software package in accordance with all State of Florida and DOH competitive solicitation requirements that best meets the defined Business and Technical Requirements.
Hardware Solution	Identification and acquisition of hardware in accordance with all State of Florida and DOH competitive solicitation requirements that best meets the defined Business and Technical Requirements.
Solution Architecture	Identification of a solution that includes the proposed architecture, all necessary hardware purchases and the required hardware configuration that best meets the defined Business and Technical Requirements.

Deliverable Name	Completion and Acceptance Criteria
Implementation Plan	Definition of an implementation schedule within the identified CHD dental programs. Implementation plan must be approved and address unique needs of each CHD and the specific software solution selected.
Integrated Solution	Integration of the selected software with the DOH HMS such that the integrated solution meets the defined Business and Technical Requirements.
Cost Allocation Plan	Development and approval of a cost allocation model to be used to distribute the project costs amongst the CHDs. The plan must include provisions for the future growth and addition of CHD dental clinics who desire to use the solution.
System Test Plan	Comprehensive test plan developed such that successful execution confirms the software is functionally capable of meeting the Business and Technical Requirements.
Tested Software	Execution of the test plan to confirm the software is functionally capable of meeting the Business and Technical Requirements.
Training Materials	Copies of printed training materials have been provided and instructions for accessing online and application help and how-to guides have been provided. Training materials must sufficiently satisfy the requirements as documented.
Trained Users	Define, seek approval of and execute a comprehensive training plan that will produce competently trained users within the central office and the CHD dental clinics.
Public Health Dental Program Support and Training Resource	Identify, hire and train a resource within the Public Health Dental Program so the resource can effectively function as a full time support and training resource to the CHD dental programs.
Project Management Plan	All components of a comprehensive Project Management Plan must be defined and approved by key project stakeholders. The Project Management Plan must be updated and reviewed as necessary throughout the life of the project.

3.3. Project Exclusions

The project is specifically NOT responsible for the following:

- Development of policies and procedures regarding use of the new system.
- Enhancements to HMS (other than integration) in order to satisfy any Business Requirements not specifically addressed by the purchased software (although existing unmet requirements at the end of the project may be provided as suggested future enhancements to HMS).
- Functional modification to proposed software package.

- Purchase, configuration and training for additional equipment beyond the scope of providing an EOHR not specifically identified within this Project Management Plan (digital radiography, intra oral cameras, scanning devices, etc.).

3.4. Project Next Steps

This project is not intended to have additional phases and if future enhancements are warranted the initiative will be proposed as a separate project and will be subject to required approvals as outlined by the DOH governance process.

4. Budget Estimate and Schedule Estimate

4.1. Spending Plan

(See 'Attachment L – Project Spending Plan' for a monthly breakdown of the project budget.)

4.2. Project Schedule

(See 'Attachment J – Project Schedule')

5. Assumptions and Constraints

5.1. Assumptions

An assumption is a “fact” that is believed to be true without proof. Assumptions are made regarding how the project will function and the results to be obtained. A “violation” of an assumption can cause changes to Time, Scope, Quality and Budget. The following assumptions have been identified by the project team:

- ✓ A software package is commercially available that can adequately integrate with HMS.
- ✓ The total number of CHDs with dental clinics will increase during the life of the project. There are currently 3-4 in various stages of development and there have been 4 new dental programs established in the last 2 years. Because of these factors, the project team is assuming that there will be an additional 2-4 established prior to implementation. However, we do not anticipate the growth in the total number of dental programs will continue at this same pace. Currently there are 20 CHDs that do not have dental programs but several of these have very strong dental programs in the community health centers. We do anticipate though that as the expansion in the number of CHDs slows, the current dental programs will begin to expand and add providers to help satisfy the unmet demand.
- ✓ Project Management resource will not be needed after 4/30/2011.
- ✓ Current central office hardware is capable of supporting the addition of EOHRs.
- ✓ The use of the EOHR solution will be mandatory for all CHDs with a dental practice.
- ✓ CHDs will be responsible for additional hardware required to support the dental practice and use of digital radiography (intraoral cameras, digital radiography equipment and any other specialized devices).
- ✓ The costs of the project include servers needed at each CHD, however, if additional networking and infrastructure is needed within a given CHD the costs and installation will be the responsibility of the CHD.
- ✓ If additional workstations are needed for operatories within a specific CHD, they will be the responsibility of the CHD.

5.2. Constraints

A constraint is any activity or event that will directly affect the quality, the cost of providing or the time frames for delivering the end product. Constraints describe factors that effect Time, Scope, Quality and Budget. The following constraints have been identified by the project team:

- ✓ Practice management functionality (scheduling, billing) will remain components of HMS.
- ✓ The software solution chosen must be HIPAA, ADA and TJC compliant.

- ✓ The financial investment and CHD cost allocation methodology will be governed by the DOH Fiscal Management Advisory Committee (FMAC).
- ✓ The solution determined to best meet the requirements of the project must be presented to the DOH Tier 2 Body for governance review and approval.
- ✓ The project must be executed in accordance with the DOH Project Management Methodology and is subject to monitoring by the DOH Division of Information Technology (DIT) Project Management Office (PMO).

6. Project Team, Stakeholders and End Users

6.1. Project Team Roles and Responsibilities

Role	Responsibility	Name(s)
Executive Management	Initial approval of the project request and escalation point during the project lifecycle	Dr. Shairi Turner, Dr. Joe Chiaro, Mike Sentman
Executive Sponsors	Escalation point during the project lifecycle	Annette Phelps, Meade Grigg, David Stokes
Project Sponsor	<p>Provides overall project direction, financial support, approves development and implementation of project deliverables</p> <p>It is the responsibility of the project sponsor to:</p> <ol style="list-style-type: none"> 1. Select and empower, the project manager (PM) to achieve project goals 2. Support the PM in obtaining resources and tools needed to conduct the project 3. Require regular status briefings and reviews, and communicate pertinent information to stakeholders as necessary 4. Advise the PM on conditions likely to cause project risks and assist in risk resolution 5. Act as an advocate for the project, the PM and the project team 	Amy Cober, Tom Herring
Tier 2 Governance Body	Review and approve the project at various stages of the project lifecycle. (At a minimum following the Scoping and Solution Architecture phases.)	Tiffany Elkins and Department Division Directors
PMO Manager	Assign a project management resource to the project for monitoring purposes	<i>Position vacant at the time this documentation was produced.</i>
Business Lead	Business End User to approve development and implementation of end products	Dr. Millard Howard
Technical Lead	Technical End User to approve the technical aspects and development of project deliverables	Dennis Hollingsworth

Role	Responsibility	Name(s)
Project Manager	<p>Acts on behalf of Project Sponsor to manage the project in accordance with DOH/PMO directives</p> <p>PM reports to PMO Manager</p> <p>The PM's role is to provide professional project management services following all TRW and DOH PMO guidelines. It is the responsibility of the PM to:</p> <ol style="list-style-type: none"> 1. Understand the project requirements and ensure they are thoroughly and unambiguously documented 2. Prepare a Project Management Plan with achievable cost, schedule, and performance goals 3. Identify and manage project risks and issues 4. Ensure the project team is well-organized, adequately skilled, adequately staffed, and working towards project goals 5. Manage project cost, schedule and scope 6. Prepare and maintain project artifacts that are necessary to run a project. At a minimum; project schedule, spending plan, risk log, issue log, change log and conducting regular status meetings 7. Ensure the adequacy of project documentation (requirements, test plans, project plans, etc.) through coordination of reviews, sign off/approval by SMEs, etc. 8. Maintain communications with project team members, stakeholders, the PMO Monitor and end users according to the Communication Plan 9. Respond timely to all information requests by the Project Sponsors, Executive Management, Tier 2 Governance Body, TRW and PMO Monitor 	Michael Cragg

Role	Responsibility	Name(s)
Business Process Analyst/Architect	Analyze and review of business aspects of project	Vicki Serpico
Technical Systems Analyst/Architect	Analyze and review of technical aspects of project	Sandy Barnes, Jeff Couch
Development Lead	Execute development plans of project Oversee work of Development Team	To be decided
Developers	Execute plans of development	To be decided

6.2. Key Stakeholders and Interest

Stakeholder	Interest
Florida's citizens	Improved patient safety, recipients of improved care (via quality improvement initiatives)
Florida Department of Health	Significant contributions to the accomplishment of the department's strategic plan, reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements
County Health Departments	Reduced costs, standardization of procedures, reduction in liability (through safety improvements and improved HIPAA compliance)
County Health Department Dental Professionals	Improved access to patient information and aggregated outcomes data, simplification of required business processes (entry of services provided)
Division of Family Health Services	Improved access to information to support quality improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, standardization of software support
Public Health Dental Program	Improved access to information to support quality improvement initiatives and assessment of performance target achievements, improved HIPAA compliance
Dental Special Interest Group	Improved access to information to support quality improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, simplification of required business processes (entry of services provided)
Office of Health Statistics and Assessment	Improved access to information to support quality improvement initiatives and assessment of performance target achievements, improved HIPAA compliance, standardization of software support

Stakeholder	Interest
Center for Disease Control	Reporting will provide streamlined access to aggregated outcomes data and information to support assessment of performance target achievements
David Stokes	Chief Information Officer

6.3. End Users

The approximately 400 end users of the application will be the Public Health Dental Program, Dental Special Interest Group and the dentists, dental hygienists and dental assistants within the CHD dental clinics.

7. Risk and Issue Management Plan

7.1. Risk Management Strategy

Due to the characteristics of this project, submission of a Schedule IV-B to the Technology Review Workgroup is required. The Schedule IV-B template includes a Risk Assessment tool (See 'Attachment A – Risk Assessment'). To ensure compliance with the submission requirements, this tool will be used in lieu of the standard DOH PMO templates. The following represent the key components of the Risk Management Strategy.

7.1.1. Understand the Business Context

Risk management must be performed within the context of the business. The first step in effectively managing risk is to understand the business context specifically, the business' motivation. Although this will be performed as the first step and will begin early in the project, the process will be performed continually. This understanding will assist the PM in identifying and analyzing risks and also determining the most appropriate risk response strategies.

7.1.2. Risk Identification Process

The following methods will be used to identify risks:

- Perform Risk Assessment using the Schedule IV-B Risk Assessment tool
- Review the project schedule looking for:
 - Tasks for which the team has little or no expertise.
 - Duration estimates that are aggressive.
 - Tasks with several predecessors. The more dependencies, the greater chance of a delay.
 - Tasks with long durations. Estimates with long durations are likely to experience the greatest opportunities for delay; also the estimates have a higher chance of being inaccurate.
 - Tasks that require multiple resources to accomplish or that have unclear assignments of accountability. A task that requires multiple resources increases the likelihood there may be resource conflicts while completing the task.
- Review the project budget looking for:
 - Cost estimates that are aggressive.
 - Items for which quantities and unit costs are unrealistic.
 - Instances where the timeframes allowed for acquisition of resources are overly optimistic.
- Evaluate identified assumptions. Overly optimistic assumptions may pose a risk to the project.
- Identify a list of all project stakeholders and identify their interest in the outcomes of the project. Stakeholders who have an interest in overly optimistic outcomes may pose a risk to the project. Stakeholders who have negative interests in the project outcome will pose a risk to the project.
- Subject Matter Experts

- Specific discussions regarding risk and all other interactions with team members and experts within the program area will be used to identify potential areas of risk to the project.
- Specific discussions regarding risk with Project Management resources within the PMO will be used to identify potential areas of risk to the project.

The identification of risks is a continual process and will be performed throughout the project lifecycle. As they are identified, risks will be logged in the Risk Register. The Risk Register at the time of submission of this Project Management Plan as a component of the Schedule IV-B can be found as Attachment B – Risk Register.

7.1.3. Risk Evaluation and Prioritization

To evaluate each risk, the following information will be gathered:

- Description
- Impact to the project
 - Effect – positive or negative (+/-)
 - Area of Impact – cost, scope, time
 - Degree of Impact – low, medium, high
- Probability of Occurrence
- Tolerance Level – the degree to which the project can accept or wants to promote the occurrence of this risk

7.1.4. Risk Response Planning

Risk response planning is the process of developing options to minimize threats or maximize opportunities. Specifically, making a determination for each identified and analyzed risk what the appropriate actions the project team should take if any in response to the existence of the risk. The following responses will be considered:

- Avoid (-)
- Transfer (-)
- Mitigate (-)
- Accept (-/+)
- Share (+)
- Enhance (+)
- Exploit (+)

The (+/-) indicates the type of risk that each response is appropriate for.

7.1.5. Risk Monitoring and Management

Risk monitoring will be a necessary process throughout the project lifecycle. It includes continually identifying new risks, looking for triggers indicating the occurrence of a risk is imminent and identifying when a risk is no longer a concern. The PM will routinely review the risk register and make updates as necessary.

The management of risks will include communication with the project sponsors and selected stakeholders to determine if the proposed risk response is appropriate and confirmation of when to execute the risk response.

Major contributors to a project's risks are the assumptions and constraints that are made during the project and the project schedule. To help manage risk, the assumptions, constraints and schedules will be frequently monitored. The sooner assumptions can be confirmed as true the better. If constraints exist that were artificially imposed and can be removed, it will lower risk. Monitoring the project schedule to ensure required resources will be available when necessary will help lower risk.

7.2. Issue Management and Resolution Strategy

Issues identified throughout the project lifecycle will be logged in the DOH PMO Project Tracking Book. For each issue the following information will be captured:

- Logging Date
- Description
- Originator
- Status
- Update – will contain all updates to the issue until resolution
- Person Responsible
- Date Assigned
- Anticipated Resolution Date
- Resolution
- Actual Resolution Date
- Notes

Issues will be monitored throughout the project lifecycle, taking appropriate action as necessary. The PM will assume ultimate responsibility for issues regardless of who the issue is assigned to. Significant issues will be included in the project weekly status report to be distributed to project sponsors, team members and key stakeholders.

8. Critical Success Factors

8.1. Project Success Criteria

Bus. Objective	Success Criteria	Measure Method	Criticality
Significant cost savings gained through increased efficiency	5% more services provided with current resources	Annual evaluation of Medicaid utilization data (# of patients/services) and HMS generated dental service reports	High
Significant cost savings gained through increased efficiency	5% more services provided with current resources	Analysis of Medicaid payments to CHDs and HMS generated dental service reports	High
Cost savings due to reduced supplies purchasing	Following initial implementation, costs for supplies required by the new system are less than those of the manual paper-based system	Aggregate annual costs by CHD for paper-based supplies prior to implementation and compare to costs of new system once in maintenance	Medium
Quality improvement by providing consistent and clearly legible treatment notes	100% of treatment notes are electronic	Measurement not necessary, users will have no other option	High
Quality improvement by ensuring prescriptions and medications are included in patient record	100% of prescriptions and medications are recorded in Electronic Health Record	Measurement not necessary, users will have no other option	High

9. Quality Assurance Plan

Quality Assurance is an essential element of all projects. Once the specific solution is selected, updates to the Quality Assurance Plan will be necessary and should be conducted as appropriate. It is the PM's responsibility to obtain the required approvals for the components of this plan.

9.1. Requirements Verification

9.1.6. Business Requirements

The business requirements will serve as a key measure against which the potential vendor offerings are evaluated. To ensure that the defined business requirements accurately encompass the needs of the system users, the project team will select a representative group of users from within the CHDs to review the business requirements in draft form and at key stages within the project lifecycle.

9.1.7. Technical Requirements

The technical requirements will serve as a key measure against which the potential vendor offerings are evaluated. The technical requirements will also serve as the foundation against which the organization can begin planning from a technical perspective. To ensure the technical requirements are inclusive and provide all necessary information to facilitate proper planning, participants from within the Division of Information Technology (DIT) will be selected to provide a review of the technical requirements in draft form and at key stages within the project lifecycle.

9.2. Procurement and Contract Management

The procurement and contract management processes represent a significant source of risk for any information technology project. To help mitigate those risks and to ensure a fair and open competitive process, the project will develop a Procurement Management Plan in accordance with F.S. 287.057 and all applicable DOH procurement policies.

9.3. User Acceptance Testing

To ensure that the integrated solution meets the business requirements, a User Acceptance Testing Plan will be developed and executed by the project team. A successful execution of this plan is required prior to implementation of the solution at the CHDs.

9.4. Phase Gate Reviews

The DOH IT Project Lifecycle requires review of key project deliverables at several stages within the project lifecycle. It is natural for the project plan to evolve during the project lifecycle. Project review is an effective way to help ensure that the project is able to meet organizational goals.

9.5. PMO Monitoring

The project will be assigned a PM monitor from the PMO. The responsibility of this position will be to routinely review the project status and deliverables and provide reports of progress to executive management, the Tier 2 Governance Body and project sponsors. In addition, this role will serve as a resource to the Project Manager in order to ensure compliance with the DOH Project Management Methodology. The PMO monitor will be available to provide reviews of key deliverables and expertise in the discipline of Project Management.

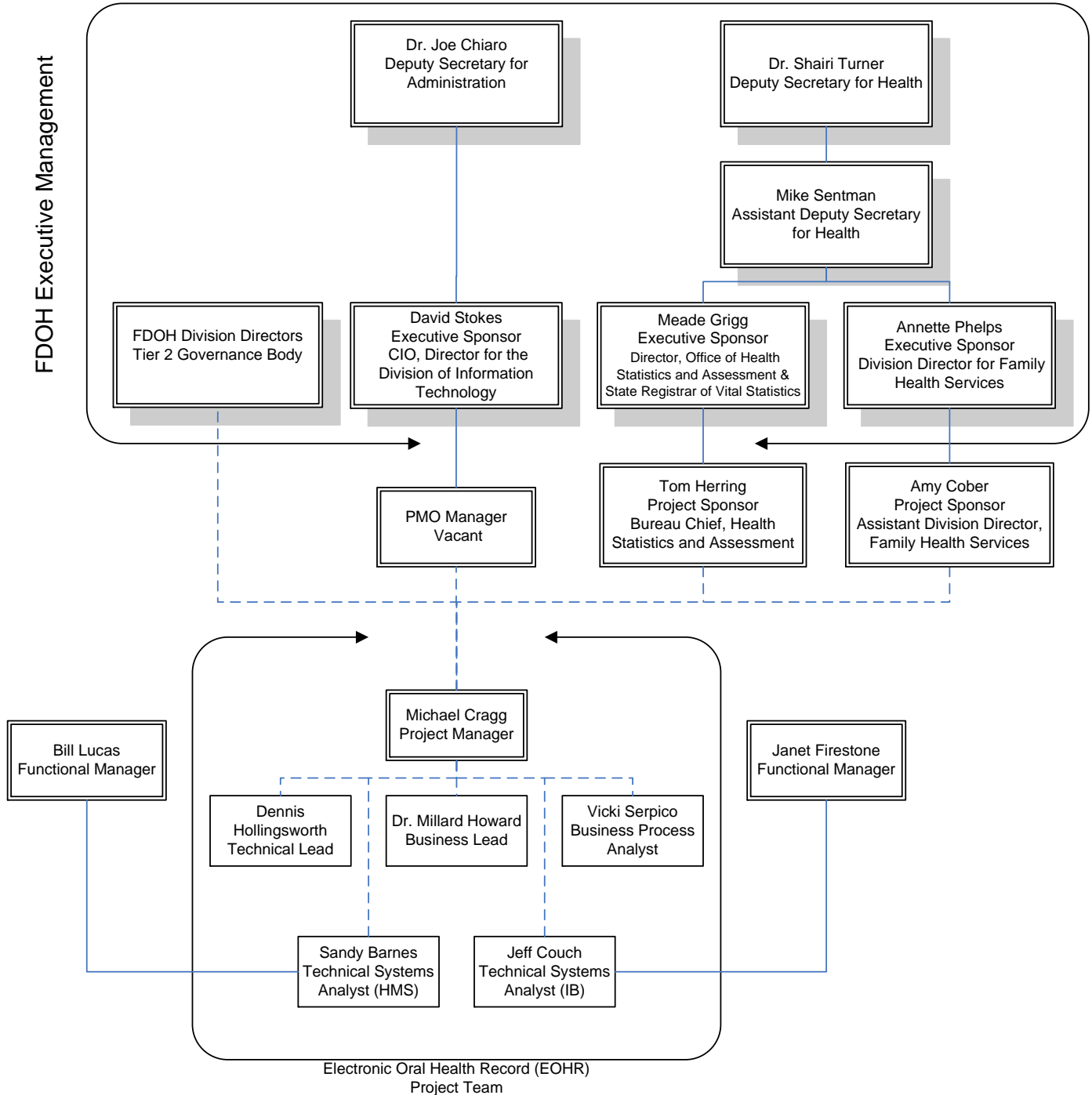
9.6. Operational Support Transition

To complete Project Closure activities, the PM is responsible for ensuring that the required Production Readiness Documentation, Service Level Agreements, System Documentation and Service Desk Scripts and Documentation have been produced and approved. The PM is also responsible for facilitating the gathering and documentation of Lessons Learned at the close of the project.

10. Project Organization

The following is the Project Organization:

10.1. Project Organization Chart



11. Communications Plan

The Communications Plan determines the communication needs of the stakeholders. It documents what information will be distributed, how it will be distributed, to whom, and the timing of distribution. It also documents how to collect, store, file and make corrections to previously published materials.

11.1. Project Documentation

All project documentation shall be located in the Project Control Book (PCB). As needed, documentation should be emailed to key parties for review and approval. The PCB must be accessible to the PMO monitor.

11.2. Success Criteria

The outcome of the project will ultimately be evaluated through examination of the project solution, specifically the solution's ability to support the organization's quest towards achievement of the success criteria. The success criteria must be approved by the project sponsors at the beginning of the project. The success criteria must be reassessed at key milestones throughout the project to ensure they are achievable. If there are any updates recommended to the success criteria, they must be approved by the project sponsors prior to officially being updated.

The success criteria are the measures against which the project success will be evaluated and represent the intended outcomes that are used to justify the project during approval by the Tier 2 Governance Body. Therefore, when there are updates to the success criteria approved by the project sponsors, they must be communicated to the Tier 2 Governance Body.

Following completion of the project, the project closure documentation must include evaluation of the success criteria. If the criteria can not be effectively measured at the close of the project, a documented plan to readdress these criteria at a later date should be produced and included with the project documentation.

11.3. Slipping Tasks

It is the responsibility of all project team members to notify the PM of slipping tasks as soon as possible so detrimental impacts to the project schedule can be mitigated. It is the responsibility of the PM to evaluate the slippage and determine the appropriate remediation and communication requirements. Slippages which are likely to impact achievement of project milestones must be communicated to the project sponsors and the PMO monitor as early as possible.

11.4. Feedback

Feedback is a vital ingredient to an effective Project Management Plan and can be a valuable mechanism for issue and risk identification. The PM should rely on executive management, key stakeholders, project sponsors, the project team, end users and the PMO monitor to help guide the evolution of the Project Management Plan throughout the project lifecycle. Feedback provided in the form of issues, risks, action items, etc. will be logged as appropriate according to the Project Management Plan.

11.5. Communications

Description	Target Audience	Delivery Method	Delivery Frequency	Owner
Success Criteria	Project Sponsors	In person	Project Sponsors must approve initially and with every update (NOT modified prior to approval)	Project Manager
Status Reporting	Key Stakeholders, Project Team, PMO Monitor	email	Biweekly, first business day of the week	Project Manager
Status Meetings	Project Team	Meeting	Weekly	Project Manager
Spending Plan	Key Stakeholders, PMO Monitor	email	Monthly, first business day of the month	Project Manager
Project Schedule	Key Stakeholders, Project Team, PMO Monitor	email	Monthly, first business day of the month	Project Manager
Project Management Plan document	Key Stakeholders, Project Team, PMO Monitor	Initially – review meeting, email for updates	Initially, due 30 days after project approval. Major updates delivered to Key Stakeholders as necessary.	Project Manager
Urgent Issues	Project Sponsors, PMO Monitor	Meeting, in person, email (as appropriate)	As necessary	Project Manager
All Issues	Project Team	Meeting minutes, captured in project issues log	As necessary	Project Manager
Project deliverables review and signoff (requirements, design, test cases, etc)	Key Stakeholders, Project Team, DIT Resources	email	As necessary	Project Manager, Project Team

Description	Target Audience	Delivery Method	Delivery Frequency	Owner
Slipping Tasks	Sponsors, Project Team, PMO Monitor, Functional Managers as needed	Meeting	As necessary	Project Manager
Work Assignments/Action Items	Project Team	Meeting, meeting minutes, email	As necessary	Project Manager, Project Team

11.6. Meetings

Description	Target Audience	Method	Frequency	Owner
DOH Tier 2 Governance Body	DOH Tier 2 Governance Body, Project Sponsors, Project Manager, PMO Monitor	In person	Major project milestones, additional meetings scheduled as requested	Project Manager
Team meeting	Project Team, Project Manager	In person	Weekly, additional meetings scheduled as necessary to complete assignments	Project Manager
Change Control Meeting (CCB)	Project Manager, Project Sponsors, Key Stakeholders	In person	As necessary	Project Manager
Project Management Office Status Meeting	Project Manager, PMO Monitor	In person	Biweekly	Project Manager

11.7. Method for Updating the Communication Plan

It is the responsibility of the PM to ensure that the Communications Plan is updated as necessary throughout the project lifecycle. Execution of the Communications Plan should be considered effective if the communications needs of all project stakeholders are being met. Updates to the Communications Plan must be approved by the project sponsors.

12. Change Management Plan

During the course of the project and software integration, end users and stakeholders may make the determination that a change to the product is a must. If those involved in the project were able to make changes whenever requested, the project would never complete on time. In addition, there is always risk associated with changing a product once all parties have agreed on a plan for its completion.

The Change Management Process explains how changes are to be submitted for consideration. Once submitted a Change Control Board (CCB) evaluates the impact of a change on project Time, Cost, Scope (end product). Normally if the impact of a change is less than 10% and the change is deemed worthy, it will be implemented. Any change that exceeds the 10% impact figure is rejected or placed into future development phases of a specific project. The most important factors are project completion time and the ability of the product to meet the established and approved success criteria. The project must complete on time and if a change will not hinder the project from completing on time, it can be considered. The project's ability to achieve the established and approved success criteria is a fundamental determining factor during the decision to continue or terminate a project.

To facilitate the Change Management Process, project participants will approach the EOHR PM and make a request for product change. The EOHR PM will provide a Change Control Form and execute the PMO directed Change Control Routine. The Requester will complete the form and return it to the EOHR PM. The EOHR PM will then present the Change Request to the CCB and project sponsors for review and consideration. Only the CCB will determine if the change can be accommodated. The EOHR PM will provide recommendations prior to the CCB and project sponsors rendering a decision. The decision of the CCB is final. It is the responsibility of the EOHR Project Manager to document all approved and disapproved Change Requests.

12.1. Documenting the Proposed Change

The DOH PMO Change Control Request form, as shown below, will be used to document all requests for change.



A. General Information

Information to be provided in this section gives a specific name to the project as well as pertinent information about the personnel involved in the creation of this document.

Project Name: _____	Date: _____
Governance Project #: _____	Project Manager: _____
Controlling Bureau:: _____	Prepared By: _____

B. Requestor Information

Proposed Change Description and References:

The requestor will provide information concerning the requested change along with any supporting documentation.

Justification:

Impact of Not Implementing Proposed Change:

Alternatives:

C. Initial Review Results of the Change Request

Initial Review Date:	Assigned to:
<input type="checkbox"/> Approve for Impact Analysis	
<input type="checkbox"/> Reject	
<input type="checkbox"/> Defer Until:	
Reason:	

D. Initial Impact Analysis

Baselines Affected:

Configuration Items Affected:

Cost / Schedule Impact Analysis Required? Yes No

Impact on Cost:

Impact on Schedule:

Impact on Resources:

Final Review Results:

Review Date:

Classification: HIGH MEDIUM LOW

E. Impact Analysis Results

Specific Requirements Definition:

Additional Resource Requirements	Work Days	Cost
TOTAL		

Impact of Not Implementing the Change:

Alternatives to the Proposed Change:

Final Recommendation:

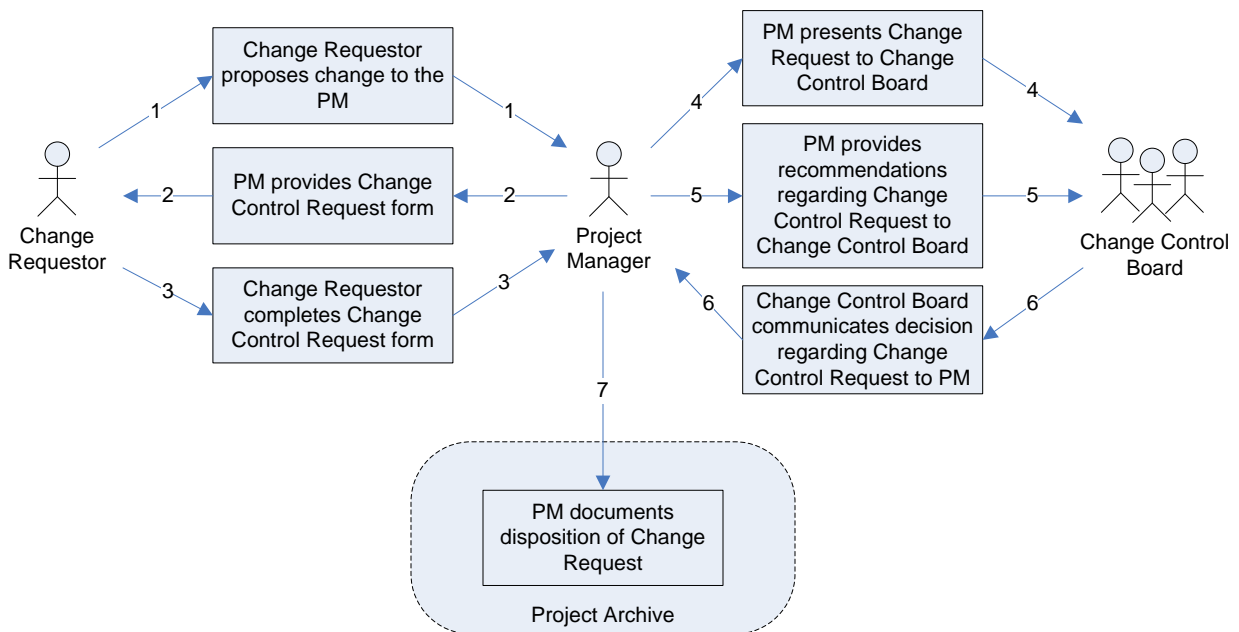
F. Signatures

Signatures within this document represent concurrence to and acceptance of the information presented in this document.

Name	Role	Signature	Date
	Project Manager		mm/dd/yyyy
	Business Lead		
	Technical Lead		
	Project Sponsor		
	Stakeholders (as appropriate)		

12.2. Processing the Change Request

The following workflow describes how the Change Request will be tracked, analyzed and approved or rejected.



13. Glossary of Terms and Acronyms

ADA – American Dental Association

ADEA – American Dental Education Association

AHIMA – American Health Information Management Association

American National Standards Institute – represents the United States during the development of international health informatics standards. Ensures that common conventions developed in the United States that apply to products and services can be offered to the worldwide marketplace.

ANSI – American National Standards Institute

CCB – Change Control Board

CHD – County Health Department

Commercial off the Shelf – a term for software or hardware, generally technology or computer products, that are ready-made and available for sale, lease, or license to the general public. They are often used as alternatives to in-house developments or one-off government-funded developments.

COTS – Commercial off the Shelf

Dental Informatics – is the application of computer and information science to improve dental practice, research, education and management.

DICOM – Digital Imaging and Communications in Medicine

DIT – Division of Information Technology

EDI – Electronic Data Interchange

EHR – Electronic Health Record

EMR – Electronic Medical Record

EOHR – Electronic Oral Health Record

Fiscal Management Advisory Council - An Advisory Council comprised of a representative group of county health departments and designated central office staff is hereby established to provide overall financial guidance and direction for the county health departments.

FMAC – Fiscal Management Advisory Council

Health Informatics Standards Board – subcommittee of ANSI. Coordinates the development of health informatics in the United States.

Health Level Seven – an all-volunteer, not-for-profit organization involved in development of international healthcare standards. “HL7” is also used to refer to some of the specific standards created by the organization.

HIPAA – Health Insurance Portability and Accountability Act

HISB – Health Informatics Standards Board

HIT – Health Information Technology

HL7 – Health Level Seven

HMS – Health Management System

IB – Integration Broker

Informatics – is the science of information, the practice of information processing, and the engineering of information systems. Informatics studies the structure, algorithms, behavior, and interactions of natural and artificial systems that store, process, access and communicate information. It also develops its own conceptual and theoretical foundations and utilizes foundations developed in other fields.

Integration Broker – enables diverse applications to exchange information in dissimilar forms by handling the processing required for the information to arrive in the right place and in the correct format. In addition, a broker may facilitate the application of user-defined rules or business logic to the processing of the data. Data exchange is performed by the integration broker without requiring applications to have any knowledge of the data conventions or requirements of the applications receiving their data.

Invitation to Negotiate – A competitive solicitation, for goods or services, where factors other than price are to be considered in the award determination. These factors may include such items as vendor experience, project plan, design features of the product(s) offered, etc.

IT – Information Technology

ITN – Invitation to Negotiate

JCAHO – Joint Commission on Accreditation of Healthcare Organizations

Joint Commission on Accreditation of Healthcare Organizations – Former name of TJC

Office Computer Systems – Provider of a wide variety of office software including applications for the dental field.

OCS – Office Computer Systems

Open Source Software – is computer software for which the source code and certain other rights normally reserved for copyright holders are provided under a software license that meets the Open Source Definition or that is in the public domain. This permits users to use, change, and improve the software, and to redistribute it in modified or unmodified forms. It is very often developed in a public, collaborative manner.

OSS – Open Source Software

Periodontal Charting – measures the pockets in gum tissue, recession, bleeding and mobility of teeth. This allows a dental professional to diagnose the health of gums and jaw bone. It is an important assessment that determines the type of dental cleaning needed to maintain or restore health.

PM – Project Manager

PMO – Project Management Office

PMP – Project Management Plan

Project Management Plan – is a formal, approved document that defines how the project is executed, monitored and controlled. It may be summary or detailed and may be composed of one or more subsidiary management plans and other planning documents. The objective of a project management plan is to define the approach to be used by the Project team to deliver the intended project management scope of the project.

PSR – Periodontal Screening and Recording

SCDI – Standards Committee for Dental Informatics

SIG – Special Interest Group

Standards Committee for Dental Informatics – established by the ADA with a mission to promote patient care and oral health through the application of information technology to dentistry's clinical and administrative operations.


The Joint Commission – The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation’s predominant standards-setting and accrediting body in health care. Formerly known as JCAHO.

TJC – The Joint Commission

TRW – Technology Review Workgroup

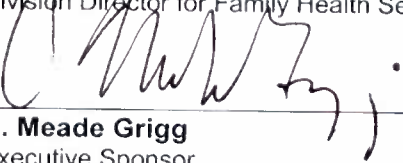
14. Signature and Acceptance Page

We have reviewed the Project Management Plan (PMP) and agree that the content of the document is accurate as of this point in the project and clearly delineate the work to be done for the project. This document serves as the source of project information and will be updated as required.




Annette Phelps, ARNP, MSN
Executive Sponsor
Division Director for Family Health Services

10/8/09
Date




C. Meade Grigg
Executive Sponsor
Director, Office of Health Statistics and Assessment
& State Registrar of Vital Statistics

10/8/09
Date




Amy Cober, RD, LD, MPH
Project Sponsor
Assistant Division Director, Family Health Services

10.8.09
Date




Tom Herring
Project Sponsor
Bureau Chief-Health Statistics and Assessment

10/8/09
Date



Dr. Millard Howard, DDS
EOHR Business Lead
Senior Health Services Analyst

10/8/2009
Date



David Stokes, PMP
CIO, Director for the Division of Information Technology

10/8/09
Date



Michael A. Cragg, PMP
EOHR Project Manager
Project Management Consultant

10/8/2009
Date

Project Cost	Month	Total Budget	Jul 2009-2010		Aug 2009-2010		Sep 2009-2010		Oct 2009-2010		Nov 2009-2010		Dec 2009-2010		Jan 2009-2010		Feb 2009-2010		Mar 2009-2010		Apr 2009-2010		May 2009-2010		Jun 2009-2010		Budget	Actual	Variance		
			Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	to Date	to Date	to Date		
OPS Staff		\$34,609	\$5,191	\$0	\$5,191	\$0	\$5,191	\$0	\$5,191	\$0	\$1,730	\$0	\$1,730	\$0	\$1,730	\$0	\$1,730	\$0	\$1,730	\$0	\$1,730	\$0	\$1,730	\$0	\$1,730	\$0	\$1,730	\$0			
IT Project Manager		34609.2	5191.4	0.0	5191.4	0.0	5191.4	0.0	5191.4	0.0	1730.5	0.0	1730.5	0.0	1730.5	0.0	1730.5	0.0	1730.5	0.0	1730.5	0.0	1730.5	0.0	1730.5	0.0	1730.5	0.0			
State Staff		\$71,044	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0	\$5,920	\$0			
Howard, M		28687.5	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0			
Hollingsworth, D		17550.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0			
Serpico, V		12150.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0			
IT Management		12656.3	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0	1054.7	0.0			
Dental FTE (Training and Support)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Subcontractors		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Project Manager		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
HMS Integration		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
IB Integration		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Hardware		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Servers		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Vendor Charges (Licenses)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Vendor Charges (Support)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Training		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Vendor Charges		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Total Costs		\$105,653	\$11,112	\$0	\$11,112	\$0	\$11,112	\$0	\$11,112	\$0	\$7,651	\$0	\$7,651	\$0	\$7,651	\$0	\$7,651	\$0	\$7,651	\$0	\$7,651	\$0	\$7,651	\$0	\$7,651	\$0	\$7,651	\$0			
Progress Payments		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Total Appropriation		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Variance from Appropriation		\$105,653	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			

Project Cost	Month	Total Budget	Jul 2010-2011		Aug 2010-2011		Sep 2010-2011		Oct 2010-2011		Nov 2010-2011		Dec 2010-2011		Jan 2010-2011		Feb 2010-2011		Mar 2010-2011		Apr 2010-2011		May 2010-2011		Jun 2010-2011		Budget	Actual	Variance					
			Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	to Date	to Date	to Date			
OPS Staff		\$4,499	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0						
IT Project Manager		4499.2	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0						
State Staff		\$134,860	\$5,569	\$0	\$5,569	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0	\$12,372	\$0						
Howard, M		28687.5	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0	2390.6	0.0				
Hollingsworth, D		17550.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0	1462.5	0.0				
Serpico, V		12150.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0	1012.5	0.0				
IT Management		8437.5	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0	703.1	0.0				
Dental FTE (Training and Support)		68035.0	0.0	0.0	0.0	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0	6803.5	0.0				
Subcontractors		\$235,500	\$12,000	\$0	\$12,000	\$0	\$30,300	\$0	\$30,300	\$0	\$30,300	\$0	\$30,300	\$0	\$30,300	\$0	\$12,000	\$0	\$12,000	\$0	\$12,000	\$0	\$12,000	\$0	\$12,000	\$0	\$12,000	\$0	\$12,000	\$0				
Project Manager		144000.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0				
HMS Integration		43500.0	0.0	0.0	0.0	0.0	8700.0	0.0	8700.0	0.0	8700.0	0.0	8700.0	0.0	8700.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
IB Integration		48000.0	0.0	0.0	0.0	0.0	9600.0	0.0	9600.0	0.0	9600.0	0.0	9600.0	0.0	9600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Hardware		\$117,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$117,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Servers		117500.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	117500.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Software		\$673,585	\$0	\$0	\$0	\$623,995	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0					
Vendor Charges (Licenses)		623995.0	0.0	0.0	0.0	623995.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Vendor Charges (Support)		49590.0	0.0	0.0	0.0	0.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0			
Training		\$40,000	\$0	\$0	\$0	\$40,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Vendor Charges		40000.0	0.0	0.0	0.0	40000.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Total Costs		\$1,205,944	\$17,944	\$0	\$17,944	\$0	\$707,042	\$0	\$48,557	\$0	\$48,557	\$0	\$48,557	\$0	\$166,057	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0				
Progress Payments			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Total Appropriation			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Variance from Appropriation			\$1,205,944	\$0	\$17,944	\$0	\$707,042	\$0	\$48,557	\$0	\$48,557	\$0	\$48,557	\$0	\$166,057	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0	\$30,257	\$0				

Project Cost	Month	Total Budget	Jul 2011-2012		Aug 2011-2012		Sep 2011-2012		Oct 2011-2012		Nov 2011-2012		Dec 2011-2012		Jan 2011-2012		Feb 2011-2012		Mar 2011-2012		Apr 2011-2012		May 2011-2012		Jun 2011-2012		Budget	Actual	Variance			
			Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	to Date	to Date	to Date			
OPS Staff		\$4,499	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0	\$375	\$0				
IT Project Manager		4499.2	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0	374.9	0.0				
State Staff		\$107,425	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0	\$8,952	\$0				
Howard, M		14343.8	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0	1195.3	0.0				
Hollingsworth, D		10968.8	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0	914.1	0.0				
Serpico, V		7593.8	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0	632.8	0.0				
IT Management		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Dental FTE (Training and Support)		74519.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0	6209.9	0.0				
Subcontractors		\$182,500	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$17,208	\$0	\$5,208	\$0	\$5,208	\$0		
Project Manager		120000.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	12000.0	0.0	0.0	0.0	0.0	0.0
HMS Integration		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
IB Integration		62500.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0	5208.3	0.0				
Hardware		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Servers		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Software		\$66,120	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0	\$5,510	\$0				
Vendor Charges (Licenses)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Vendor Charges (Support)		66120.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0	5510.0	0.0				
Training		\$40,000	\$40,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Vendor Charges		40000.0	40000.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Total Costs		\$400,544.45	\$72,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$32,045	\$0	\$20,045	\$0	\$20,045	\$0		
Progress Payments		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Total Appropriation		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Variance from Appropriation		\$400,544	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				

DEPARTMENT OF HEALTH

SCHEDULE IV-B

FOR

WIC DATA SYSTEM – IMPLEMENTATION PHASE

FOR

STATE FISCAL YEAR 2010-11



State of Florida

The Florida Legislature


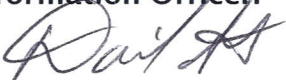



*Governor's Office of
Policy and Budget*

9/9/2009

Table of Contents

I.	Schedule IV-B Cover Sheet.....	3
II.	Schedule IV-B Business Case.....	5
	A. Background and Strategic Needs Assessment.....	5
	B. Baseline Analysis.....	11
	C. Proposed Business Process Requirements.....	14
III.	Schedule IV-B Cost Benefit Analysis.....	24
	A. The Cost-Benefit Analysis Forms and Notes.....	24
	B. Benefits Realization Table.....	24
	C. Cost-Benefit Analysis Results.....	30
IV.	Major Project Risk Assessment Component.....	31
	A. Project Risk Assessment Tool.....	31
	B. Project Risk Assessment Summary.....	31
V.	Technology Planning Component.....	33
	A. Current Information Technology Environment.....	33
	B. Proposed Solution Description.....	34
	C. Capacity Planning.....	38
	D. Analysis of Alternatives.....	42
VI.	Project Management Planning Component.....	43
	A. Project Charter.....	43
	B. Work Breakdown Structure.....	43
	C. Resource Loaded Project Schedule.....	43
	D. Project Budget.....	44
	E. Project Organization.....	44
	F. Project Quality Control.....	44
	G. External Project Oversight.....	44
	H. Risk Management.....	45
	I. Organizational Change Management.....	45
	J. Project Communication.....	45
	K. Special Authorization Requirements.....	45
VII.	Appendix of Attachments.....	46
	A. Current Business Process Review.....	46
	B. CBA Forms, B.1 Cost Benefit Notes.....	46
	C. Risk Assessment Tool.....	46
	D. Project Charter.....	46
	E. Work Breakdown Structure.....	46
	F. Project Schedule.....	46
	G. Project Gantt Chart.....	46
	H. Project Budget.....	46
	I. Project Organization.....	46
	J. Risk Management.....	46
	K. Project Communication.....	46
	L. USDA/FNS IAPD Approval May 2008.....	46

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Health	Schedule IV-B Submission Date: October 2009
Project Name: WIC Data System - Implementation Phase	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2010-2011 LBR Issue Code:	FY 2010-2011 LBR Issue Title: Women, Infants & Children (WIC) Data System Planning & Development
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Ms. Debbie Eibeck, WIC Bureau Chief, Project Sponsor, 245-4202, debbie_eibeck@doh.state.fl.us Mr. Philip Kidder, PMP, Project Manager, 245-4202, philip_kidder@doh.state.fl.us	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:  Printed Name: Dr. Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General	Date: 10/6/09
Agency Chief Information Officer:  Printed Name: Mr. David Stokes, CIO	Date: 10/1/09
Budget Officer:  Printed Name: Ms. Terry Walters, Budget Officer	Date: 10/6/09
Project Sponsor:  Printed Name: Ms. Annette Phelps, Executive Sponsor	Date: 10/2/09
Planning Officer:  Printed Name: Ms. Debbie Eibeck, Project Sponsor	Date: 10/1/09
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Ms. Debbie Eibeck, 245-4202, debbie_eibeck@doh.state.fl.us
Cost Benefit Analysis:	Mr. Philip Kidder, 245-4202, philip_kidder@doh.state.fl.us
Risk Analysis:	Mr. Philip Kidder, PMP
Technology Planning:	Mr. Philip Kidder, PMP
Project Planning:	Mr. Philip Kidder, PMP

Project Planning:	Mr. Philip Kidder, PMP
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II. Schedule IV-B Business Case

Business Case Section	\$1-2M	\$2 - 10 M		> \$10 M
		Routine upgrades & infrastructure	Business or organizational change	
Background and Strategic Needs Assessment			X	X
Baseline Analysis			X	X
Proposed Business Process Requirements			X	X

A. Background and Strategic Needs Assessment

1. Agency Program(s)/Service(s) Environment

The Florida Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), receives U.S. Department of Agriculture Food and Nutrition Service (USDA/FNS) funds to serve low-to moderate income women who are pregnant, breastfeeding, or postpartum, infants up to one year of age, and children under 5 years of age, all of whom are at nutritional risk. WIC provides the following benefits at no cost to its clients: healthy nutritious foods, nutrition education and counseling, breastfeeding support, and referrals for health care.¹

The Florida WIC Program is administered by the Bureau of WIC and Nutrition Services in the Department of Health (DOH), and is managed locally by 42 WIC local agencies. These local agencies provide services in approximately 222 sites, serving all 67 counties in Florida.

The operations of the Florida WIC Program are supported by the WIC Data System. This system is a centralized, real-time mainframe system, designed in 1990, and fully implemented in October 1992. The system runs on an IBM series 890 mainframe, using CICS for transaction processing, DB2 for database management, and COBOL as the application programming language. The user interface is character-based and accessed via a 3270 terminal emulation package, running on desktop computers, connected to the mainframe via the DOH network. The system is hosted by the Florida Department of Children and Families (DCF) at the Northwood Data Center. In June 2009, there were more than 1,400 users accessing the WIC Data System.

The WIC Data System employs a real-time interface with the FLORIDA system which contains enrollment and participation information for Medicaid, Temporary Cash Assistance, and Food Stamps. This interface is used to confirm WIC adjunctive income eligibility.

2. Operational and Strategic Needs

Florida WIC faces continuing demand for program services, which is straining the ability of the WIC Local agencies to serve all clients within prescribed timeframes. First

¹ The Florida WIC Program is 100% federally funded.

time certification appointments are not being completed within the federal appointment time standards. This is not only problematic for WIC clients, but it is also an operational compliance issue.

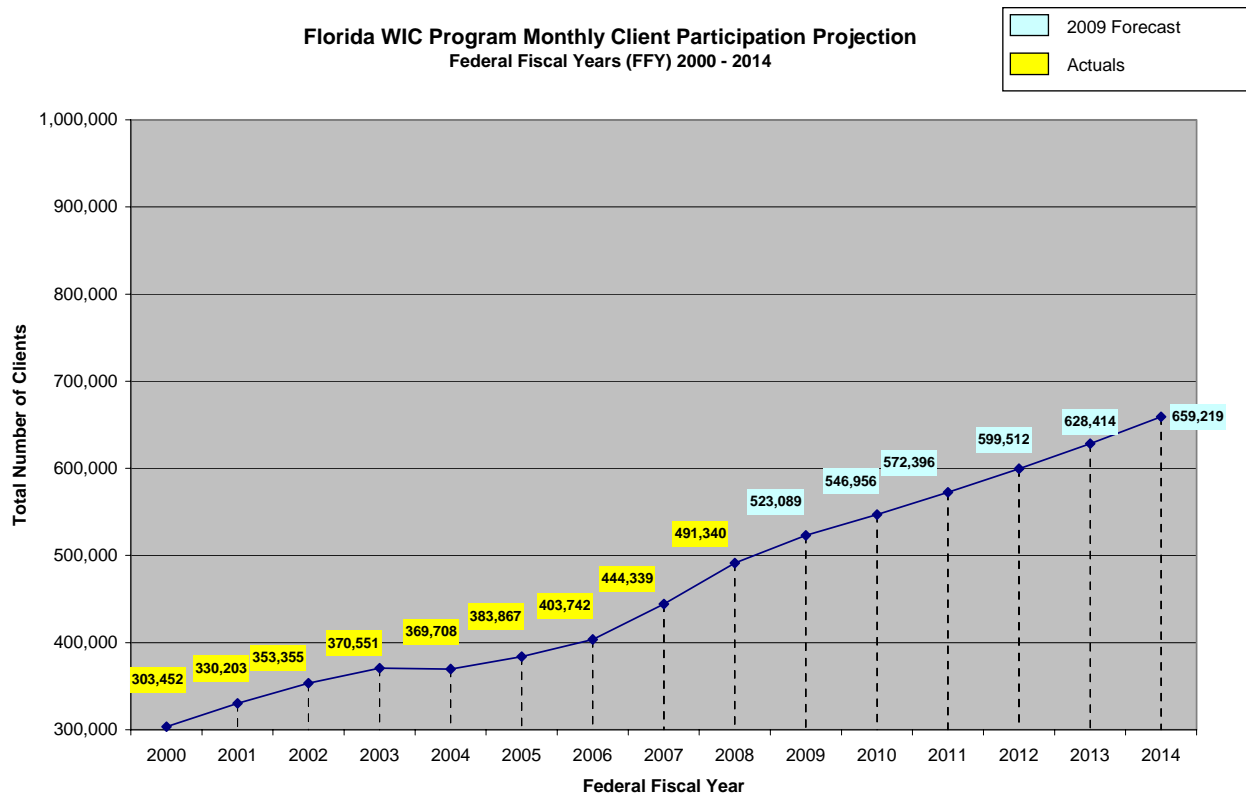
Many WIC Local agencies have responded to this situation by implementing a variety of operational improvements to serve more clients in a timely manner. However, these measures have met limited success in reducing appointment wait times due to continued caseload growth and because efficiency in local agency operations is constrained by the limited business process support in the WIC Data System. There are significant gaps in system functionality that require local agency and state office staff to employ manual procedures to complete business tasks, keep business records on paper, spreadsheets or word processing documents, and manage extensive paper files. The gaps in functionality also include a lack of support for WIC Electronic Benefits Transfer (EBT), which is a strategic issue.

Florida WIC concludes that its operational and strategic needs have outgrown the current system's functionality and, after a comprehensive review of its alternatives, finds that the program must now invest in a cost-effective, modern system to meet its operational and strategic needs. These operational and strategic needs include:

- Improve the efficiency of WIC local agency operations to meet the growing demand for program services
- Support all WIC business process areas with needed system functionality
- Provide a cost-effective foundation for the development of WIC Electronic Benefits Transfer (EBT)

Improve the efficiency of WIC local agency operations to meet the growing demand for program services

Florida WIC faces continuing demand for program services. Monthly participation in the program has grown rapidly during the past three Federal Fiscal Years (FFY): 5% or 19,875 clients in FFY 2006, 10% or 40,597 clients in FFY 2007, and 11% or 47,001 clients in FFY 2008. Participation to date in FFY 2009 (through June 2009) has grown 5% or 25,117 clients. The trend is illustrated in the chart below which shows actual monthly participation for the end of Federal Fiscal Years 2000 – 2008 and projected participation through 2014.



This growth in participation is straining Florida WIC’s ability to serve all of its clients in a timely manner, per federal appointment time standards. This means that Florida’s mothers and children eligible for WIC do not receive supplemental nutritious foods and nutrition education as soon as needed. As a result, the positive health benefits associated with WIC and attendant healthcare cost-savings to the State of Florida are delayed². The Florida economy is also impacted by delaying and possibly reducing the expenditure of federal funds in grocery stores throughout the state³.

Florida WIC has responded to this challenge with operational and procedural changes in its Local agencies, including extending business hours, appointment call reminders, and conducting family group certifications and group nutrition education classes to increase the rate of clients certified. While these measures have met some success in reducing wait times for certification appointments, further improvements are constrained because of the limited business process support in the WIC Data System. A review of Florida WIC’s current business processes revealed that these gaps in system functionality require local agency (and state office staff) to employ manual procedures to complete business tasks, keep business records on paper and/or in spreadsheets or word processing documents, and manage extensive paper files⁴.

² Several studies have examined the effects of WIC participation on healthcare costs and found that prenatal WIC participation was associated with substantial savings in Medicaid costs during the first 60 days after birth. Florida WIC was the subject of one of these studies which found that reductions in Medicaid costs for mothers and infants averaged \$347 (Devaney et al., 1991).

³ Florida WIC clients spent \$367,480,787 in local grocery stores during FFY 2008.

⁴ In the Certification and Nutrition Education process areas which focus on client certifications, the manual procedures include: voter preference, income eligibility calculation, SOAP (nutrition counseling) notes, and client chart file management. Paper forms include: Voter Preference, Income Screening, Notice of Ineligibility, Nutrition Questionnaire, and SOAP notes.

The extent of these gaps was confirmed in Florida WIC’s requirements analysis, which will be discussed in the next subsection.

In order to serve the continued growth in participants with limited increases in staff, Florida WIC needs to automate manual procedures, collect data electronically, reduce paper use, consolidate business records, and develop efficient interfaces with related systems, such as the Florida Medicaid Management Information System (FMMIS). These process improvements would be obtained through the proposed WIC Data System which would provide the needed functionality and data sharing capability. More importantly, the proposed WIC Data System would provide the local agencies with the operational efficiency to meet the growing demand for program services.⁵

Support all WIC business process areas with needed system functionality

Florida WIC developed a comprehensive set of system requirements in conjunction with the review of its 13 business process areas. Since enhancement of the current WIC Data System was an alternative to fully consider, the functionality in the current system was compared to these comprehensive system requirements. The analysis showed that the current WIC Data System meets about 60% of the system requirements. The major gaps (highlighted in orange) are detailed in the table below which shows the process areas divided into Client Services, Local Agency Support, and System Support (which includes the System Attributes or non-functional requirements).

Requirements Summary		Total Requirements				
Process Area		# Met	# Not met	Total	% Met	% Not met
Client Service Focus - Local Agency						
1.0 Appointment Scheduling		43	33	76	57%	43%
2.0 Certification		120	51	171	70%	30%
3.0 Food Issuance		49	16	65	75%	25%
4.0 Nutrition Education & Health Surveillance		10	13	23	43%	57%
10.0 Inventory Management		9	10	19	47%	53%
13.0 Customer Service		0	5	5	0%	100%
<i>Total Client Service</i>		<i>231</i>	<i>128</i>	<i>359</i>	<i>64%</i>	<i>36%</i>
Local Agency Support Focus - State Office						
5.0 Food Redemption & Reconciliation		33	14	47	70%	30%
6.0 Vendor Management		44	61	105	42%	58%
7.0 Participation Management		6	12	18	33%	67%
8.0 Fiscal Management		5	35	40	13%	88%
9.0 Quality Assurance		5	17	22	23%	77%
12.0 Management Reporting		158	75	233	68%	32%
<i>Total Local Agency Support</i>		<i>251</i>	<i>214</i>	<i>465</i>	<i>54%</i>	<i>46%</i>
System Support Focus						
11.0 System Administration		42	14	56	75%	25%
14.0 System Attributes (Non-functional)		15	10	25	60%	40%
<i>Total System Support</i>		<i>57</i>	<i>24</i>	<i>81</i>	<i>70%</i>	<i>30%</i>
Total		539	366	905	60%	40%

⁵ After roll-out of the proposed system is completed in July 2012, Florida WIC estimates that its local agencies will be able to make about 21% more certifications.

The efficiency of local agency operations is a key objective of the requirements in the Client Service process areas. In addition to the critical gaps in the Certification and Nutrition Education process areas mentioned earlier, there are large gaps in Appointment Scheduling, Inventory Management, and Customer Service, where system support is lacking. Examples include: appointment schedule maintenance, resource assignment, appointment notifications, food instrument inventory tracking, client and vendor call tracking and analysis, and client service surveys.

The effective management of WIC business partners, program integrity and quality, and program finances are the key objectives of the requirements in the Local Agency Support process areas. There are large gaps in Vendor Management, Participation Management, Fiscal Management, and Quality Assurance, where system support is lacking. Examples include: vendor communication, vendor risk analysis, vendor sanctions monitoring, agency outreach coordination, formula rebate analysis, and clinic integrity monitoring.

The efficient management of data system resources is the key objective of requirements in the System Support process areas. There are large gaps in the System Attributes or non-functional requirements where system attributes are missing, such as: ease of training, ability to change current workflows, ease of exchanging data, ability to add new functions, and role-based security.

These findings mean that where there are gaps in functionality, business process support in the system is lacking or absent, requiring the local agency and state office staff to employ manual procedures to complete business tasks, keep business records on paper and/or in spreadsheets and word processing documents, and manage extensive paper files. These gaps in functionality produce inefficiencies which limit productivity, collaboration among the staff, and data sharing within the WIC organization. The proposed WIC Data System would provide a cost-effective solution to fill these gaps with needed functionality, improving productivity and enabling the entire WIC organization to keep pace with the growing volume of work created by the demand for WIC services in the Local agencies.

Provide a cost-effective foundation for the development of WIC Electronic Benefits Transfer (EBT)

Florida WIC's strategic plan includes the development of WIC Electronic Benefits Transfer (EBT). According to the USDA/FNS, EBT would replace paper WIC checks for most clients, provide clients with the ability to purchase all food benefit items during the authorized period, simplify accounting and reduce labor costs for food retailers, and possibly save time in WIC local agency operations. Florida WIC has started the planning process for EBT and found that the current WIC Data System lacks the basic functionality necessary to support EBT, which is called EBT Readiness^{6,7}. Florida WIC needs a system with this functionality already integrated since an investment in

⁶ EBT Readiness functions include family benefit aggregation, card issuance/maintenance, UPC code database maintenance, and transaction payment/reporting.

⁷ On May 25, 2009, Florida WIC signed a contract with Imadgen, LLC to conduct a comprehensive WIC EBT Planning and Feasibility study.

enhancing the current mainframe application to include EBT Readiness and all of the needed functionality described earlier would not be cost-effective. Florida WIC understands from its ongoing planning effort that the WIC data systems available for transfer from other states contain EBT Readiness as part of their standard feature set.

In May 2008, Florida WIC received approval from the USDA/FNS of its Implementation Advance Planning Document (IAPD) to undertake this project to replace the WIC Data System with a web-based WIC data system transferred from another state (see Attachment L). In May 2009, Florida WIC received legislative approval to begin the project in SFY 2009-10. This Schedule IV-B document supports the continued state approval of the project.

3. Project and Business Objectives

Florida WIC plans to accomplish the following objectives in the project:

- Replace the current WIC Data System with a web-based, commercially developed WIC system, transferred from another state WIC agency
- Suitably modify the proposed system to meet needed requirements (The development will be undertaken by a system contractor selected through the State of Florida competitive bid process)
- Successfully implement the proposed system within the timeframe of the project schedule and the costs of the project budget
- Adapt, improve, or develop new Florida WIC business processes to fully utilize the proposed system functionality and achieve the maximum productivity and cost-savings benefits
- Complete the implementation with minimal disruption of services to WIC applicants and participants
- Accept the implemented system provided it meets or exceeds the critical success criteria

Successful implementation of the proposed WIC Data System will accomplish the following business objectives:

- Provide WIC local agencies with the operational efficiency to meet the growing demand for program services with limited increases in staff
- Reduce appointment wait times for new clients to achieve compliance with federal regulations
- Improve client satisfaction by reducing the amount of time clients spend in WIC clinics for certification
- Support all WIC business process areas with needed system functionality to improve productivity in the entire WIC organization

- Meet all of the WIC system requirements through a cost-effective investment in a modern system, including integrated functionality for the development of WIC Electronic Benefits Transfer (EBT)

B. Baseline Analysis

1. Current Business Process Requirements

Florida WIC completed a review of its current business processes in order to plan process improvements from the functionality required of the proposed WIC Data System. The analysis covered the following process areas: Appointment Scheduling, Certification, Food Issuance, Nutrition Education & Surveillance, Inventory Management, Customer Service, Food Redemption & Reconciliation, Vendor Management, Participation Management, Fiscal Management, Quality Assurance, Management Reporting and System Administration. Each process area was described in terms of inputs, processing, outputs, business process interfaces, and business process participants. These items were also depicted graphically in process maps. Please see Attachment A below.

Current Business Process Review



A - Current Business
Process Review_WIC

Attachment A

2. Assumptions and Constraints

Project Assumptions

An assumption is a factor that, for planning purposes, is considered to be true, real, or certain without proof or demonstration. The assumptions listed below refer to how the project will function and the results that will be obtained:

- Florida WIC does not experience delays, including protests, in the State of Florida competitive procurement process for a system contractor that precedes this proposed project. The contract for the System contractor is signed no later than April 30, 2010.
- The contract to transfer, modify, and implement the proposed system includes:
 - A schedule with an overall timeframe equal to or less than the proposed project schedule attached to this document
 - A purchase price that is equal to or less than the total purchase price in the proposed project budget attached to this document.
- The functionality of the proposed system has been validated through successful operation in multiple state WIC agencies.

- The Florida WIC requirements do not significantly change over the duration of the project.
- There are no new federal or state operational requirements; e.g., regulations, introduced over the duration of the project that carry a significant technology impact.
- The actual Project Schedule is a deliverable due from the system contractor. The schedule will be developed in consultation with Florida WIC. Florida WIC will review, approve, and maintain the schedule for the duration of the project.
- The tasks in the project schedule are organized into phases. The completion of each phase will be subject to the review and acceptance of deliverables by the Florida WIC Deliverable Review Workgroup.
- There are no unforeseen events; e.g., hurricanes or other disasters that cause undue delay or cancel the project.
- The Project Management Plan methodologies provide a clear set of decisions and executable directives to accomplish the project objectives.
- Project Scope is effectively managed over the life of the project using the change control process.
- The Project Deliverables are produced by the system contractor on time with the expected quality.
- The Project Deliverables are carefully reviewed and accepted on a timely basis by Florida WIC Deliverable Review Workgroup.
- The proposed interfaces with related systems are developed without disruption or delay to the project.
- The system hardware configured by DOH IT and quoted for the Project Budget meets or exceeds the hardware configuration prescribed by the system contractor.
- The system hardware is purchased, installed, and operational per the Project Budget and Schedule.
- The hosting rates in the available service center locations do not significantly increase over the current quoted rates.
- The network requirements for the proposed system remain the same for the duration of the project.
- The proposed system meets the DOH IT technology standards and passes security and Americans with Disabilities Act (ADA) scans.

- Florida WIC develops and executes an implementation training plan using a train-the-trainer approach with Local Agency staff that produces a quality of learning that adequately prepares users, enables process improvements, and significantly limits implementation issues.
- Florida WIC completes implementation training in six months or less.
- The rollout of the proposed system overlaps implementation training and is completed in six months or less.
- The rollout of the system begins no later than one month after training starts.
- DOH, DCF, and State Data Center technical management and resources fully collaborate with Florida WIC in the project.
- Project communication among all parties is direct, professional, and prompt.
- The system contractor remains financially healthy and does not experience any significant change in ownership for the duration of the project.
- Any external reviews/approvals by USDA/FNS occur in a timely manner so there is no delay in project execution.

Project Constraints

A constraint is any applicable restriction or limitation, internal or external to the project that will affect the performance of the project or a project management process.

- The System contractor and Florida WIC project teams shall complete critical path tasks as planned.
- Florida WIC shall hire qualified professional project and technical support staff as planned and retain them for the duration of the project.
- Florida WIC staff shall provide support to the project when needed.
- The DOH, DCF, State Data Center, and other needed technical resources shall support the project when needed.
- System contractor shall provide qualified professional staff and retain them for the duration of the project
- The System contractor shall provide a System Readiness Certificate upon satisfactory completion of initial transfer and modification, completion of revisions from user acceptance testing, and completion of revisions from pilot testing⁸
- The System contractor and Florida WIC project teams shall abide by the process rigor specified in the Project Management Plan.

⁸ The System Readiness Certificate will validate that the system is ready for user acceptance testing, pilot testing, and rollout.

C. Proposed Business Process Requirements

1. Proposed Business Process

Florida WIC expects that the proposed WIC Data System will be a modern system that will enable it to achieve its business objectives, including: provide the operational efficiency to meet the increasing demand for program services, reduce appointment wait times for new clients and the amount of time clients spend in WIC clinics for certification, support all WIC business processes with needed functionality, and provide a cost-effective foundation for the development of WIC Electronic Benefits Transfer (EBT).

Consistent with that vision, Florida WIC expects that the implementation of the proposed WIC Data System will produce positive business process changes. A key project objective is to adapt, improve, and develop business processes to fully utilize the proposed system functionality and achieve maximum tangible and intangible benefits. The specific business process changes are dependent on the system that will be selected through the State of Florida competitive procurement process to be completed prior to the start of the proposed project.

For the purpose of this analysis, business process changes were forecasted based on the Florida WIC's review of its current business processes, system requirements, and the cost-benefit analysis in Section III. Florida WIC's anticipated business process changes fall into the following categories and are explained below:

- Automation
- Electronic data collection
- Paper use
- Business record consolidation
- Interfaces
- Extension of needed functionality

Automate Business Processes that Use Little or No Automation

The proposed system will enable the program to automate process steps that are currently performed manually. This functionality will improve processes that use little or no automation, including: Appointment Scheduling, Certification, Food Redemption and Reconciliation, Vendor Management, Participation Management, Management Reporting, and Customer Service.

The manual process steps to be automated include:

- Appointment calendar update and maintenance
- Calculation of participant income

- Output and tracking of the Notice of Ineligibility/Suspension
- Tracking vendor correspondence
- Identification of high-risk vendors
- Outreach letters and surveys
- Record keeping for vendor appeal payments and special formula payments
- Transformation and load of data to reports data mart
- Support call tracking and follow-up

Collect Paper Data Electronically

The proposed system will enable the program to electronically collect data currently recorded on paper. This functionality will improve these process areas: Certification, Nutrition Education & Surveillance, Vendor Management, Participation Management, and Customer Service.

The data items to be collected electronically include:

- Voter Preference form
- Nutrition Questionnaire form
- SOAP notes and care plans
- Vendor Application form
- Vendor Training log
- Outreach list and campaign activity log
- Program monitoring and support records

Reduce Paper Use, Storage, and Destruction Costs

The proposed system will enable the program to eliminate or reduce the use of pre-printed paper forms, including: the Income Screening Form, Notice of Ineligibility/Suspension, and the Nutrition Questionnaire. Also, document imaging will enable the staff to capture client and staff signatures and scan paper documents, converting these items to digital images for electronic storage. The combination of this functionality will also reduce paper storage and destruction costs. The functionality will improve the Certification and Nutrition Education & Surveillance process areas.

Consolidate Off-System Business Records into a Comprehensive Database

The proposed system will enable the program to consolidate a variety of off-system business records such as MS Excel spreadsheets, MS Word documents, paper files, and

data in other external systems into one comprehensive database. This will improve data quality, facilitate collaboration, and enhance productivity by providing users with common access to needed data on demand.

The Florida WIC business processes currently use more than twenty spreadsheet and word processing documents, five external systems, and 10 paper forms. Business record consolidation will improve these process areas: Nutrition Education & Surveillance, Vendor Management, Participation Management, Fiscal Management, Quality Assurance, Inventory Management, and Customer Service.

Develop Efficient Interfaces with Related Systems

The proposed system will enable the program to develop efficient interfaces with related systems, providing staff with quicker access to information needed for client certifications, which primarily improves the Certification process area.

In addition to the Florida System interface for determination of participant adjunctive income eligibility, an interface is proposed with the Florida Medicaid Management Information System (FMMIS) at the Agency for Health Care Administration (AHCA) also to be used for determination of participant adjunctive income eligibility⁹.

Extend Needed System Functionality to Support all Business Process Areas

The proposed system will extend needed functionality to all process areas, especially those where there is little or no direct support from the current WIC Data System: Customer Service, Vendor Management, Participation Management, Fiscal Management, and Quality Assurance.

2. Business Solution Alternatives

Florida WIC assessed the following business solution alternatives:

- Business as usual (no change)
- Enhance the current system
- Develop a new system
- Transfer and modify an existing WIC data system

Florida WIC used the following criteria to evaluate the business solution alternatives:

- Achieves Florida WIC business objectives
- Provides current technology for ease of modification, maintenance, and support
- Provides needed functionality

⁹ Clients may meet the WIC income eligibility requirement by current participation in Food Stamps, Temporary Cash Assistance (TCA) or Medicaid. The WIC staff currently has query access to FMMIS as a secondary source to confirm Medicaid participation.

- Can be implemented in the shortest feasible timeframe
- Costs the least to develop and implement
- Produces the highest value of tangible and productivity benefits
- Reduces ongoing data processing expense
- Carries the least program/project risk
- Aligns with the State strategic technology direction

Business as usual (Not Viable)

This alternative would involve maintaining the current mainframe WIC Data System, while developing and implementing only needed fixes and required regulatory enhancements. Florida WIC does not consider this a viable alternative for the following reasons:

- It would not achieve Florida WIC business objectives, including: meeting the demand for program services through operational efficiency, complying with appointment wait time standards, improving client satisfaction through quicker certification, supporting all business process areas with needed functionality, and providing a cost-effective platform for WIC EBT.
- It would not provide current technology.
- Over the five year period of analysis (SFY 2011 – 2015), it would not produce any of the estimated \$8.4 million in total cost savings and \$10 million in productivity and process improvement benefits that would be realized from the Transfer and Modify alternative.
- It would not reduce ongoing technology expense. Mainframe processing and support costs are expected to rise as more clients are served, more transactions processed, and more users added to the mainframe system.
- It would expose the Florida WIC Program to an unacceptable risk scenario where the capability of Florida WIC to serve the expected growth in participants would most likely plateau due to inefficient processes. This inefficiency in combination with a limited ability to recruit and hire extra staff and expand clinic space, would almost certainly result in clients experiencing longer wait times for certification appointments. The impacts of this would likely include reduced client satisfaction among those who could be served and increased employee turnover. In addition, local agencies may have to implement waiting lists that ration WIC services to clients with greater nutritional needs. This would delay food benefits and nutrition services to clients, leaving some clients underserved and reducing the benefits of federal food dollar expenditures on the Florida economy.

Enhance the current system (Not practical)

This alternative would involve adding needed functionality to the current mainframe system in addition to developing ongoing maintenance releases. Backfilling missing requirements would involve all Florida WIC process areas, especially Customer Service, Vendor Management, Participation Management, Fiscal Management, and Quality Assurance. These process areas operate with little or no direct support from the current WIC Data System, requiring the local agency and state office staff to employ manual procedures to complete business tasks, keep business records on paper and/or in spreadsheets or word processing documents, and manage extensive paper files.

The advantages of this alternative are:

- It would achieve most of the Florida WIC business objectives, specifically meet the demand for program services through operational efficiency, comply with appointment wait time standards, and improve client satisfaction through quicker certification.
- It would build on the current system and mainframe platform.
- It would provide most of the needed functionality, extending support to all business process areas.
- It could be implemented in the same 27 month timeframe as the Transfer and Modify alternative.
- Over the five year period of analysis (SFY 2011 – 2015), it would produce total cost savings from reductions in forms printing and reductions in paper storage and destruction costs estimated at \$591,499. It would also achieve the same \$10 million in productivity benefits from process improvements as estimated for the Transfer and Modify alternative (for details see the table below).

The disadvantages of this alternative are:

- It would not meet the Florida WIC business goal of providing a cost-effective foundation for the future development of WIC Electronic Benefits Transfer (EBT).
- It would not provide current technology.
- It would cost an estimated \$8 million to develop and implement, which is about \$1.9 million more than the Transfer and Modify alternative (for details see the table below).
- It would not pay for itself over the five year period of analysis (SFY 2011 – 2015) and result in an estimated net loss of \$7.43 million. This potential loss would be due to the small total cost savings of \$591,499 (for details see the table below).

- It would not reduce ongoing technology expense. Mainframe processing and support costs are expected to rise as more clients are served, more transactions processed, and more users added to the mainframe system.
- The risk of this alternative is rated at three times the risk of transferring/modifying a WIC data system. Major risks include:
 - The development and project costs would be sunk into older technology that is declining in use by Florida state government. This could isolate Florida WIC in its technology, limiting its support and development options.
 - Data processing expense would likely increase requiring expenditure reductions for other operational priorities. Likely impacts would be reduced levels of service and a decline in client satisfaction.
- It would not align with the strategic direction of information technology in Florida state government which includes a movement away from mainframe platforms.
- It would require revision and resubmission of federal approval documents and subsequent federal approval to proceed.

For the above reasons, Florida WIC does not consider this alternative a practical or responsible investment of WIC grant funds. The financial comparison of the Enhance Current System alternative and the Transfer and Modify alternative is shown in the table below.

Comparison of Transfer & Modify to Enhance Current System						
SFY 2011 - 2015 (USD in Millions)						
Alternative	Total Costs¹	Savings Benefits		Productivity⁴ Benefits	Net Savings (Loss)	Net Payback (Loss) (Savings + Productivity)
Transfer & Modify	\$6.08	\$8.41	²	\$10.01	\$2.33	\$12.35
Enhance Current System	\$8.02	\$0.59	³	\$10.01	(\$7.43)	\$2.58

Notes:

¹ Costs include design, development, implementation, and project management. The estimated duration of the projects for both alternatives is 27 months.

² Savings for Transfer & Modify come from reductions in forms printing, reduction in paper storage and destruction costs, reduction in application support staff cost, and elimination of costs for mainframe data processing (tape media and supplies, DASDI, software licenses, transaction processing, and overhead).

³ Savings for Enhance Current System come from reductions in forms printing and paper storage and destruction costs only.

⁴ Productivity benefits come from the value of staff time savings due to process improvements; e.g., automating manual steps, collecting paper data electronically, reducing paper handling, consolidating off-system business records, providing efficient access to data in related systems, and reducing training time.

Develop a new system (Not Feasible)

This alternative would involve building a new WIC Data System to meet all needed requirements, including the development of new modules to support the Customer Service, Vendor Management, Participation Management, Fiscal Management, and Quality Assurance process areas. The challenge would be to build from the ground up (duplicate) all of the functionality in a WIC transfer system at a lower cost than transferring and modifying such a system. Even starting with some generic modules would not significantly lower the cost of such an effort.

The advantages of this alternative are:

- It would achieve all of the Florida WIC business goals and objectives.
- It would provide current technology.
- It would provide all of the needed functionality, including scalability based on expected participation growth.
- Over the five year period of analysis (SFY 2011 - 2015), it would produce an estimated total cost savings of \$4.2 million from reductions in forms printing, paper storage and destruction, and mainframe data processing costs, plus productivity benefits from process improvements estimated at \$7.8 million (for details see the table below).
- It would align with the strategic direction of information technology in Florida state government.

The disadvantages of this alternative are:

- The estimated 44 month timeframe for building a new system is about 63 percent longer than the Transfer and Modify timeframe of 27 months. The longer timeframe required for this alternative would be a greater fiscal burden to Florida WIC because its mainframe processing costs would increase while simultaneously paying for an extended development project. The cost of developing a new system is estimated at \$12 million, about double the \$6.08 million for transferring and modifying a commercially developed, operationally tested WIC data system (for details see the table below).
- The 44 month timeframe of such a project would delay the cost savings from reduced forms and data processing expense by 17 months compared to the Transfer and Modify alternative. The new system alternative would not pay for itself and result in a net loss of \$7.8 million (for details see the table below).
- The risk of this alternative is rated at 5 times the risk of the Transfer and Modify alternative. Major risks include:
 - Due to cost constraints, there would be no guarantee that the new system would include all of the functionality now available in a commercially developed WIC system transferred from another state.

- Unforeseen technical issues could easily extend the project schedule, causing project expenses to escalate, possibly beyond the Florida WIC budget.
- It would require revision and resubmission of federal approval documents and subsequent federal approval to proceed.

For the reasons above, Florida WIC does not consider this a feasible alternative. The financial comparison of the Develop a New System alternative and the Transfer and Modify alternative is shown in the table below.

Comparison of Transfer & Modify and Develop a New System Alternative						
SFY 2011 - 2015 (USD in Millions)						
Alternative	Total Costs ¹	Savings Benefits		Productivity ⁴ Benefits	Net Savings (Loss)	Net Payback (Loss) (Savings + Productivity)
Transfer & Modify	\$6.08	\$8.41	²	\$10.01	\$2.33	\$12.35
Develop a New System	\$12.08	\$4.25	³	\$7.81	(\$7.83)	(\$0.02)

Notes:

¹ Costs include design, development, implementation, and project management. The estimated duration of the Transfer and Modify project is 27 months; the estimated duration of the Develop a New System project is 44 months, reflecting the longer development time for new software versus COTS package implementation.

² Savings for Transfer & Modify come from reductions in forms printing, reduction in paper storage and destruction costs, reduction in application support staff cost, and elimination of costs for mainframe data processing (tape media and supplies, DASDI, software licenses, transaction processing, and overhead).

³ Cost Savings for Develop a New System are assumed to be the same as for Transfer & Modify but are lower due to the shorter time after rollout for these cost savings to accrue during the five year period of analysis (SFY2011 - 2015).

⁴ Productivity benefits for Develop a New System are assumed to be the same as for Transfer & Modify but are lower due to the shorter time after rollout for these benefits to accrue during the five year period of analysis (SFY 2011 - 2015).

Transfer and modify an existing WIC data system (Optimal Solution)

This alternative refers to transferring a WIC data system currently supporting another state’s WIC program and modifying it to meet Florida WIC requirements. The advantages of this alternative are:

- It would achieve Florida WIC business objectives.
- It would provide current technology.
- It would be implemented in the shortest timeframe (27 months) of any alternatives involving a development effort.
- It would cost the least (\$6.08 million) of any alternatives involving a development effort.
- Over the five year period of analysis (SFY 2011 – 2015), it would produce an estimated \$8.4 million in cost savings. This would offset the \$6.08 million cost of

the project and yield a net savings of \$2.3 million. It would produce productivity benefits from process improvements estimated at \$10 million.

- It would reduce ongoing technology expense on average by more than \$2.8 million annually compared to the current annual WIC Data System expenditure.
- It would align with the strategic direction of information technology in Florida state government.

The disadvantage of this alternative is:

- The risk of this alternative is rated at one since the base transfer system would be validated through successful operation in other state WIC programs. The major risks associated with this alternative are:
 - State oversight agencies could require Florida WIC to produce additional justifications in order to proceed with its plans. The likely impact would be a delay in the State of Florida competitive bid process for a system contractor and longer term funding of the planning effort.
 - Change requests to the current requirements, if not carefully managed, could bring some technical risk with likely impacts of a delay in the project schedule and/or an increase in development cost.

The financial comparison of the three alternatives is shown in the table below.

Comparison of Alternatives					
SFY 2010 - 2014 (USD in Millions)					
Alternative	Total Costs	Benefit Savings	Productivity Benefits	Net Savings (Loss)	Net Payback (Loss) (Savings + Productivity)
Transfer & Modify	\$6.08	\$8.41	\$10.01	\$2.33	\$12.35
Enhance Current System	\$8.02	\$0.59	\$10.01	(\$7.43)	\$2.58
Develop a New System	\$12.08	\$4.25	\$7.81	(\$7.83)	(\$0.02)

3. Rationale for Selection

The rationale for selection of the best business solution alternative involved comparing the achievement of business objectives, technology/functionality, cost, benefits, timeframe, risk, and strategic fit among the alternatives. This evaluation was used to eliminate alternatives and present the business solution that best met the criteria.

Based on the preceding analysis, Florida WIC has eliminated the following system alternatives:

- The business as usual alternative is not viable since the current WIC Data System will not meet Florida WIC’s operational and strategic needs and would place the program at risk of underserving its eligible client population and reducing the beneficial impact of federal food expenditures on the Florida economy.

- Enhancing the current system is not practical since it would cost \$1.9 million more and produce \$7.8 million less in cost savings than the Transfer and Modify alternative and result in a net loss of \$7.4 million. Moreover, it would be a substantial investment in old technology and would not reduce ongoing data processing expense.
- Developing a new system is not feasible since it would cost \$6 million more than the Transfer and Modify alternative, while producing \$4.1 million less in cost savings and result in a net loss of \$7.8 million. It would also take an estimated 17 months longer to implement than the Transfer and Modify project, straining the WIC nutrition services and administration budget with substantial project costs while it paid increasing data processing costs for the current system.

4. Recommended Business Solution

Florida WIC finds that transferring a WIC data system currently supporting another state's WIC program and modifying it to meet Florida WIC requirements is its best alternative. This alternative would achieve its business objectives, provide current technology with the most functionality, could be implemented in the shortest timeframe, cost the least to develop, produce the most tangible benefits, expose the program and project to the least risk, and aligns with the strategic direction of information technology in Florida state government.

III. Schedule IV-B Cost Benefit Analysis

A. The Cost-Benefit Analysis Forms and Notes



B - CBAFORMS_WIC
Data System_200909

Attachment B



B.1 -
CBA_Notes_2009090

Attachment B.1

B. Benefits Realization Table

Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How will the benefit be measured?	Realization Date (MM/YY)
1	Provide master appointment calendar templates and enable mass appointment updates	Productivity	Local Agency staff	Proposed system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
2	Reduce appointment wait times for new clients	Productivity	Participants, Local Agency Staff	Proposed reduces time to complete the certification process, improving the rate of certifications and reducing appointment wait times for new clients to comply with federal standards	Compare rate of certifications pre and post-implementation, plus appointment wait times for all clients	Go Live + 3 months
3	Improve client satisfaction with the certification process	Intangible	Participants, Local Agency Staff	Proposed system will reduce the amount of time clients spend in the clinic during the certification process, improving client satisfaction	Compare time spent in the certification process in clinics and compare client satisfaction with the certification process pre and post-implementation	Go Live + 3 months

Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How will the benefit be measured?	Realization Date (MM/YY)
4	Prospective clients may enter their demographic and eligibility data in advance of a certification appointment via on-line application for WIC benefits	Productivity	Local Agency staff	Proposed system reduces staff time to perform this task	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
5	Eliminate (or reduce) use of paper Client Certification Worksheet	Tangible	State Office	Proposed system eliminates (or reduces) use of this paper form in Local Agencies, reducing State Office printing costs for this form by 90%	Compare pre and post-implementation form printing costs	Starts with project close
6	Collect Voter Preference Form data electronically	Intangible	Local Agency staff, Participants	Proposed system reduces staff time to perform this task	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
7	Automate calculation of income and collect Income Screening Form data electronically	Productivity	Local Agency staff, Participants	Proposed system eliminates duplicate entry, reducing staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
8	Eliminate (or reduce) use of paper Income Screening Form	Tangible	State Office	Proposed system eliminates (or reduces) use of this paper form in Local Agencies, reducing State Office printing costs for this form by 90%	Compare pre and post-implementation form printing costs	Starts with project close
9	Automate output of Notice of Ineligibility-Suspension	Productivity	Local Agency staff	Proposed system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months

Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How will the benefit be measured?	Realization Date (MM/YY)
10	Eliminate (or reduce) use of paper Notice of Ineligibility /Suspension	Tangible	State Office	Proposed system eliminates (or reduces) use of this paper form in Local Agencies, reducing State Office printing costs for this form by 90%	Compare pre and post-implementation form printing costs	Starts with project close
11	Provide secure and reliable FMMIS access to all users	Productivity	Local Agency staff, State Office	Proposed system eliminates adjunctive eligibility calls to WIC Help Desk	Compare pre and post-implementation FMMIS calls	Go Live + 3 months
12	Collect Nutrition Questionnaire form data electronically	Productivity	Local Agency staff, Participants	Proposed system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
13	Eliminate (or reduce) use of paper Nutrition Questionnaire	Tangible	State Office	Proposed system eliminates (or reduces) use of this paper form in Local Agencies, reducing State Office printing costs for this form by 90%	Compare pre and post-implementation form printing costs	Starts with project close
14	Reduce filing of client charts at certification	Productivity	Local Agency staff, Participants	Proposed system reduces filing of paper forms, eliminating staff time to perform this task	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
15	Collect SOAP note and care plan form data electronically	Productivity	Local Agency staff	Proposed system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months

Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How will the benefit be measured?	Realization Date (MM/YY)
16	Reduce filing of client charts at follow-up nutrition education after certification	Productivity	Local Agency staff, Participants	Proposed system reduces filing of paper forms, eliminating staff time to perform this task	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
17	Automate vendor-appealed payments in the WIC check reconciliation process	Intangible	State Office, Vendors	Proposed system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Starts with project close
18	Collect vendor training data electronically	Productivity	State Office	Proposed system eliminates duplicate entry, reducing staff time to perform this task	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
19	Automate vendor correspondence and tracking of same	Productivity	State Office	Proposed system reduces staff time to perform this procedure, use of e-mail reduces mailing costs	Compare pre and post-implementation staff assessments of task time, pre and post mailing costs	Go Live + 3 months
20	Reduce preparation time for compliance and sanction actions	Productivity	State Office, Vendors	Proposed system enables electronic storage of paper monitoring data, improved organization and access to same, reducing staff time to perform this function	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
21	Automate Fellow Floridian outreach letters and survey forms	Intangible	State Office, Local Agency staff	Proposed system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Starts with project close
22	Collect outreach campaign data electronically	Intangible	State Office, Local Agency staff	Proposed system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Starts with project close

Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How will the benefit be measured?	Realization Date (MM/YY)
23	Improve decision-making ability by increasing the frequency and scope of management data transfer to the reports database	Intangible	Participants, Vendors, Local Agency staff, State Office	Proposed system provides ability to transfer more management data, with greater frequency	Compare pre and post-implementation database transfer layouts and schedule	Starts with project close
24	Improve system security through role-based access to system functions	Intangible	Participants, Vendors, Local Agency staff, State Office	Proposed system provides role-based security	Compare pre and post-implementation security features and functions	Starts with project close
25	Improve system security through the ability to track changes to key participant and program data	Intangible	Participants, Vendors, Local Agency staff, State Office	Proposed system provides data change audit capability	Compare pre and post-implementation security features and functions	Starts with project close
26	Improve disaster recovery response through the ability to download and use local agency data offline	Intangible	Participants, Vendors, Local Agency staff, State Office	Proposed system provides ability to download and use local data offline	Compare pre and post-implementation disaster recovery features and functions	Starts with project close
27	Reduce time to handle vendor support issues and queries	Productivity	State Office, Local Agency staff, Vendors, other DOH staff	Proposed system enables more electronic storage of paper information, improved organization and access to same, reducing staff time to perform this function	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
28	Reduce time to handle quality assurance support issues and queries	Productivity	State Office, Local Agency staff, County Health Departments, other DOH staff	Proposed system enables more electronic storage of paper information, improved organization and access to same, reducing staff time to perform this function	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months

Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How will the benefit be measured?	Realization Date (MM/YY)
29	Improve customer service through tracking of calls, follow-up activities, resolutions, and outcomes	Intangible	Participants, Vendors, Local Agency staff, State Office	Proposed system provides tracking of support calls and queries, follow-up activities, resolutions and outcomes	Compare assessments of customer service among participants, Local Agency staff, vendors, and State Office, pre- and post-implementation	Starts with project close
30	Improve customer service through automated opinion survey capability	Intangible	Participants, Vendors, Local Agency staff, State Office	Proposed system provides opinion survey capability	Compare assessments of customer service among participants, Local Agency staff, vendors, and State Office, pre- and post-implementation	Starts with project close
31	Reduce time to train new users on WIC Data System	Productivity	Local Agency staff, Participants	Proposed system reduces time to perform this procedure	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
32	Avoid (or reduce the) making (of) paper client charts and folders	Productivity	Local Agency staff	Proposed system enables more electronic information storage and easier access to same, avoids making paper participant charts and folders	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
33	Eliminate (or reduce) cost of archiving and purging client charts and folders	Tangible	Local Agency	Proposed system enables more electronic information storage and easier access to same, reducing cost of archiving and purging same	Compare pre and post-implementation costs for archiving and destruction of paper	Starts with project close
34	Improve data quality, lift productivity by providing users with common access to needed data on demand	Intangible	Participants, Vendors, Local Agency staff, State Office	Proposed system consolidates current off-system data stores into its database	Compare pre and post-implementation # and type of off-system data stores	Starts with project close

Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How will the benefit be measured?	Realization Date (MM/YY)
35	Lift productivity by extending needed functionality to support all business process areas	Intangible	Local Agency staff, State Office	Proposed system fills gaps with needed functionality	Compare staff assessments of task time pre and post-implementation	Go Live + 3 months
36	Reduce data system processing, maintenance and support costs - SFY 2012, 2013, 2014	Tangible	Participants, Local Agency staff, State Office	Proposed system costs less to process transactions, maintain, and support	Compare pre- and post-implementation system costs	Starts with project close

C. Cost-Benefit Analysis Results

The results of the Cost-Benefit Analysis were calculated in the CBA Forms attached in Section A above are summarized here.

Item	Amount
Total Project Cost	\$6,076,473
Savings Resulting from the Project	\$8,409,638
Return on Investment	\$2,333,165
Payback Period	4 1/4 years
Breakeven Fiscal Year	2014-15
Internal Rate of Return	16.16%

IV. Major Project Risk Assessment Component

A. Project Risk Assessment Tool



C -

RiskAssessment_WIC

Attachment C

B. Project Risk Assessment Summary

The overall Risk Assessment for the project was Medium. In five of eight categories, risk was assessed as Low, while Medium risk was found for Organizational Change Assessment and Fiscal Assessment, and High risk was found for Project Complexity. The following is a summary of the Risk Assessment Tool findings.

Strategic

Risk is Low in this assessment. The project objectives have been clearly documented and are understood by all stakeholder groups. The project duration is 27 months and has public visibility to WIC participants and USDA/FNS, and internal visibility to the DOH, the DCF, and State Data Center staff.

Technology Exposure

Risk is Low in this assessment. The relevant technology solutions have been researched, documented, and considered and the proposed technology solution complies with relevant agency, statewide, and industry technology standards. Only minor infrastructure change is required to implement the solution; e.g., servers will replace the current mainframe. Since the proposed solution is a COTS package, external technical resources will be needed for the implementation; e.g., a system contractor and a contact project management team. Florida WIC evaluated its application maintenance and support options for the proposed system and will use the system contractor for these services during the one to three years following implementation.

Organizational Change Management

Risk is Medium in this assessment. Although the project will impact essential business processes it will do so in a positive manner, bringing ease of use, time saving, and collaboration features to users. Some process areas will receive full system support for the first time. WIC clients will also benefit from time saving features, reducing the amount of time they spend in WIC clinics for certification. The agency is currently implementing food package changes which require organizational changes similar in scope to the changes involved in the proposed project. A formal organization change plan will be developed in the upcoming implementation phase of the project.

Communication

Risk is Low in this assessment. Although a Communications Plan has been prepared that will enable proactive feedback from management, the project team, users, stakeholders, and the System Contractor; key messages and success measures will be added to the plan in the upcoming implementation phase of the project.

Fiscal

Risk is Medium in this assessment. All of the anticipated project expenditures have been identified in the Spending Plan, approval from USDA/FNS of the Implementation Advance Planning Document (IAPD) was received in May 2008, and the prospective funds are available from the annual Florida WIC grant to complete the project. A contract manager has been designated for the proposed project and the procurement strategy was documented during the development of the Invitation to Negotiate (ITN). The benefit payback period is less than 51 months.

Project Organization

Risk is Low in this assessment. The project organization has been documented in the approved project plan, the roles of the steering committee defined, and a project staffing plan prepared. Florida WIC will staff the project team with an in-house training coordinator having expert business knowledge and advanced training skills. The supporting roles for the project team; e.g., project workgroups of subject matter experts from the local agency and state office staff, will be defined in cooperation with the selected system contractor during project initiation activities of the proposed project.

Project Management

Risk is Low in this assessment. The project requirements have been defined and documented and standard project methodologies are in place and being used. The deliverable acceptance criteria will be documented in the Invitation to Negotiate (ITN). The project schedule will be fully developed in cooperation with the selected system contractor during the initiation, planning, and design phase of the proposed project.

Project Complexity

Risk is High in this assessment. The proposed system will be implemented in the Florida WIC state office and in 222 local agency sites statewide. There will be four external organizations engaged by the proposed project, if the solution is implemented as planned. The proposed project will involve the purchase and limited modification of off-the-shelf software and corresponding business process changes to adapt and use the new functionality.

V. Technology Planning Component

Technology Planning Section	\$1-2M	\$2 - 10 M		> \$10 M
		Routine upgrades & infrastructure	Business or organizational change	
Current Information Technology Environment		X	X	X
Proposed Solution Description	X	X	X	X
Capacity Planning	X	X	X	X
Analysis of Alternatives	X	X	X	X

A. Current Information Technology Environment

1. Current System

The Florida WIC Program is administered by the Bureau of WIC and Nutrition Services, Florida Department of Health (DOH), and is managed locally by 42 WIC local agencies, at about 222 sites, serving all 67 counties in Florida.

The WIC Data System is a centralized, real-time mainframe system, designed in 1990 and fully implemented in October 1992. The system runs on an IBM series 890 mainframe, using CICS for transaction processing, DB2 for database management, and COBOL as the application programming language. The user interface is character-based and accessed via a 3270 terminal emulation package, running on desktop computers, connected to the mainframe via the DOH network. The system is hosted by the Florida Department of Children and Families (DCF) at the Northwood Data Center. In June 2009, there were more than 1,400 users accessing the WIC Data System.

2. Strategic Information Technology Direction

The strategic information technology direction of the DOH is summarized below:

- Develop and implement open architecture systems
- Replace or re-platform legacy mainframe applications
- Link with third party systems and resources
- Exploit ETL (Extract, Transform, and Load) and Electronic Data Interchange (EDI) strategies
- Use DOH integration protocols
- Integrate with Enterprise Information Technology Services (EITS) initiatives
- Integrate with other enterprise information systems
- Develop Service Oriented Architecture

- Be HIPAA (Health Insurance Portability and Accountability Act) and regulatory compliant
- Employ centralized database management, eliminate data silos

3. Information Technology Standards

The key information technology standards of the DOH are listed below:

- Microsoft Network Architecture
- Microsoft .Net Framework
- Open Architecture
- Web-based
- Iterative development methodologies
- Maximum use of Prototyping and Early Defect Detection (EDD) strategies

B. Proposed Solution Description

The vision for the proposed WIC Data System is to provide Florida WIC with a modern technology platform that will:

- Improve the operational efficiency of the program
- Serve the expected increases in participants
- Provide a cost-effective foundation for the development of WIC Electronic Benefits Transfer (EBT)

1. Business Requirements Summary

This topic was previously discussed in Section II-C., Proposed Business Process Requirements.

2. Technical Requirements

The following are the major technical requirements for the proposed WIC Data System developed from the Florida WIC requirements analysis:

- Commercially developed, web-based system transferred from another state WIC agency using either a MS SQL Server or Oracle database.
- Meets or exceeds applicable DOH IT standards for hardware, software, connectivity, security, and accessibility; e.g., ADA compliant.
- Uses existing DOH desktop computers and printers.

- Uses the existing DOH network.
- Easily modified to meet needed requirements, including system interfaces.
- Provides secure digitization of paper documents and signatures.
- Provides local data store (clinic and/or local agency) capability for disaster recovery.

a. Summary description

1. System type: commercially developed, web-based, transferred from another state WIC agency, using either a MS SQL Server or Oracle database.
2. Connectivity: hosted at a State Data Center; e.g., Northwood, users will access the system via the DOH intranet and/or extranet network.
3. Security: meets or exceeds DOH standards
4. Development approach: system will be modified by the system contractor to Florida-specific requirements
5. Interfaces: one new interface will be added and one will be rewritten:
 - i. Ability to query Florida Medicaid Management Information System (FMMIS) at the Agency for Health Care Administration (AHCA) for determination of participant income eligibility,
 - ii. the current interface to the FLORIDA system will be rewritten to operate with the proposed system.
6. Maturity, life expectancy: the technology will be web-based, using a relational database. Life expectancy is 10 – 15 years, depending on federal program requirement and technology changes.
7. Software maintenance: maintenance and enhancement past the warranty period will be provided by the system contractor.

b. Resource and summary level funding requirements

1. The anticipated server configuration is described in the table below.

Environment Type	Server Type	Quantity	Replacement Cycle
Production	Application	1	6 years
	Database	1	
Development	Application	1	
	Database	1	
Test	Application	1	
	Database	1	
Reports/Training	Application	1	
	Database	1	
Disaster Recovery	Application	1	
	Database	1	

2. The anticipated staffing requirements involve technical support which will be provided by DOH contract staff hired by Florida WIC:

- Database Administrator
- System Support Technician

The system contractor will provide second-level support to these staff as well as the State Office WIC Help Desk.

3. The anticipated total operating costs post-implementation are:

State Fiscal Year (SFY)	Operating Costs
2013	\$1,211,447
2014	\$985,813
2015	\$985,813

Note: due to the planned completion of the project August 3, 2012, the SFY 2013 figure includes one month of operating expense for the current WIC Data System and eleven months operating expense under the proposed WIC Data System. For details see Section VI-D, Project Budget.

c. Ability to meet performance requirements

1. Availability - the proposed WIC Data System shall minimally be available during WIC program operation hours. The WIC Data System is currently available:

- 7:00 AM to 8:00 PM (EST), Monday – Thursday,
- 7:00 AM to 7:00 PM (EST) Friday, and
- Saturday 8:00 AM to 5:00 PM (EST).

Any batch or period ending processes must be run as needed without impacting the availability of the system or user response time.

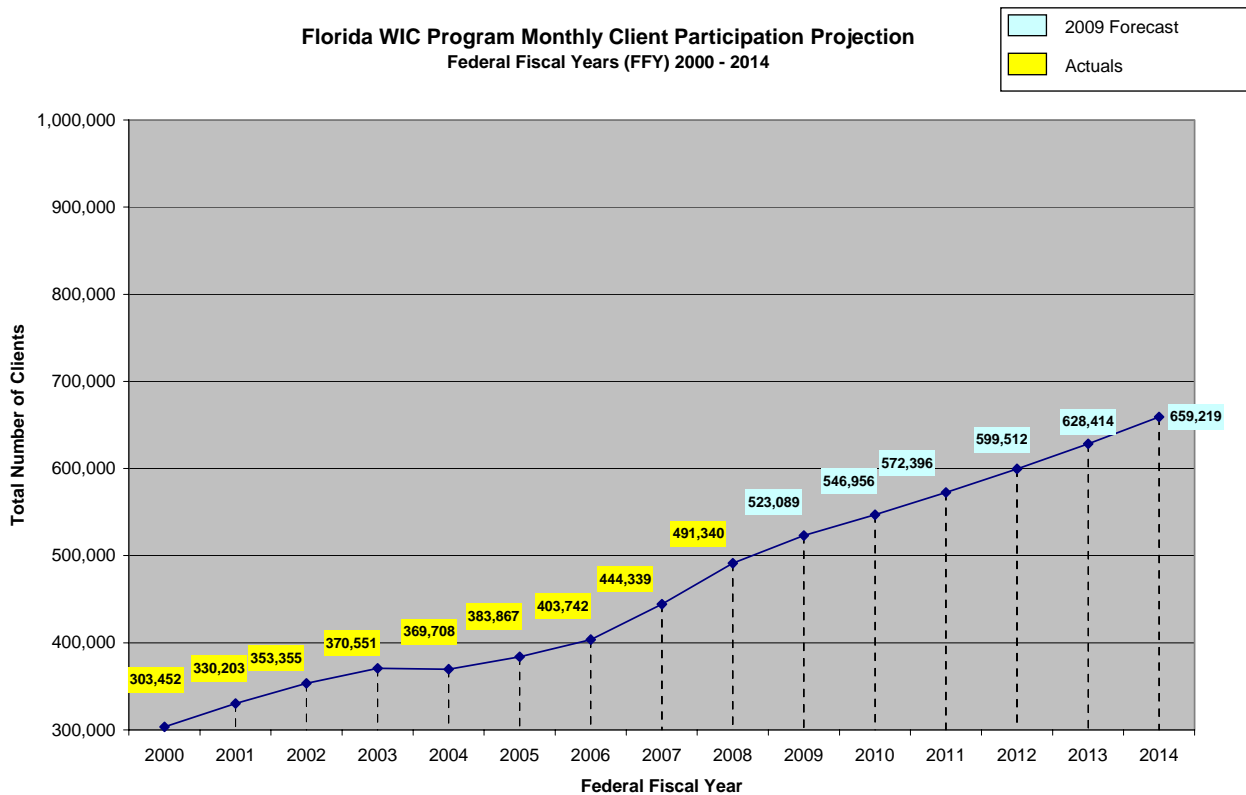
2. Capacity - this topic will be discussed in Section V-C, Capacity Planning.
3. Reliability - The proposed WIC Data System shall be tested to ensure it meets all reliability requirements.
4. Backup and Operational Recovery - Business continuity and disaster recovery: will be provided through a duplicate production environment at the designated disaster recovery site.
5. Scalability - The proposed WIC Data System shall be scalable to meet the demands for volume of service. This topic will be discussed in Section V-C., Capacity Planning.

The proposed WIC Data System will be more fully defined once a system contractor is selected through the State of Florida competitive bid process. Florida WIC expects to sign a contract with the selected system contractor in April 2010.

C. Capacity Planning

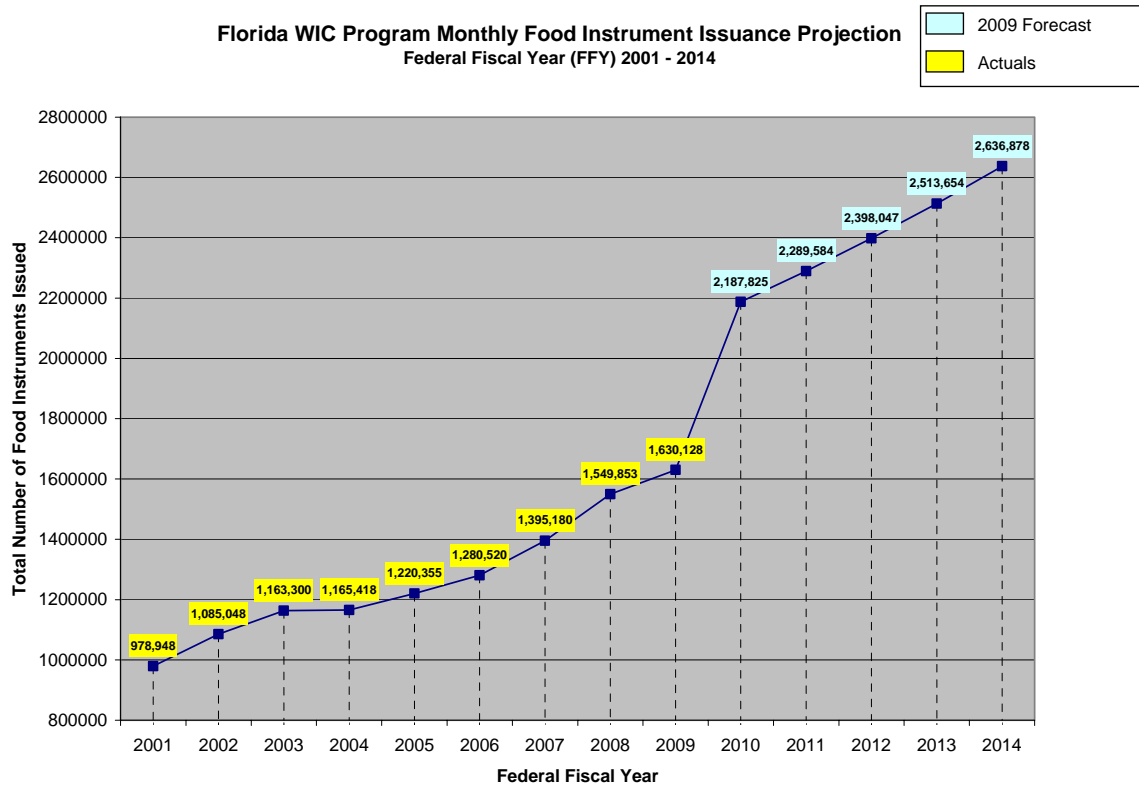
The proposed WIC Data System must have the capacity to support the anticipated number of participants, food instruments issued, staff, and users. Following are the projections for these items from Federal Fiscal Year (FFY) 2008 through 2014.

Participants



The above chart illustrates the projected growth of participants in the Florida WIC program from FFY 2009 through FFY 2014. Historical data from FFY 2001 to date in 2009 were used to project the monthly client participation, which assumes that the current double digit rate of growth will slow by about half as the economy improves. The number of participants is expected to exceed 599,000 in Federal Fiscal Year (FFY) 2012, the year in which the proposed data system will be rolled out.

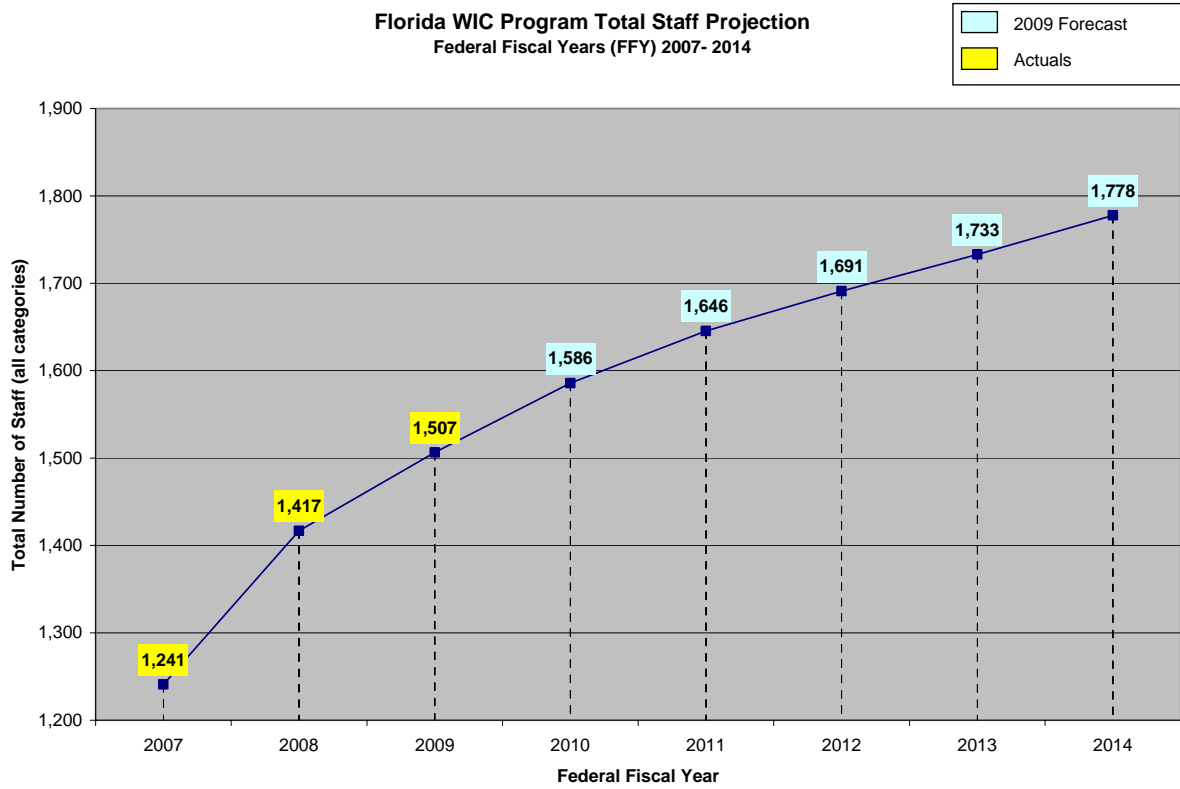
Food Instruments Issued



The above chart illustrates the projected growth of food instruments issued to Florida WIC participants from FFY 2010 through FFY 2014. Starting in FFY 2010, the average issuance of food instruments is expected to increase from 2.7 to four instruments per participant due to the new USDA/FNS food package changes which take affect on October 1, 2009 (FFY 2010)¹⁰. The number of monthly food instruments issued is expected to exceed 2.39 million in Federal Fiscal Year (FFY) 2012.

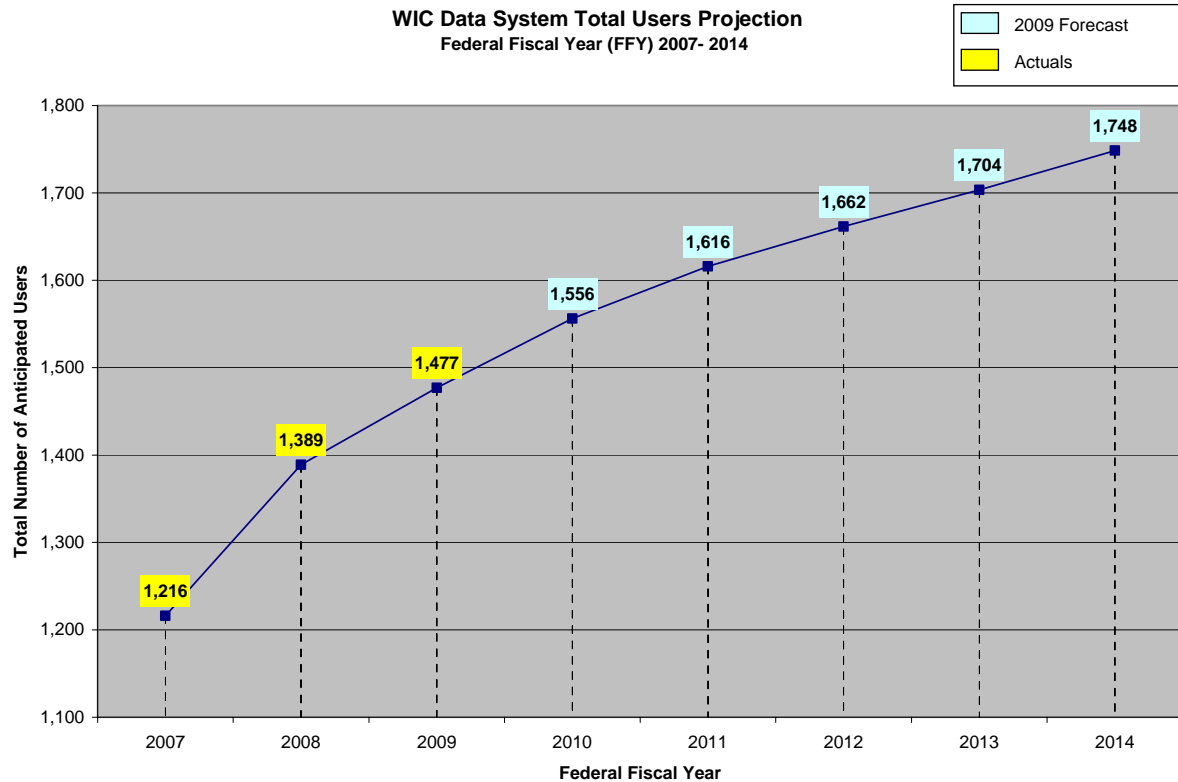
¹⁰ These food package changes include the addition of fresh fruits and vegetables and whole grains which expands the number food package items, requiring more checks.

Staff



The above chart illustrates the projected growth of staff in the Florida WIC program from FFY 2010 through FFY 2014. WIC staffing guidelines were applied to the projected client participation numbers to project the annual total number of staff. The number of staff is expected to reach 1,691 in 2012.

Users



The above chart illustrates the projected growth of users of the WIC Data System from FFY 2010 through FFY 2014. The historical ratio of users to staff was used to project the total numbers. The number of WIC Data System users is expected to reach 1,662 in FFY 2012.

The above projections provide basic requirements for configuring and sizing the proposed WIC Data System.

The proposed environment and server configuration for the proposed WIC Data System was based on DOH IT best practice and requirements, and the experience of other state WIC agencies using modern WIC data systems. The environment and server configuration was used to develop our hardware, operational, and support cost estimates for the Project Budget.

The storage required for the current WIC Data System database is about 120 GB. While this number refers to mainframe storage, DOH IT database administrators estimate server storage at 160 GB. While the growth in participants and food instruments issued over the next five federal fiscal years will be about 32%, these are not the only factors to affect storage requirements. The proposed system will bring expanded functionality, automation, digitization, other electronic data collection, and data store consolidation. Based on these additional storage needs, the total storage is expected to grow to about 600GB. The proposed WIC Data System will use the storage area network (SAN) which will enable the easy addition of needed storage.

Based on the experience of other state WIC agencies, we understand that the proposed WIC Data System will not require a change in the current desktop computer capacity of the Florida WIC local agencies or State Office. Moreover, these assets are in a cycle of ongoing technology refresh and when Rollout Phase of the proposed system starts in December 2011, about half of the desktop computers used will be less than 2 years old. We also understand from other state WIC agencies and the DOH IT that the network impact will remain the same as it is today.

D. Analysis of Alternatives

The analysis of alternatives is presented in Section II-C.2, Business Solution Alternatives.

VI. Project Management Planning Component

Project Management Section	\$1-2M	\$2 - 10 M		> \$10 M
		Routine upgrades & infrastructure	Business or organizational change	
Project Charter	X	X	X	X
Work Breakdown Structure	X	X	X	X
Project Schedule	X	X	X	X
Project Budget	X	X	X	X
Project Organization			X	X
Project Quality Control			X	X
External Project Oversight			X	X
Risk Management			X	X
Organizational Change Management			X	X
Project Communication			X	X
Special Authorization Requirements			X	X

A. Project Charter



D - ProjectCharter_WIC I

Attachment D

B. Work Breakdown Structure



E - WBS_Proposed Schedule_20090827a

Attachment E



E.1 - PERT_Proposed Schedule_20090827a

Attachment E.1

C. Resource Loaded Project Schedule



F - Proposed Schedule_20090827a

Attachment F



G - ProjectGantt_20090827a

Attachment G

The actual schedule for this proposed project will be a deliverable due from the system contractor which will be reviewed and managed by Florida WIC. Since the system contractor has yet to be selected, the project schedule attached here is a representation based on the actual schedules used by two other state WIC agencies in their recent system implementations.

D. Project Budget



H -
ProjectBudget_WIC

Attachment H

E. Project Organization



I -
ProjectOrgChart_WIC

Attachment I

F. Project Quality Control

Project Quality Control is part of the quality assurance requirements of the DOH IT Project Management Office (PMO). These requirements are consistent with the quality assurance processes and standards published by the Project Management Institute (PMI). Quality assurance plans are created during the Initiation, Planning and Design phase of the project and are updated throughout the project. Key project control processes will be implemented in the project to ensure both quality of the project process and end products.

Quality assurance of the project process will involve developing acceptance criteria, deliverable reviews, a formal change control process, contract management, and regular reporting. Regular meetings will involve the stakeholders, system contractor, DOH IT, DOH Governance Committee, and USDA/FNS. See Section VI-J., Project Communication.

Quality assurance of the end product will primarily involve software testing. All of the normal software testing will be done during the development process – unit, integration, and system tests, as well as user acceptance tests, and a pilot test prior to rollout. Florida WIC will also conduct tests of food instrument processing involving grocery stores and the bank vendor, as well as, stress, performance, and disaster recovery fail-over tests.

A project Business Analyst with expert testing skills will be hired to assist in the development of user test plans and manage the various software tests. Selected Florida WIC State and Local agency staff will conduct User Acceptance Testing. Florida WIC plans to purchase and install a testing tool to track all tests and test results.

Florida WIC will also require a System Readiness Certificate from the system contractor in order to proceed to the major phases of User Acceptance Testing, Pilot Testing, and Roll-Out.

G. External Project Oversight

The DOH IT PMO will provide formal oversight and monitoring of compliance with

prescribed project management practices over the life of the project. The WIC Project Manager (PM) will request formal project reviews as part of standard quality assurance procedures for this proposed project. The DOH IT PMO will report the status of the project to the DOH Tier 3 Governance Committee.

H. Risk Management

The WIC Project Manager (PM) will implement formal Risk and Issue Management controls in accordance with the DOH IT PMO requirements and PMI standards.



J -

Risk&Mitigation_WIC

Attachment J

I. Organizational Change Management

The WIC Data System – Implementation Phase project will require users to learn a new system and more than likely change the way they perform their work. Indeed the tangible benefits of the project depend on the ability of Florida WIC to successfully introduce process changes. An organizational change management plan is a key enabler for developing change management strategies. This plan will be developed by the WIC project management team during the initiation phase of this proposed project.

J. Project Communication



K-

CommunicationPlan_V

Attachment K

K. Special Authorization Requirements

The USDA/FNS and the DOH IT PMO will be the primary over-sight authorities for the WIC Data System Project – Implementation Phase.

The USDA/FNS reviews and approves the system contract and has the option to review project deliverables over the life of the project. The USDA/FNS will also require Florida WIC to prepare an annual project status report in the form of an Advanced Planning Document Update (APDU).

Attached below is the May 2008 approval letter from USDA/FNS for Florida WIC to transfer and modify an existing WIC data system.



IAPD FL SSN for WIC
Data Sys Dev Project

Attachment L

VII. Appendix of Attachments

The attachments in the preceding text are listed below.

- A. Current Business Process Review**
- B. CBA Forms, B.1 Cost Benefit Notes**
- C. Risk Assessment Tool**
- D. Project Charter**
- E. Work Breakdown Structure, E.1 PERT Chart**
- F. Project Schedule**
- G. Project Gantt Chart**
- H. Project Budget**
- I. Project Organization**
- J. Risk Management**
- K. Project Communication**
- L. USDA/FNS IAPD Approval May 2008**



WIC Data System – Implementation Phase

State of Florida

Bureau of WIC & Nutrition Services

Current Business Process Review

Trademarks

Trademarked names may appear throughout this document. Rather than list the names and entities that own the trademarks or insert a trademark symbol with each mention of the trademarked name, the names are used only for editorial purposes and to the benefit of the trademark owner with no intention of infringing upon that trademark.

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Revision History

Date	Version	Revised By	Description
08/29/07	1.0	Sharlene Turner, Rosy Ye Wu	Original version text, diagrams, diagram key
09/05/07	1.1	Sharlene Turner	Added cover sheet, revision history, table of contents, acceptance page
09/19/07	1.2	Philip Kidder	Changes from Debbie Eibeck's review
10/03/07	1.3	Sharlene Turner	Changes from Philip Kidder's review, revisions for business participant list and interfaces
09/14/08	1.4	Philip Kidder	Updated footer for SFY 2009-10 IV-B
09/09/09	1.5	Philip Kidder	Updated footer for SFY 2010-11 IV-B

Table of Contents

1. Purpose of Document.....	4
2. Diagram Key	5
3. Business Process Participant Definition.....	8
4. Appointment Scheduling	11
5. Certification Process	13
6. Food Issuance.....	16
7. Nutrition Education & Surveillance.....	19
8. Food Redemption and Reconciliation	25
9. Vendor Management.....	28
10. Participation Management	34
11. Fiscal Management.....	37
12. Quality Assurance	44
13. Inventory Management.....	47
14. System Administration.....	50
15. Management Reporting.....	52
16. Customer Service	54

1. Purpose of Document

In August 2007, Florida WIC completed a review of its current business processes in order to provide a foundation from which to plan process improvements and adapt functionality from its proposed new WIC data system. This document also satisfies the requirement to include a Baseline Analysis in the Schedule IV-B document submitted to the Technology Review Workgroup in support of the proposed WIC Data System - Implementation Phase project.

The data for this analysis were gathered from interviews with Florida WIC state office and local agency subject matter experts. The interviews were conducted and compiled by the WIC Data System – Planning Phase business analysts. Based on the interviews, the business analysts also drew process maps and validated these diagrams with the subject matter experts.

The analysis covers the 13 Florida WIC process areas:

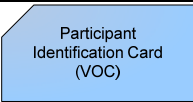
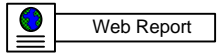

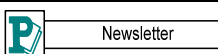

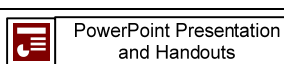
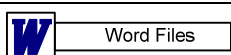

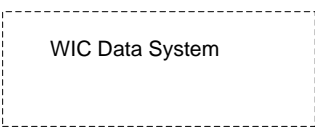

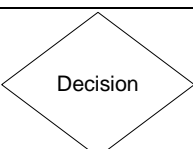

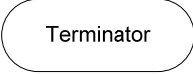

- Appointment Scheduling,
- Certification,
- Food Issuance,
- Nutrition Education & Surveillance,
- Food Redemption & Reconciliation,
- Vendor Management,
- Participation Management,
- Fiscal Management,
- Quality Assurance,
- Inventory Management,
- Management Reporting,
- System Administration, and
- Customer Service.


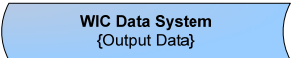
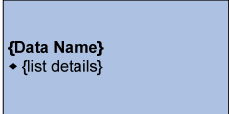

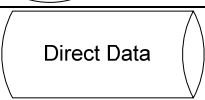
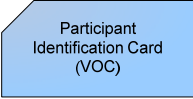
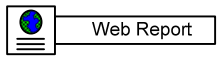
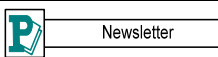
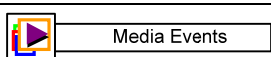

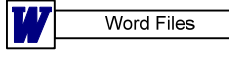

In the following sections, each process area is described in terms of inputs, process steps, and outputs, including business process interfaces and participants. Each description is followed by a process map.

2. Diagram Key

The symbols used in the process maps are listed in the table below.

Symbol	Description
Actors	
	System actor or the name of the participant
Level	
	Business processes conducted on the State Office level
	Business processes conducted on the Local Agency level
	Financial Institution (External)
Color Code	
	Color code indicates "within the WIC Data System boundary"
	Color code indicates "not within the WIC Data System boundary"
Inputs	
	WIC Data System and data inputs
	Data name in detail
	Document, report or form
	Manual input
	Direct data

Symbol	Description
	Participant identification card (VOC)
	Web or intranet report
	MS Excel Spreadsheet
	Newsletters
	Media events
	PowerPoint presentation and handouts
	MS Word files
Processing	
	Business process name
	WIC Data System boundary
	Current business process name
	Business process decision
Outputs	
	State Office or Local Agency intangible WIC solution
	Business process terminator
	Compact Disc

Symbol	Description
 <p>Predefined Process</p>	Predefined business process
 <p>WIC Data System {Output Data}</p>	WIC Data System and data outputs
 <p>{Data Name} • {list details}</p>	Data name details
 <p>Document</p>	Document, report, or form
 <p>Direct Data</p>	Direct data
 <p>Participant Identification Card (VOC)</p>	Participant identification card (VOC)
 <p>Web Report</p>	Web or intranet report
 <p>Newsletter</p>	Newsletters
 <p>Media Events</p>	Media events
 <p>PowerPoint Presentation and Handouts</p>	PowerPoint presentation and handouts
 <p>Word Files</p>	MS Word files
 <p>Excel Spreadsheet</p>	MS Excel spreadsheet

3. Business Process Participant Definition

Administrative Worker (LA) – Local Agency staff who perform administrative and clerical tasks.

Applicant – pregnant women, breastfeeding women, postpartum women, infants, and children who are applying to receive WIC benefits, and the breastfed infants of applicant breastfeeding women. Applicants include individuals who are currently participating in the program but are reapplying because their certification period is about to expire.

Appointment System Manager (SO) – State Office staff or managers responsible for maintenance of the Appointment module in the WIC Data System.

Appointment Calendar Manager (LA) – Local Agency staff or managers responsible for creating, and updating the Local Agency appointment calendar in the WIC Data System.

Authorized WIC Worker – any Local Agency or State Office staff or manager with registered access to the WIC Data System.

Breastfeeding Peer Counselor – Local Agency staff who have breastfed their children and have been trained in breastfeeding techniques, special circumstances, and counseling, who function as breastfeeding role models, providing breastfeeding classes, counseling, and referrals to WIC clients.

Bureau of Budget Management (DOH) – the bureau in the Department of Health that coordinates and provides technical assistance and direction in planning and budgeting functions.

Business Manager County Health Department (CHD) – manager responsible for fiscal functions in the county health department.

Centers for Disease Control and Prevention (CDC) – a federal agency to promote health and quality of life by preventing and controlling disease, injury, and disability.

Check Processing – the business unit of the financial institution vendor that provides check processing services (currently Capital City Bank).

Client - certified applicants who are in active participation status.

Competent Professional Authority (CPA) – Local Agency staff or managers qualified to make decisions about eligibility and services.

Data Management Worker (SO) – State Office staff or a manager in the Data Management unit that supports WIC Data System users.

Service Agencies – include county health department (CHD) clinics, full service schools, HMOs, hospitals, churches, community centers, migrant camps, and public housing sites.

United States Department of Agriculture/Food & Nutrition Service (USDA/FNS) – the agency of the federal Department of Agriculture that administers the WIC program, providing cash grants for program nutrition services and administration and food benefits to WIC agencies in states, territories, and Indian tribal organizations.

Food Stamp Program (FSP) - The Food Stamp Program helps low-income people and families buy the food they need for good health. Benefits are provided on an electronic card that is used like an ATM card and accepted at most grocery stores.

Health Worker (LA) – a Local Agency Authorized WIC Worker who collects health information.

Infant Formula Manufacturer – a manufacturer of infant formula awarded via competitive bid contract the exclusive right to sell its product to Florida WIC participants. This sole-source contract is awarded on the basis of competitive bids: the firm offering the lowest net wholesale cost wins the Florida WIC contract. The contract-winning manufacturer is then billed by Florida WIC for rebates on all infant formula purchased by WIC participants with vouchers at authorized retail outlets. These rebates may then be applied to the food portion of the annual WIC grant, enabling more eligible persons to be served. The current infant formula vendor is Nestle (September 2007).

Nutrition Educator (LA) – a Local Agency nutrition expert, not licensed as a dietitian, who conducts individual and group nutrition education for low and high risk clients.

Nutrition Program Director/WIC Coordinator (LA) – a Local Agency manager responsible for the WIC program in her locale, typically a county.

Nutritionist (LA) – a Local Agency nutrition expert, licensed and registered as a dietitian, who conducts individual nutrition education for medically high risk clients.

Nutritionist (SO) – a State Office nutrition expert, licensed and registered as a dietitian, who conducts individual nutrition education for medically high risk clients.

Outreach Coordinator – State Office and Local Agency staff responsible for marketing, promotion, and public relations involving the WIC program and services. Example: develop and manage a campaign to recruit new program participants and improve participant and employee satisfaction with the program.

Program Review Specialist (SO) – State Office staff or managers in the Quality Assurance unit that provides program quality assurance.

Bureau of Revenue Management, Grant Unit (DOH) – the unit of the bureau in the Department of Health responsible for managing a variety of federal, state, local, and private foundation grants.

Security Officer (SO) – a State Office staff in the Data Management unit responsible in setting up user authorizations for the WIC Data System and WIC Online Reports

Vendor – a grocery retailer authorized by the WIC program to sell WIC foods and redeem WIC food benefits.

Vendor Manager (LA) – an Authorized WIC Worker who is specialized in vendor management in the local agency level

Vendor Specialist (SO) – an Authorized WIC Worker who is specialized in vendor management at the state office level.

Vendor Trainer (LA) – Local Agency staff or managers which deliver training to new and current food instrument vendors (grocery stores).

WIC Bureau Chief (SO) – State Office manager responsible for the overall operation and management of the Florida WIC program.

WIC Fiscal Management Worker (SO) – State Office staff or managers responsible for fiscal management functions.

4. Appointment Scheduling

a. Inputs

- WIC Data System
 - Master Calendar with Holidays

b. Processing

1. Maintain master calendar – The Appointment System Manager (SO) maintains the Master Calendar within the WIC Data System.
2. Allocate appointments per service – The Appointment Calendar Manager (LA) keeps track of the agency appointment information using the WIC Data System.
3. Request an Appointment –
 - a. The Client requests an appointment with the Authorized WIC Worker (LA),
 - b. The Authorized WIC Worker (LA) looks for an available time for the client,
 - i. If there is an open and convenient time slot for the client, schedule an appointment and enters the client appointments information into the WIC Data System,
 - ii. If there is not an open and convenient time slot for the client, the client can request another time for appointment scheduling.

c. Outputs

- WIC Data System
 - Master Calendar
 - Agency Appointments Information
 - Client Appointments Information

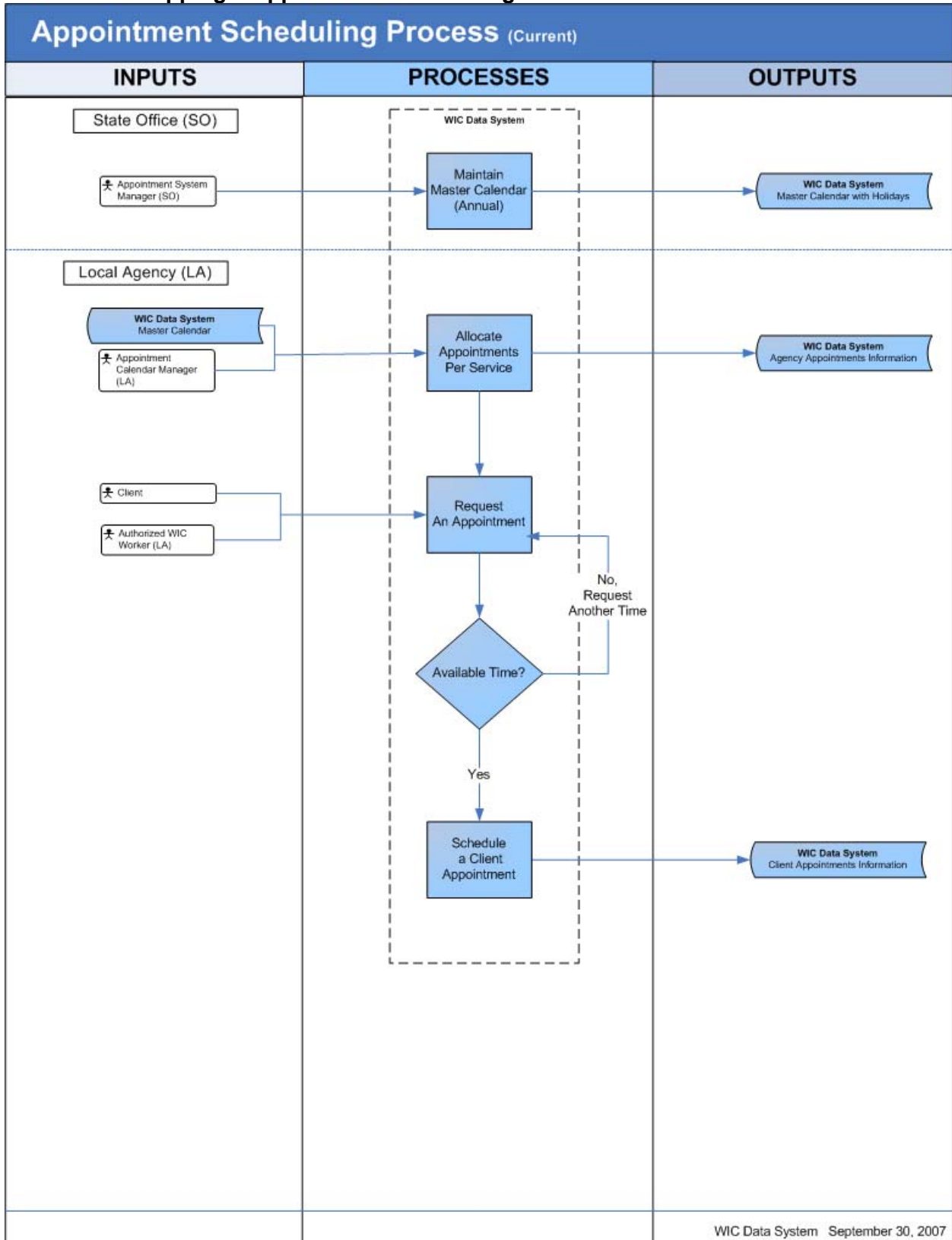
d. Business Process Interfaces

- Input from:
 - Re-Certification
 - Re-Issuance
 - Nutrition Education
- Output to:
 - Certification
 - Nutrition Education
 - Food Issuance

e. Business Process Participants

- Appointment System Manager (SO)
- Appointment Calendar Manager (LA)
- Client
- Authorized WIC Worker

f. Process Mapping – Appointment Scheduling Process



5. Certification Process

a. Inputs

- Adjunctive eligibility from FLORIDA (DCF)
- Medicaid eligibility from FMMIS (AHCA)
- Paper proof of income eligibility
- Medical referral form signed (Paper)
- Nutrition questionnaire (Paper)
- WIC Data System record – health data

b. Processing

1. Maintain basic information – The Authorized WIC Worker (LA) interviews the applicant to collect demographic information, which is entered into the WIC Data System. The applicant also has the option to fill out the Voter Preference Form to request a voter registration application.
2. Determine residence and income eligibility –
 - a. The Authorized WIC Worker (LA) enters the applicant eligibility information that includes: income, residency, identity, and physical presence.
 - b. If the applicant is not eligible, the applicant receives a Notification of Ineligibility.
3. Collect health data –
 - a. The health worker collects health data based upon the client type and enters this data into the WIC Data System.
 - b. The system produces growth charts.
4. Determine nutrition risk and assign food package –
 - a. The applicant fills out the Nutrition Questionnaire
 - b. The Nutritionist (LA) determines the nutrition risks and assigns a food package in the WIC Data System. The system prints out the Certification Worksheet that the client signs.

c. Outputs

- Voter Preference Form
- Notification of Ineligibility (Paper)
- Growth charts (MS Excel Spreadsheet)
- Certification worksheet (Paper)
 - Demographics
 - Income
 - Health data
- Participant identification card (VOC) for certified client
- WIC Data System
 - Client demographic information
 - Client eligibility data
 - Client health data

- Dietary/nutrition risk assessment

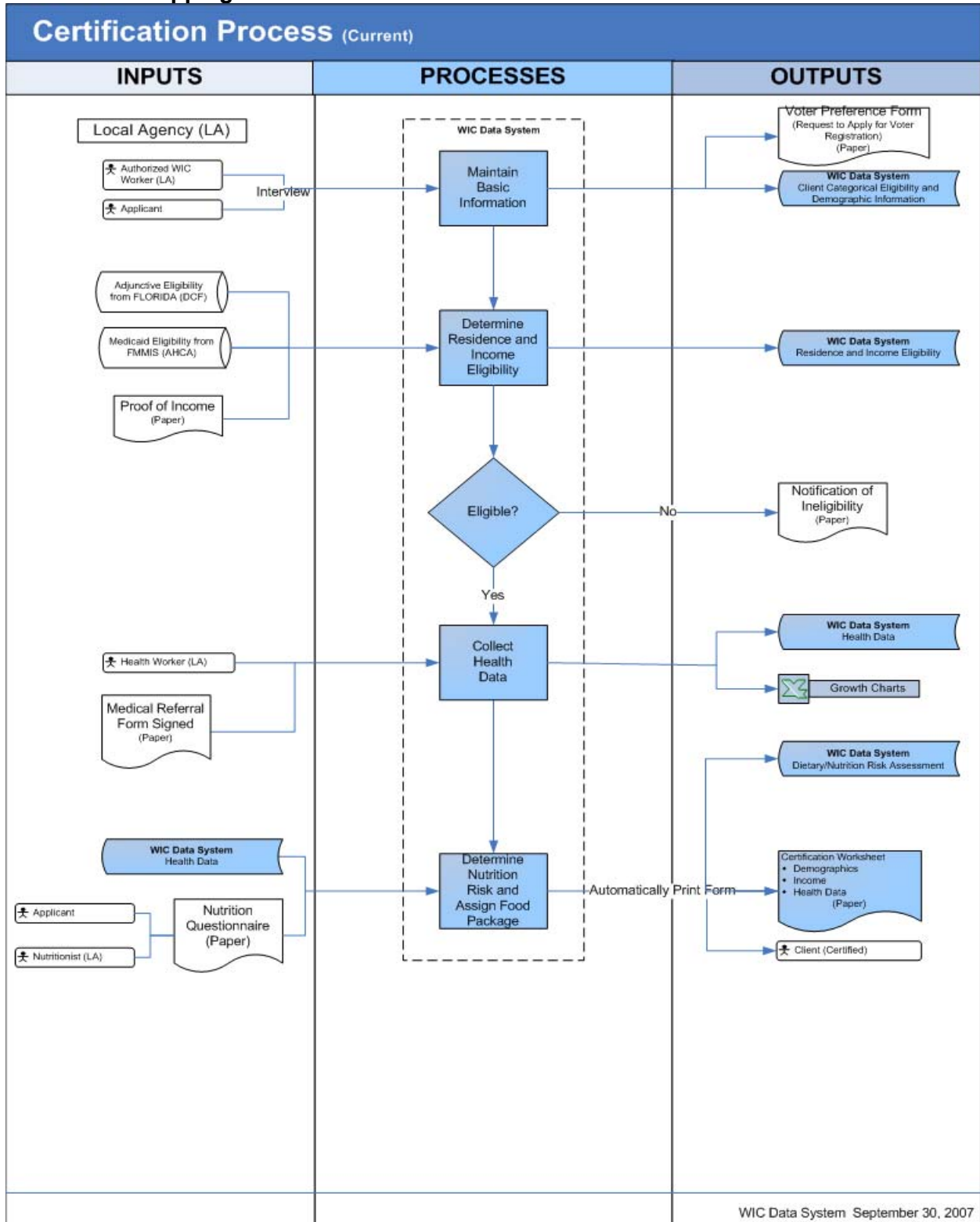
d. Business Process Interfaces

- Input from:
 - Appointment Scheduling
- Output to:
 - Nutrition Education
 - Food Issuance
- Automated Community Connection to Economic Self-Sufficiency (ACCESS Florida) – this system is linked with the WIC system enabling users to confirm applicant eligibility in Medicaid, Food Stamps, or Temporary Cash Assistance (TCA), and by extension, WIC income eligibility.
- Florida Medicaid Management Information System (FMMIS) – this system is used by State Office and Local Agency staff to obtain alternate confirmation of Medicaid eligibility, and by extension, WIC income eligibility.

e. Business Process Participants

- Authorized WIC Worker (LA)
- Applicant
- Health Worker (LA)
- Nutritionist (LA)

f. Process Mapping – Certification Process



6. Food Issuance

a. Inputs

- WIC Data System
 - Client ID
 - Client issuance period and status
 - Client food lock flag to determine whether to hold issuance

b. Processing

1. Maintain food package data – The Nutritionist (SO) maintains authorized food package data that is stored within the WIC Data System.
2. Maintain printer data – The Data Management Worker (SO) maintains the data of checks assigned to printer. The data is stored within the WIC Data System.
3. Receive Identification Card - The eligible applicant receives a participant identification card (VOC)
4. Confirm Issuance Eligibility – The Authorized WIC Worker (LA) confirms the issuance period and client status
 - a. If the issuance period is for a later date then an appointment is schedule for re-issuance.
5. Hold Issuance – The Authorized WIC Worker (LA) reviews the food lock if applicable.
6. Prints Food Instrument and Provide Formula – The Authorized WIC Worker (LA) prints the WIC check with the assigned food package for the client. The system records the client food instrument data and deducts the directly distributed formula (as applicable) from the inventory.

c. Outputs

- Participant identification card (VOC)
- WIC Checks (Paper)
- Inventory update
- WIC Data System
 - Authorized food package
 - Authorized printers
 - Client food instrument data
 - Special formula inventory data
- Cans of Formula

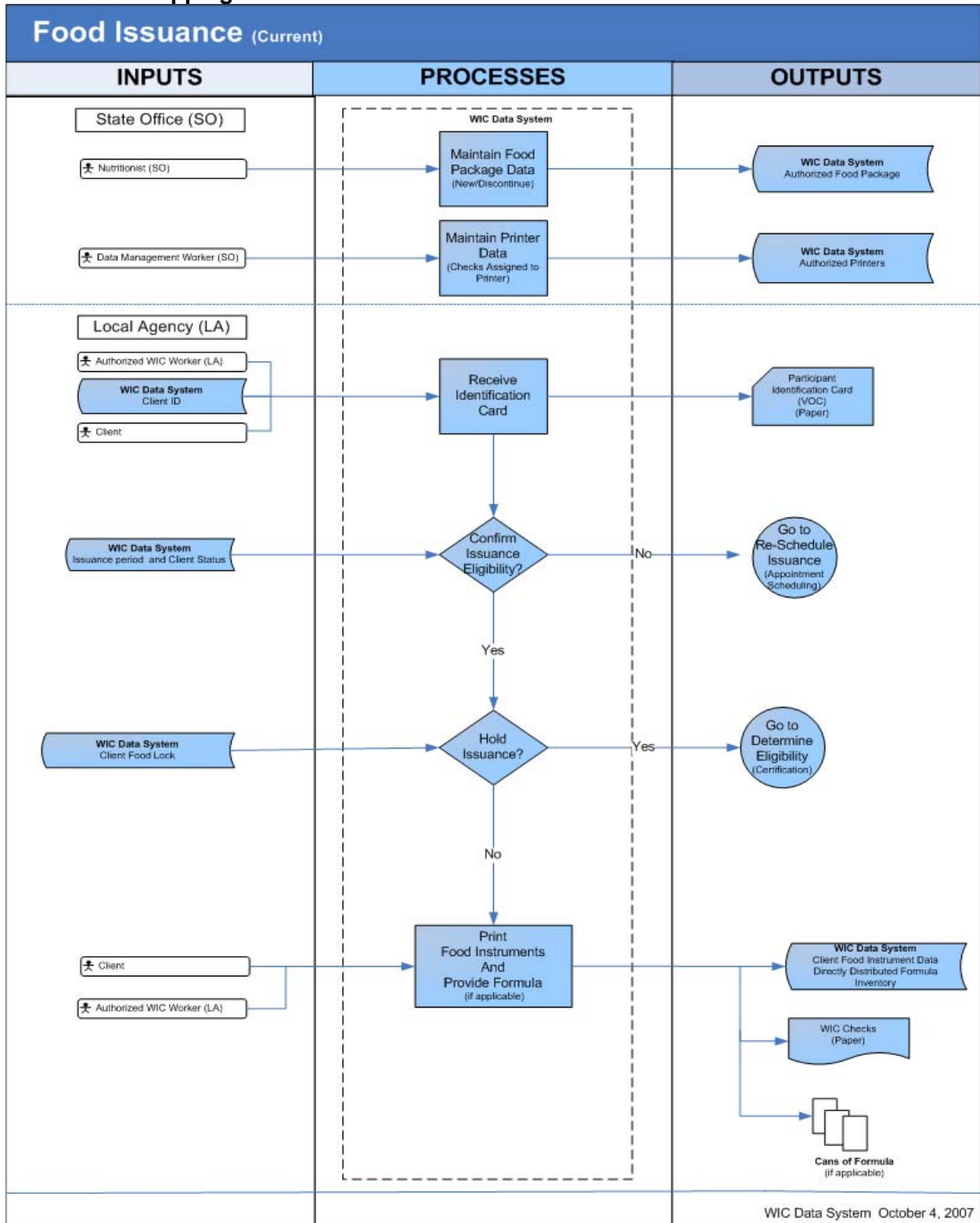
d. Business Process Interfaces

- Input from:
 - Certification
 - Nutrition Education
 - Appointment Scheduling
 - Inventory Management
- Output to:
 - Food Redemption and Reconciliation
 - Vendor Management

e. Business Process Participants

- Nutritionist (SO)
- Data Management Worker (SO)
- Authorized WIC Worker (LA)
- Client

f. Process Mapping – Food Issuance



7. Nutrition Education & Surveillance

The Nutrition Education & Surveillance process area consists of two process areas: Nutrition Education and Health Surveillance.

Nutrition Education & Surveillance - Nutrition Education

a. Inputs

- Client Records (Paper)
- Nutrition Survey

b. Processing

1. Conduct individual nutrition education:
 - For clients of low and high nutrition risk, the nutrition educators or nutritionist conduct the nutrition education. Nutrition Educator (LA) enters the client services into the WIC Data System.
 - For clients of medically high nutrition risk, only the nutritionist is allowed to conduct the nutrition education. Nutritionist (LA) enters the client services into the WIC Data System.
2. Manually document nutrition notes – The Nutritionist (LA) and Nutrition Educator (LA) document the individual nutrition education information in the Subjective Objective Assessment Plan (SOAP)
3. Manually track nutrition education contacts and topics covered. – The Nutrition Educator (LA) enters the client services into the WIC Data System.
4. Group nutrition education – The Nutrition Educator (LA) conducts group nutrition education for multiple clients and enters the client services into the WIC Data System.
5. Record and report lactation consultation – The Breastfeeding Peer Counselor (LA) documents the lactation consultation in the Client Records.

c. Outputs

- Client Records (Paper)
 - Nutrition questionnaire
 - Height, Weight, Hemoglobin
- Subjective Objective Assessment Plan (SOAP) (Paper)
- Participant Care Plan (Paper)
- WIC Data System – Client Nutrition Education Services

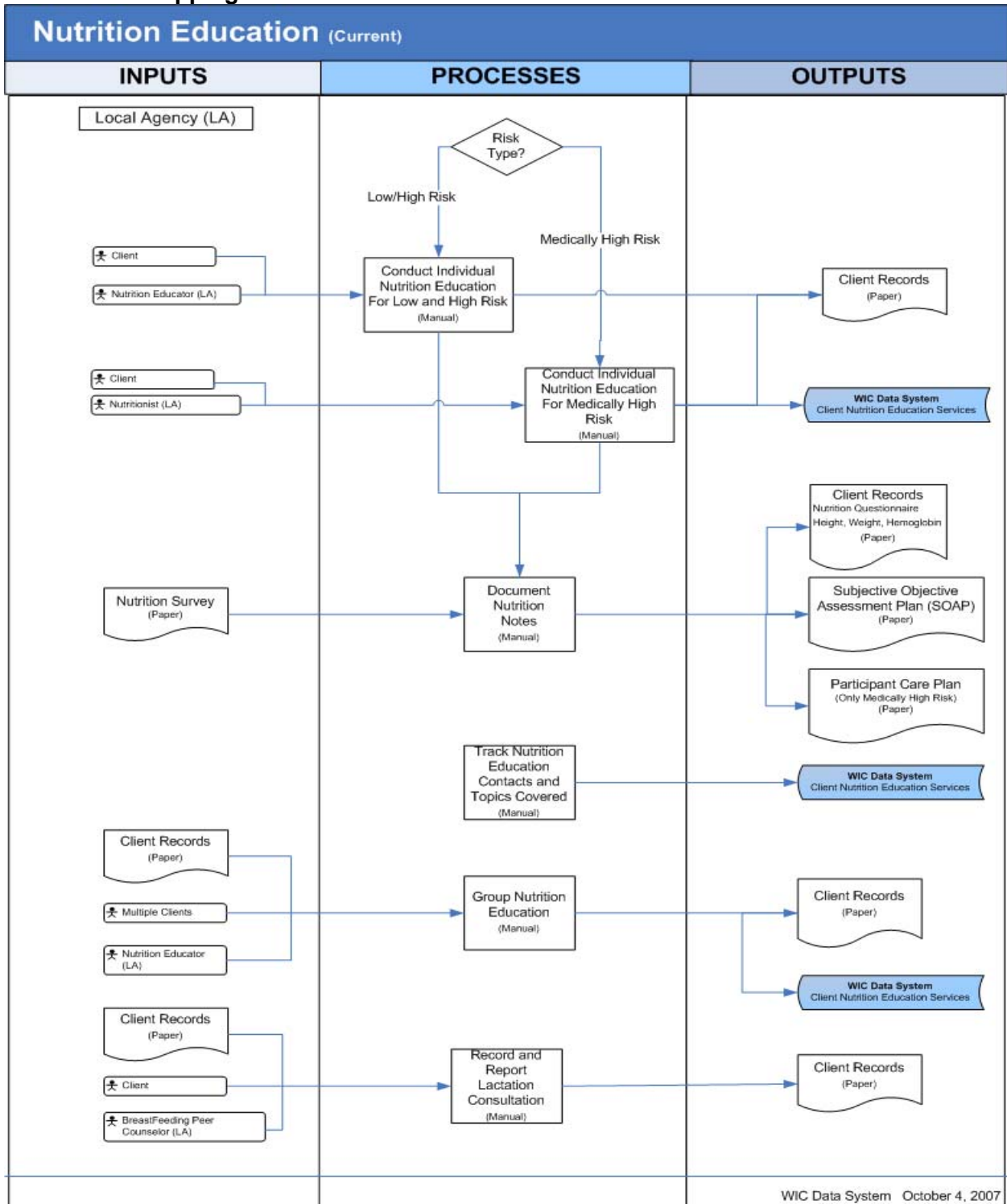
d. Business Process Interfaces

- Input from:
 - Certification
 - Appointment Scheduling
- Output to:
 - Food Issuance

e. Business Process Participants

- Client
- Nutrition Educator (LA)
- Nutritionist (LA)
- Breastfeeding Peer Counselor (LA)

f. Process Mapping – Nutrition Education



Nutrition Education & Surveillance - Health Surveillance

a. Inputs

- WIC Data System
 - Health data
 - Demographic data
 - Client certification data
- Online Health Reports
 - Enrollee List by Site, Client Type, and Age
 - Child BMI Percentile Summary
 - Missing Blood Work Enrollee List
 - Number of Weeks Breastfed (Infants/Children < 24 Months)
 - Duration of Breastfeeding
 - High-Risk Enrollees
 - Infants Currently Breastfed
 - Prenatal Entry by Week Gestation
 - Nutritional Risk Enrollment
 - Percent of Low Birth Weight Births among WIC clients

b. Processing

1. Generate participant characteristics data sets – A scheduled job creates the Participant Characteristics (PC) File from the client demographics, health and certification data in the WIC Data System. The PC File includes minimum participant characteristics and supplemental participant characteristics for United States Department of Agriculture/Food & Nutrition Service (USDA/FNS).
2. Generate Pediatric and Pregnancy Data Sets – A scheduled job creates the Pediatric Nutrition Surveillance System (PeDNSS) and Pregnancy Nutrition Surveillance System File (PNSS) file from the client demographics, health and certification data from the WIC Data System. These files are submitted to Centers for Disease Control and Prevention (CDC).
3. Generate Health Statistics - Annually Nutritionist (SO) manually generates health statistics from the WIC Online Health reports and exported to an MS excel spreadsheet – Eligibles and Weight percentiles per County, This MS excel spreadsheet is exported into CHARTS - Community Health Assessment Resource Tool Set (DOH).

c. Outputs

- Participant characteristics (PC) file
 - Minimum participant characteristics
 - Supplemental participant characteristics
- Pediatric Nutrition Surveillance System File (PeDNSS) file
- Pregnancy Nutrition Surveillance System File (PNSS) file
- CHARTS - Community Health Assessment Resource Tool Set (DOH)

d. Business Process Interfaces

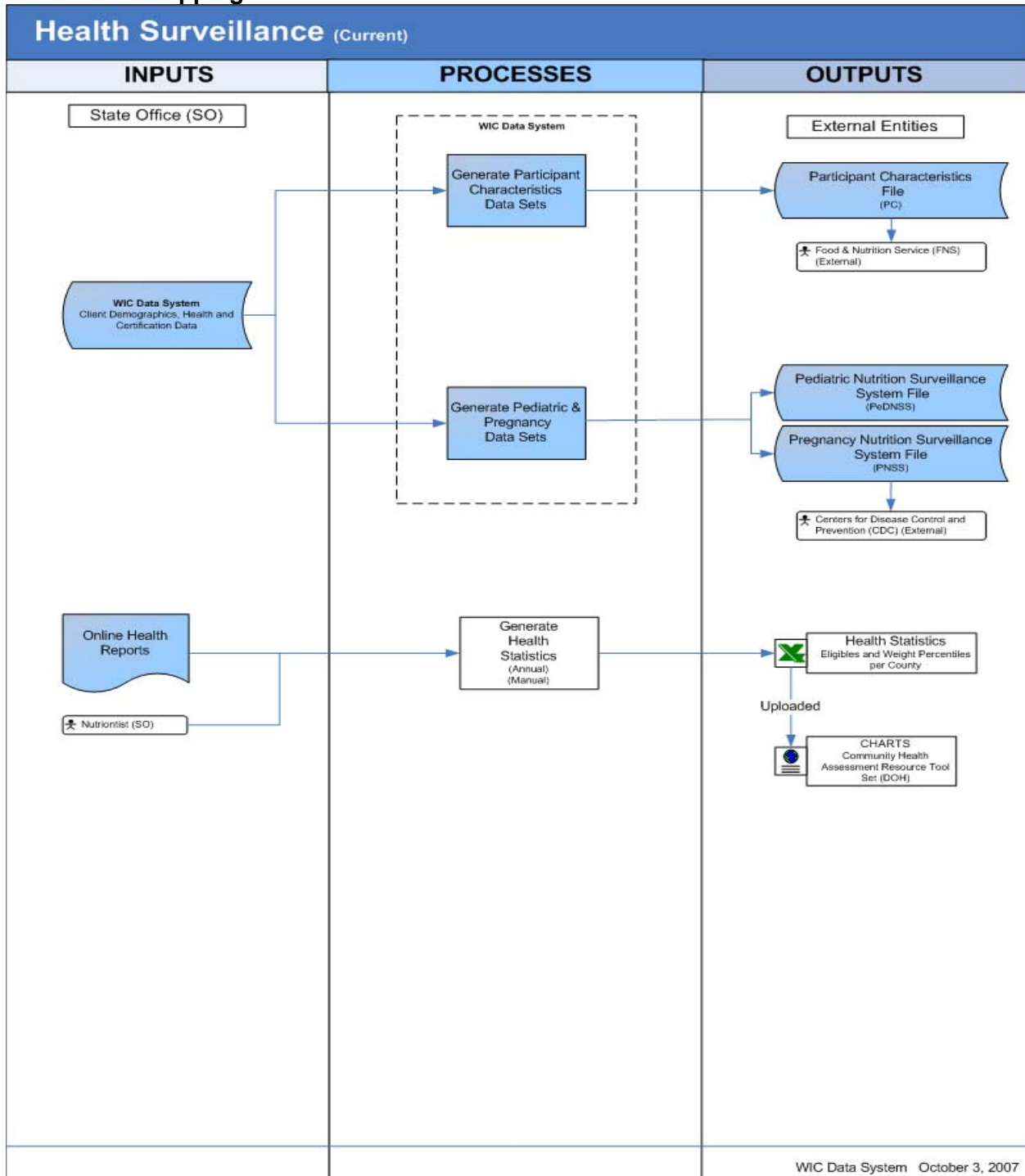
- Input from:

- Certification
- United States Department of Agriculture/Food & Nutrition Service (USDA/FNS) – receives a tape every two years of program participant characteristics data for analysis and reporting.
- Centers for Disease Control and Prevention (CDC) – receives a monthly transmission of pediatric and prenatal surveillance data for analysis and reporting.

e. Business Process Participants

- **Nutritionist (SO)**

f. Process Mapping – Health Surveillance



8. Food Redemption and Reconciliation

a. Inputs

- WIC Data System
 - Food Instrument Maximum Value List
 - Non issued redemption (Report)
 - Purged non issued redemptions (Report)
- Bank Transaction File

b. Processing

1. Maintain food instrument (FI) value – Authorized WIC Worker (SO) maintains food instrument (FI) value list and records the maximum values into the WIC Data System.
2. Compile file of transaction data – Financial Institution processes the WIC checks and creates the Bank Transaction File.
3. Perform edits and authorize vendor transaction – Financial Institution performs edits and authorizes vendor transaction with the Bank Transaction File and the maximum value list within the WIC Data System.
 - a. If the transaction is accepted, credit vendor account,
 - b. If the transaction is not accepted, debit vendor account,
4. Monthly reconcile food instruments – Scheduled job on the WIC Data System reconciles food instruments monthly with the Bank Transaction File. Generates the reconciliation reports for the redeemed food instruments (FI)
5. Monthly close out – Scheduled job on the WIC Data System performs close out monthly and records the data into the food instrument (FI) de-obligation records of the WIC Data System.
6. Manually reconcile outstanding food instruments – Local Agency (LA) reconciles outstanding food instruments (FI) manually with the non-issued redemptions and purged non-issued redemptions records and enters the food instrument (FI) data into the WIC Data System.

c. Outputs

- Images and daily list of cleared checks (Compact Disc)
- Bank Transaction File
- Invoice from Financial Institution
- WIC Data System
 - Food Instrument Maximum Value List Update
 - Food Instrument Redeemed Record
 - Reconciliation Reports
 - i. Bank Transaction Listing (WIC 29L 1-2)
 - ii. Check Reconciliation (WIC 30L 1-2)
 - iii. Exception Report (Voids and Totals) (WIC 40L 1-3)
 - Food Instrument De-Obligations Record
 - Food Instrument Redemption Value List
-

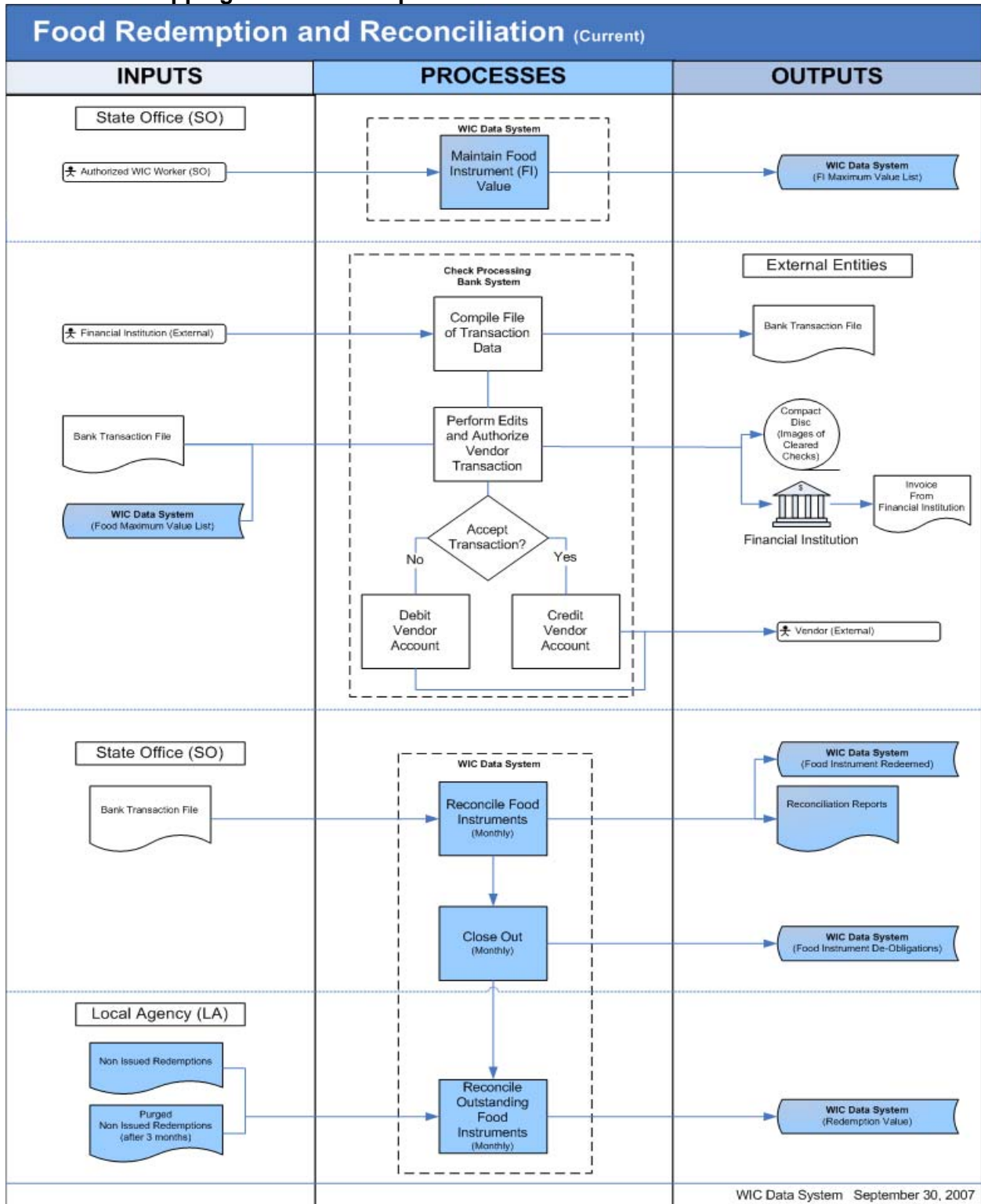
d. Business Process Interfaces

- Input from:
 - Food Issuance
 - Vendor Management
- Output to:
 - Vendor Management
- Financial Institution (Capital City Bank)

e. Business Process Participants

- Authorized WIC Worker (SO)
- Financial Institution (External)
- Vendor (External)

f. Process Mapping – Food Redemption and Reconciliation



9. Vendor Management

The Vendor Management process area consists of two processes: Vendor Authorization and Training, and Vendor Compliance.

Vendor Management - Vendor Authorization and Training

a. Inputs

- Vendor Application Form (Paper)
- Vendor Food Price List (Paper)
- The training materials that Vendor Specialists (SO) prepared including:
 - Vendor training PowerPoint presentations & handouts
 - Vendor Training Newsletters
- Vendor Training Outline Signed (Paper)

b. Processing

1. Manually collect and submit vendor application – Vendor (External) manually collects and submits the vendor application form and vendor food price list to the State Office (SO). The application information is manually recorded in the Vendor Application Log, the Vendor Master and Archive List (MS Excel Spreadsheet), The Integrity Profile (TIP) (MS Excel Spreadsheet), Vendor Food Price List (MS Excel Spreadsheet) and the Vendor File Folder (Paper).
2. Maintain authorized vendor –Vendor Specialist (SO) maintains the authorized vendor master data that is stored with in the WIC Data System.
3. Plan training – Vendor Specialist (SO) manually creates the plans the training materials such as presentations, handouts, and newsletters.
4. Provide training – Vendor Trainer (LA) provides training sessions and manually records attendance on the Vendor Training Outline (Paper) and submits to the State Office.
5. Track training – Vendor Specialist (SO) manually tracks training activities and records the information into the Vendor Application Log (MS Excel Spreadsheet), the Vendor Training Log (MS Excel Spreadsheet), and the Integrity Profile (TIP) (MS Excel Spreadsheet).
6. Produce correspondence to vendors – The State Office mails general correspondence such as answering general requests and compliance notifications to the vendor. The Vendor Specialist (SO) manually tracks this corresponds in the Vendor File Folder (paper).

c. Outputs

- Vendor Application Log (MS Excel spreadsheet) - the vendor application information
- Vendor Master List (MS Excel spreadsheet) - basic correspondence information of the WIC vendors

- Vendor Archive List (MS Excel spreadsheet) – historical information of the WIC vendors
- The Integrity Profile (TIP) (MS Excel spreadsheet)
- Vendor File Folder (Paper)
- The training materials that Vendor Specialists (SO) prepared including:
 - Vendor training PowerPoint presentations & handouts
 - Vendor Training Newsletters
- Vendor Training Log (MS Excel spreadsheet) - training activities tracking information
- General correspondence letters and notifications (Paper)
- WIC Data System – Vendor Master Data

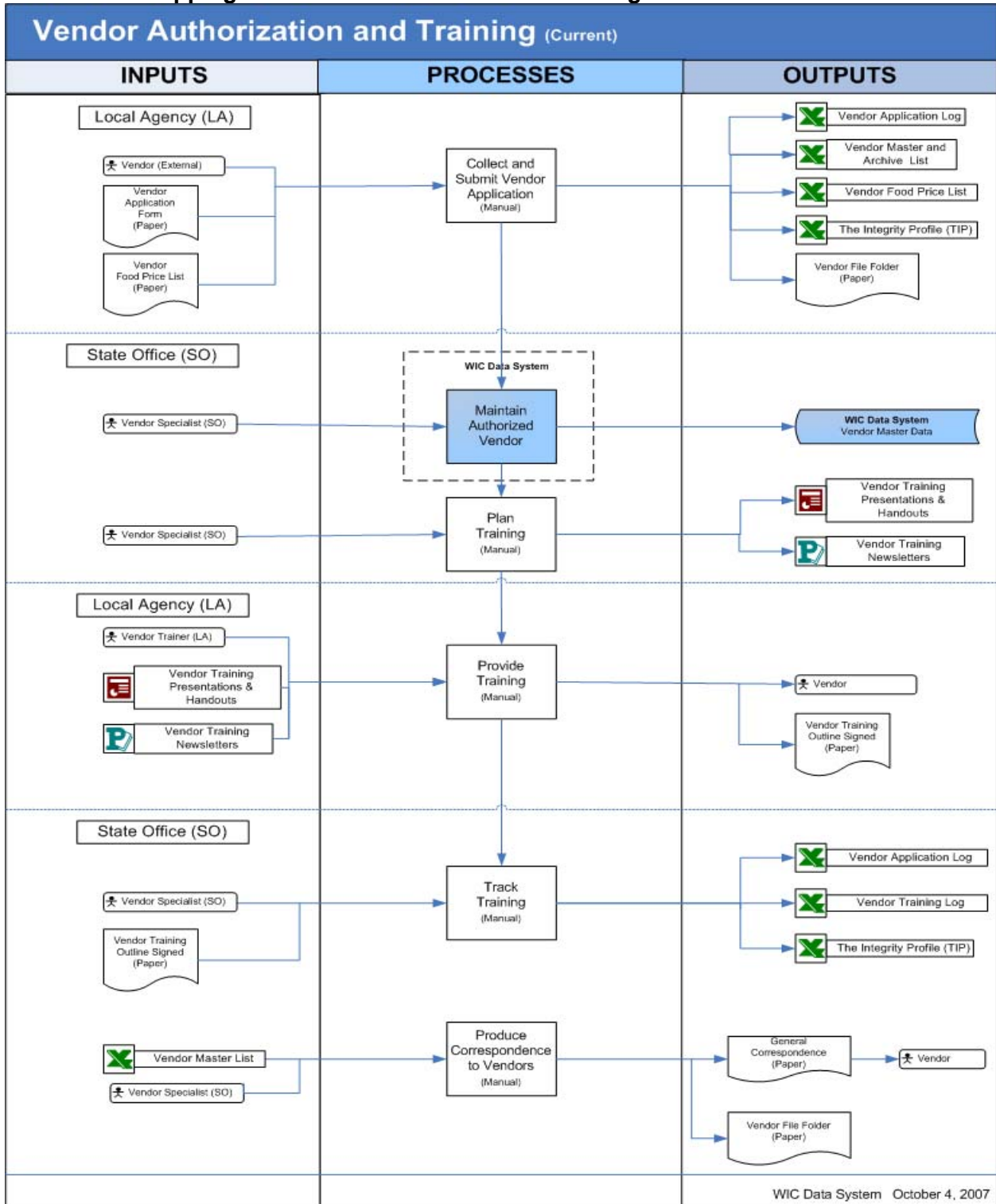
d. Business Process Interfaces

- Output to:
 - Food Redemption and Reconciliation

e. Business Process Participants

- Vendor (External)
- Vendor Specialist (SO)
- Vendor Trainer (LA)

f. Process Mapping - Vendor Authorization and Training



Vendor Management - Vendor Compliance

a. Inputs

- Vendor Activity Monitoring Profile (VAMP) System records
- The Integrity Profile (TIP) (MS Excel Spreadsheet)
- Vendor Compliance Review Form (Paper)
- Identified Violative Vendors from FSP (Paper)

b. Processing

1. Routine Monitoring –Vendor Manager (LA) monitors vendors and manually records into the Vendor Compliance Review Form (paper) and the Integrity Profile (TIP) (MS Excel spreadsheet).
2. Annually enter TIP information – Vendor Specialist (SO) manually enters vendor data such as training received, annual WIC redemptions and compliance (volume/participant) indicators into the United States Department of Agriculture/Food & Nutrition Service (USDA/FNS) website.
3. Perform high-risk vendor analysis – Vendor Specialist (SO) identifies high-risk vendors from the Vendor Activity Monitoring Profile (VAMP) System or Vendor Compliance Review Form
4. Perform compliance investigations – Vendor Specialist (SO) and the Vendor Manager (LA) tracks compliance and routine monitoring data, which is maintained in the WIC Data System.
5. Conduct inventory audits and/or compliance buys - Both Vendor Specialist (SO) and the Vendor Manager (LA) manually conduct an inventory audit and/or compliance buy. The Vendor Specialist (SO) manually enters the number of inventory audits and compliance buys into the Integrity Profile (TIP) (MS Excel Spreadsheet)
6. Manage vendor sanctions –Vendor Specialist (SO) and Nutrition Program Director/WIC Coordinator (LA) manually issues Charge Letters to the Vendor (External) and manually tracks the Audit Discrepancies (MS Excel Spreadsheet).
7. Manage vendor appeals – Vendor Specialist (SO) manually tracks vendor administrative hearings (MS Excel Spreadsheet).
8. Coordinate with Food Stamp Program (FSP) – Food Stamp Program (FSP) and the WIC program manually notify each other of any violative vendors, who are consequently disqualified by both programs.

c. Outputs

- Vendor Compliance Review Form (Paper)
- The Integrity Profile (TIP) (MS Excel Spreadsheet)
- United States Department of Agriculture/Food & Nutrition Service (USDA/FNS) Website – The Integrity Profile (TIP)
- High Risk Vendors Report from VAMP (Paper)
- Vendor File Folder Compliance Review Form (Paper)
- Charge Letters (MS Word)
- Audit Discrepancies (MS Excel Spreadsheet)
- Administrative Hearings Log (MS Excel Spreadsheet)

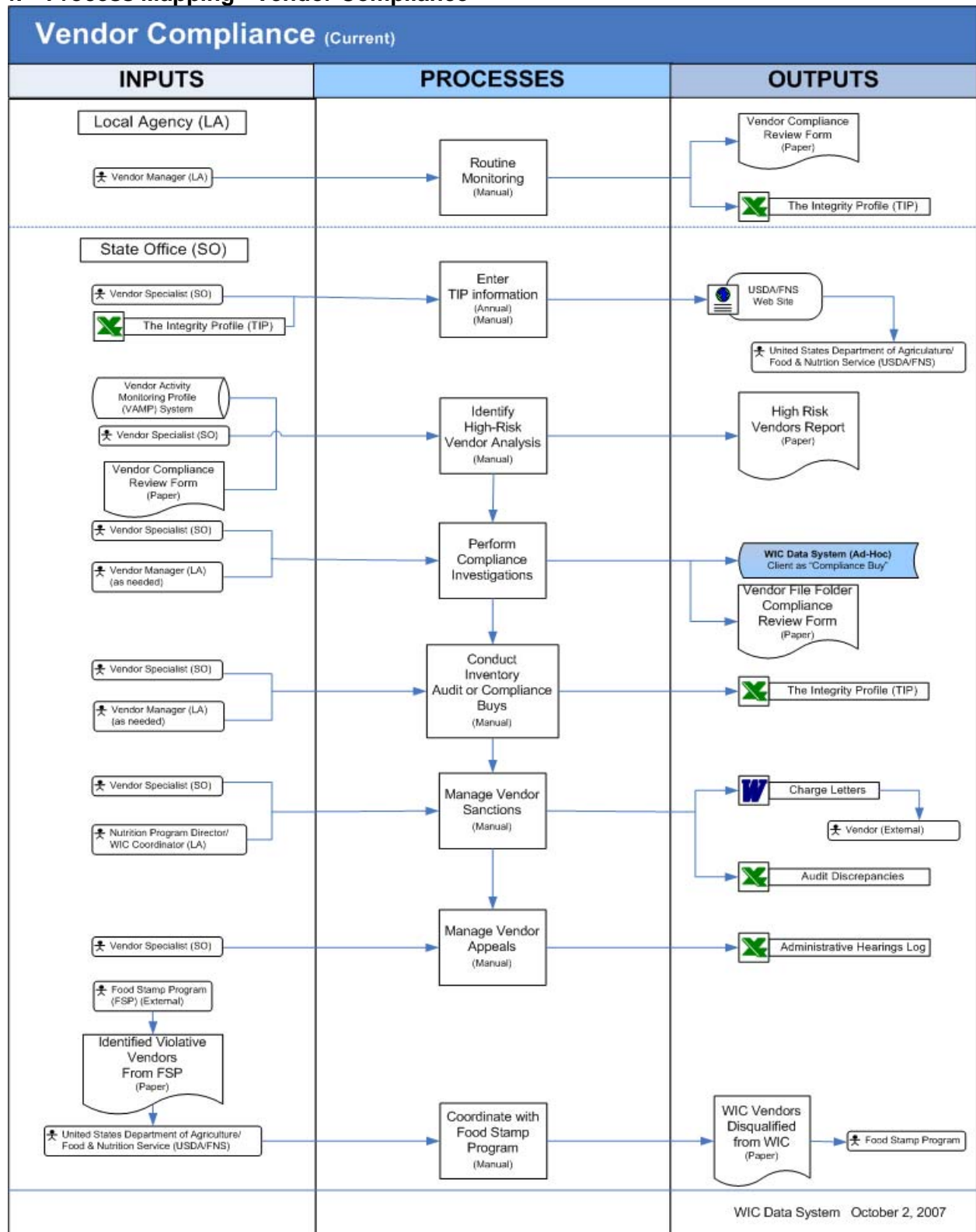
d. Business Process Interfaces

- Input from:
 - Vendor Management – Vendor Authorization
- Output to:
 - Quality Assurance

e. Business Process Participants

- Vendor Manager (LA)
- Vendor Specialist (SO)
- Nutrition Program Director/WIC Coordinator (LA)
- Food Stamp Program (FSP)
- Vendor (External)
- United States Department of Agriculture/Food & Nutrition Service (USDA/FNS)

f. Process Mapping - Vendor Compliance



10. Participation Management

a. Inputs

- Florida Vital Stats
- Florida CHARTS - Community Health Assessment Resource Tool Set
- Florida Census
- Florida Migrant Report (Paper)

b. Processing

1. Manually capture data of potential eligible – the Data Management Worker (SO) captures potential eligible data from Vital Stats, Charts, Florida Census, and Florida Migrant Reports manually and records into the Potential Eligible spreadsheet.
2. Track actual participation – the Data Management Worker (SO) tracks the actual participation data within the WIC Data System and produces the Participation Reports (WIC 28) by Local Agency (LA) and State. The reports include a Local Agency Participation spreadsheet and a Florida WIC State Participation spreadsheet.
3. Manually manage participant outreach – Outreach Coordinator (SO) manages participant outreach manually by creating the Participation Contact List in MS Excel.
4. Request of public/participant comments – Outreach Coordinator (SO) requests public/participant comments to all the contacts on the contact list. Request could be in the form of the Fellow Floridian Letter or the survey form.
5. Develop and distribute outreach materials – Outreach Coordinator (SO) develops and distributes outreach materials.
6. Perform outreach activities – Outreach Coordinator (LA) performs outreach activities in forms of distributing Florida WIC Information and hosting media events.
7. Track outreach campaign activities – Outreach Coordinator (SO) tracks the costs and benefits of outreach campaign activities by having participants complete the outreach campaign evaluation forms.

c. Outputs

- Potential Eligibles (MS Excel Spreadsheet)
- Local Agency Participation List (MS Excel Spreadsheet)
- WIC State Participation List (MS Excel Spreadsheet)
- Participation Reports by Local Agency & State (WIC 28) (Paper)
- Contact List (MS Excel Spreadsheet)
- Fellow Floridian Letter (Paper)
- Survey Form (Paper)
- WIC Information – Pamphlets (Paper)
- Media Events

- Evaluation Cost/Benefits of Outreach Campaign (Paper)

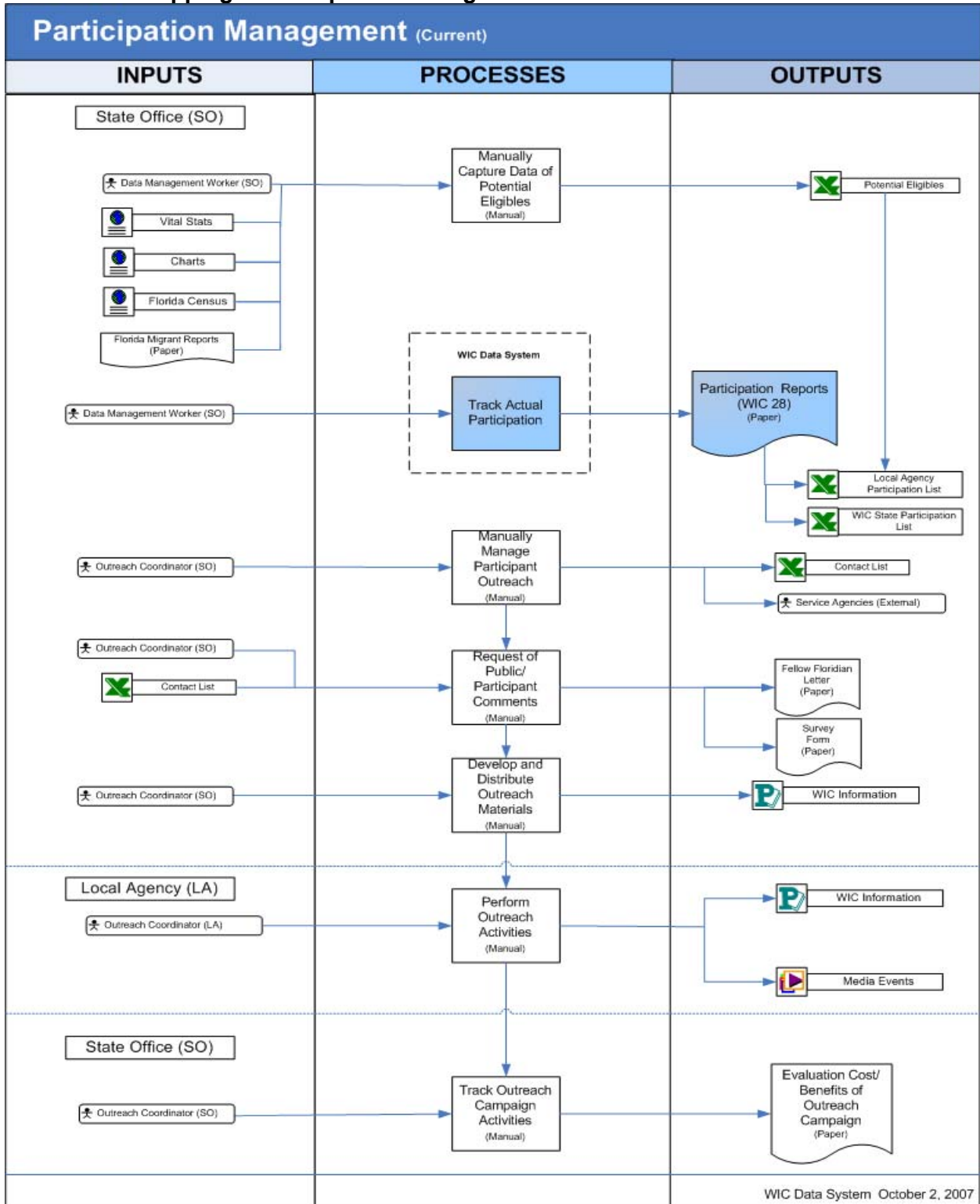
d. Business Process Interfaces

- Input from:
 - Management Reporting
- Florida CHARTS - Community Health Assessment Resource Tool Set
- Florida Vital Stats
- Florida Census

e. Business Process Participants

- Data Management Worker (SO)
- Outreach Coordinator (SO)
- Outreach Coordinator (LA)
- Service Agencies (External)

f. Process Mapping – Participation Management



11. Fiscal Management

The Fiscal Management process area consists of two processes: Manage Grants and Budgets, and Monitor Program Expenditures and Manufacture Rebates.

Fiscal Management - Manage Grants and Budgets

a. Inputs

- Schedule C
- Monthly Allocation for each Local Agency (MS Excel Spreadsheet)

b. Processing

1. Record administrative cost budgets – Bureau of Budget Management (DOH) records Nutrition Services Administrative (NSA) cost budgets into the Schedule C System (DOH).
2. Manage grants – Bureau of Revenue Management, Grant Unit (DOH) manages the grants using the Grants System (DOH).
3. Determine allocation – WIC Bureau Chief determines funding allocation and WIC Fiscal Management Worker (SO) manually enters budgets into the Annual Allocation spreadsheet for each Local Agency (LA).
4. Notify for Schedule-C to Local Agencies- Bureau of Budget Management (DOH) notifies of Schedule-C to the Nutrition Program Director/WIC Coordinator (LA) and Business Manager County Health Department (CHD).
5. Upload allotments – Business Manager at County Health Department (CHD) uploads these budget allotments into the Florida Accounting Information Resource (FLAIR).

c. Outputs

- Florida Accounting Information Resource (FLAIR) – Nutrition Services Administration (NSA) Grants
- Grants System (Florida DOH)
- Annual Allocation for each Local Agency (MS Excel Spreadsheet)
- Schedule C
- Florida Accounting Information Resource (FLAIR) – Budget Allotment records
- Allocation Notification Letter (Paper)

d. Business Process Interfaces

- Schedule C System (DOH) – the system through which Bureau of Budget Management (DOH) records the budgets.
- Grants System (DOH) – the system through which Bureau of Revenue Management,

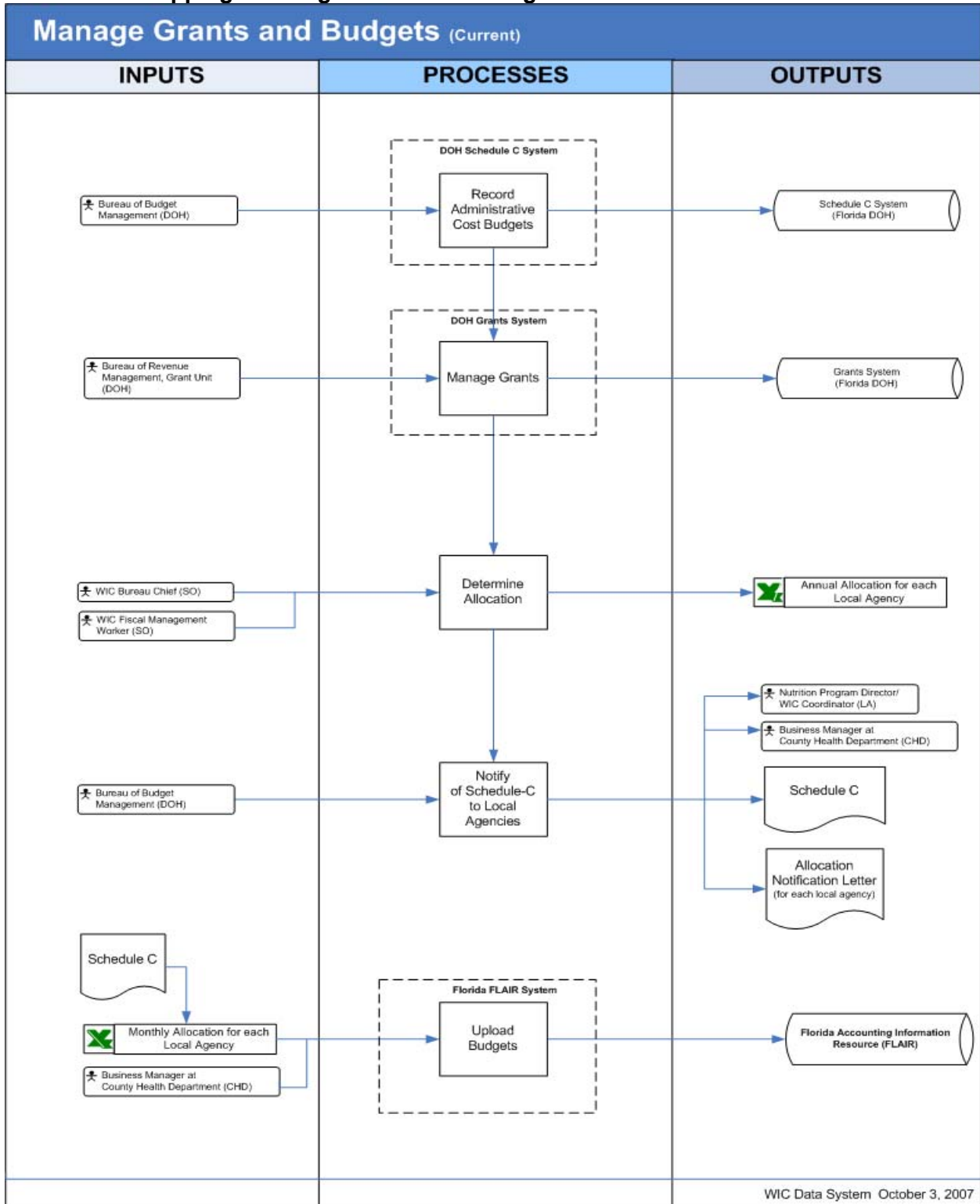
Grant Unit (DOH) manages grants.

- Florida Accounting and Information Resource (FLAIR) – this system is used by Business Manager County Health Department (CHD) to upload budget allotments.

e. Business Process Participants

- Bureau of Budget Management (DOH)
- Bureau of Revenue Management, Grant Unit (DOH)
- WIC Bureau Chief (SO)
- Nutrition Program Director/WIC Coordinator (LA)
- Business Manager at County Health Department (CHD)

f. Process Mapping – Manage Grants and Budgets



Fiscal Management - Monitor Program Expenditures and Manufacturer Rebates

a. Inputs

- Florida Accounting Information Resource (FLAIR) – Nutrition Services Administration (NSA) Expenses
- Financial Information System (FIS) (DOH) records
- Health Management System (HMS) (DOH) – Employee Activity Records (EARS)
- Monthly Expenditures for Local Agency (MS Excel spreadsheet)
- Reimbursement of Salaries for County Health Departments (CHD) per RMS (MS Excel Spreadsheet)
- Vendor Appeal Payments List (MS Excel spreadsheet)
- Special Formula Payments List (MS Excel spreadsheet)
- Reconciliation Reports
 - Bank Transaction Listing (WIC 29L 1-2)
 - Check Reconciliation (WIC 30L 1-2)
 - Exception Report (Voids and Totals) (WIC 40L 1-3)
- Infant Formula Rebate Reports (WIC 74L 1-3)
- Monthly NSA Expenditures for Program (MS Excel spreadsheet)
- Monthly Food Expenditures for Program (MS Excel spreadsheet)
- Formula Rebates (MS Excel spreadsheet)

b. Processing

1. Expend Nutrition Services Administration (NSA) costs – Business Manager County Health Department (CHD) manually enters Nutrition Services Administration (NSA) expenses data into the Florida Accounting Information Resource (FLAIR).
2. Enter Employee Activity Records (EARS) – Authorized WIC Worker (LA) enters Employee Activity Records (EARS) into the Florida DOH Health Management System (HMS).
3. Report monthly NSA expenses – Business Manager County Health Department (CHD) manually extracts the salary expenses from the Financial Information System (FIS) and manually enters the staff service time from the Employee Activity Records (EARS) in Health Management System (HMS). Business Manager manually prepares the NSA expenditures in the four categories: General Administrative (GA), Client Services (CS), Nutrition Education (NE), and Breastfeeding Promotion (BP).
4. Manually monitor NSA Expenditures – WIC Fiscal Management worker (SO) monitors the Nutrition Services Administration (NSA) expenditures manually by creating and updating the monthly NSA Expenditures for Program using the monthly expenditures for Local Agency (LA).
5. Monitor food expenditures – A monthly Food Expenditures for Program spreadsheet is manually created and maintained from the Vendor Appeal Payments spreadsheet, Special Formula Payments spreadsheet, and the WIC Data System Reconciliation reports.
6. Manually process manufacturer rebates – WIC Fiscal Management worker (SO) processes manufacturer rebates manually into advance, reconciliation and supplemental formula invoices and records data into a formula rebates spreadsheet using the WIC 74L 1-3 Infant Formula Rebate Reports generated from the WIC Data System.
7. Produce WIC Financial Management and Participation Report – The Food & Nutrition Service (FNS 798) report is produced for the Florida State Department of Health (DOH)

Revenue Management and United States Department of Agriculture/Food & Nutrition Service (USDA/FNS) from the Monthly NSA Expenditures for Program spreadsheet, Monthly Food Expenditures for Program spreadsheet, and the Formula Rebates spreadsheet.

c. Outputs

- Florida Accounting Information Resource (FLAIR) – Nutrition Services Administration (NSA) Expenses
- Florida Department of Health (DOH) Health Management System (HMS) – Employee Activity Records (EARS)
- Monthly NSA Expenditures for Local Agency (MS Excel spreadsheet)
 - General Administrative (GA) Expenditure
 - Client Services (CS) Expenditure
 - Nutrition Education (NE) Expenditure
 - Breastfeeding Promotion (BP) Expenditure
- Monthly NSA Expenditures for Program (MS Excel spreadsheet)
- Monthly Food Expenditures for Program (MS Excel spreadsheet)
- Formula Rebates (MS Excel spreadsheet)
- Formula Invoices
 - Advance
 - Reconciliation
 - Supplemental
- WIC Financial Management and Participation Report (FNS 798)

d. Business Process Interfaces

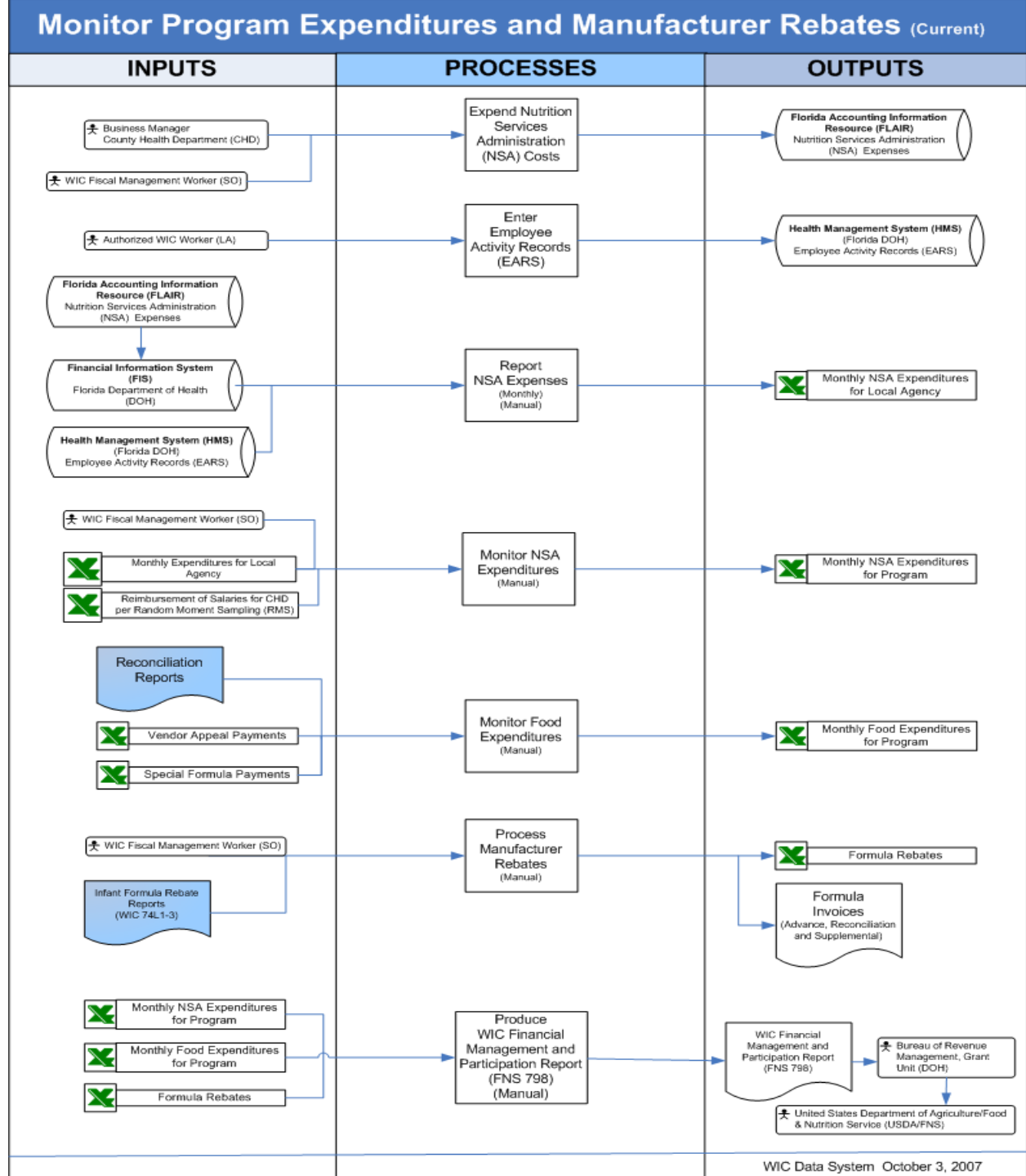
- Input from:
 - Food Redemption and Reconciliation
- Output to:
 - Management Reporting
- Vendor Management Health Management System (HMS) – this system is used by field staff to enter their daily time allocation into the Employee Activity Record (EAR)
- Florida Accounting and Information Resource (FLAIR) – this system is used by field administrative staff to enter local WIC program expenditures for reimbursement
- WIC Monthly Report of Program Operations – this MS Excel application is used by field administrative staff to extract local expenditure information from FLAIR via the Financial Information System (FIS) and categorize it for USDA reporting.
- Nestle USA – the current formula vendor receives a monthly tape of rebate billing data for rebate fulfillment to WIC
- USDA, FNS – receives a tape every two years of program participant characteristics data for analysis and reporting

e. Business Process Participants

- Business Manager at County Health Department (CHD)
- WIC Fiscal Management Worker (SO)
- Authorized WIC Worker (LA)
- Bureau of Revenue Management, Grant Unit (DOH)

- United States Department of Agriculture/Food & Nutrition Service (USDA/FNS)

f. Process Mapping – Monitor Program Expenditures and Manufacturer Rebates



12. Quality Assurance

a. Inputs

- Tracking Log and Schedule (Paper)

b. Processing

1. Generate pre-monitoring reports – Data Management Worker (SO) and WIC Fiscal Management worker (SO) generate the pre-monitoring reports including Client Online Reports, Vendor Online Reports, Administrative Online Reports, Participation Reports, QA Financial Management Pre-Monitoring Report and the QA Monitoring Log spreadsheet from the WIC Data System.
2. Monitor WIC program integrity – Program Review Specialist (SO) and Nutritionist (SO) monitor overall WIC program integrity including both state and local levels to address participants and client issues.
3. Performance program review and reporting – Program Review Specialist (SO) and Nutritionist (SO) review local agency program, and manually compose Biennial Written Program Evaluation Report.
4. Prepare corrective action plans – Nutrition Program Director/WIC Coordinator (LA) manually prepares corrective action plans with the Biennial Written Program Evaluation Report.
5. Response and corrective action – Nutrition Program Director/WIC Coordinator (LA) and Program Review Specialist (SO) respond to the Corrective Action Plans by taking corrective actions.

c. Outputs

- Quality Assurance (QA) Financial Management Pre-Monitoring Report (MS Excel spreadsheet)
- Quality Assurance (QA) Monitoring Log (MS Excel spreadsheet)
- Biennial written program evaluation
- Local Agency Program Review
- Corrective Action Plan
- WIC Data System generated pre-monitoring reports -
 - Client Online Reports
 - Vendor Online Reports
 - Administrative Online Reports
 - Participation Reports
 - Quality Assurance (QA) Financial Management Pre-Monitoring Report (MS Excel spreadsheet)
 - Quality Assurance (QA) Monitoring Log (MS Excel spreadsheet)

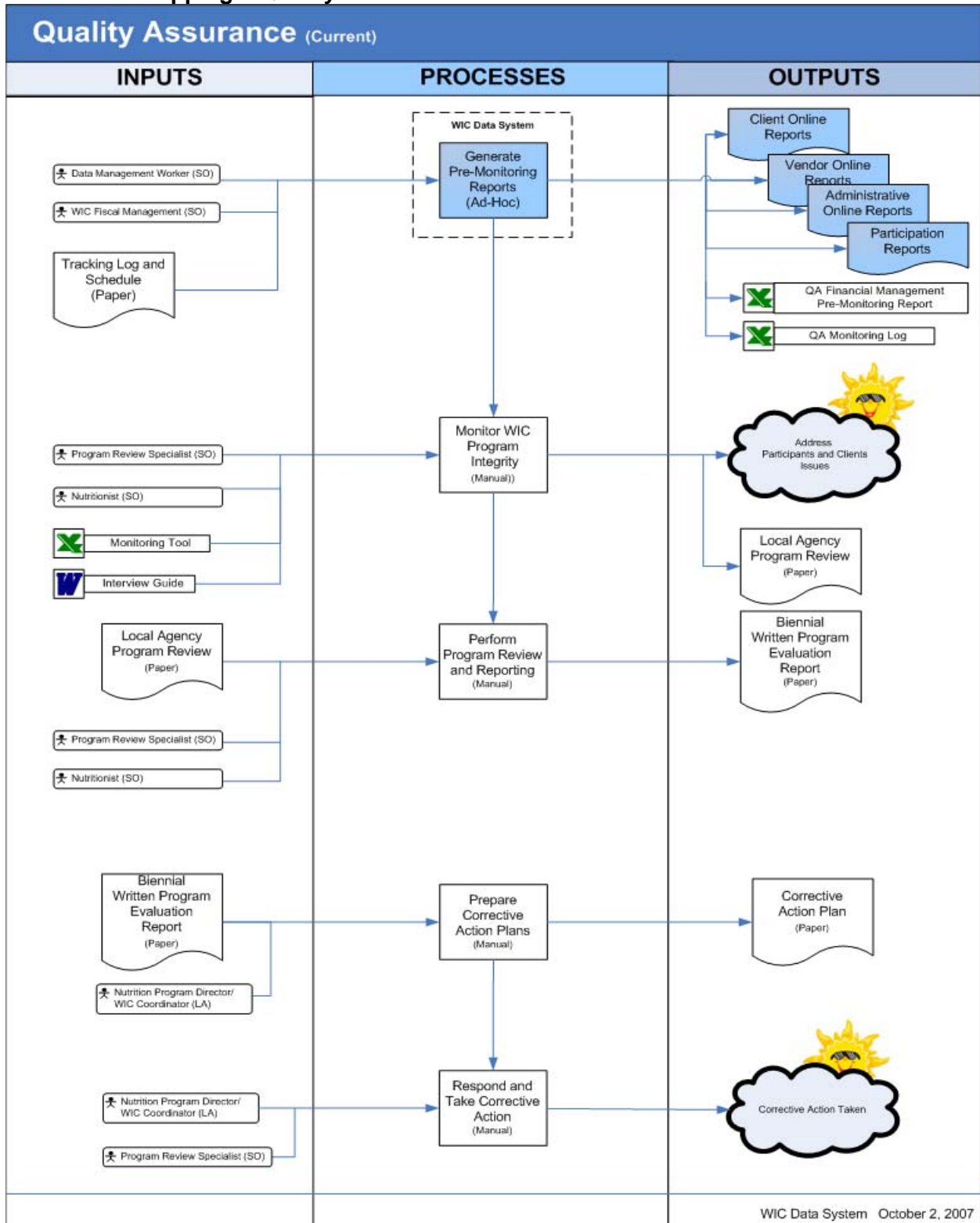
d. Business Process Interfaces

- Input from:
 - Appointment Scheduling,
 - Certification,
 - Food Issuance,
 - Nutrition Education & Surveillance,
 - Food Redemption & Reconciliation,
 - Vendor Management,
 - Participation Management,
 - Fiscal Management,
 - Inventory Management,
 - Management Reporting,
 - System Administration, and
 - Customer Service

e. Business Process Participants

- Data Management Worker (SO)
- WIC Fiscal Management (SO)
- Program Review Specialist (SO)
- Nutritionist (SO)
- Nutrition Program Director/WIC Coordinator (LA)

f. Process Mapping – Quality Assurance



13. Inventory Management

a. Inputs

- State Office (SO) Food Instrument (FI) Manual Count
- State Office (SO) Intra-Agency Transfer Form for Food Instruments (FI)
- Local Agency (LA) Food Instrument (FI) Manual Count
- Local Agency (LA) Intra-Agency Transfer Form for Food Instruments (FI)
- Local Agency (LA) Formula Manual Count
- Local Agency (LA) Intra-Agency Transfer Form for Formula
- Mass Property Transfer Form
- Certification of State Surplus Property
- Local Agency (LA) Breast Pump Manual Count

b. Processing

1. Maintain inventory of food instruments (FI) – Data Management Worker (SO) maintains food instrument (FI) inventory data within the WIC Data System, including information regarding received food instruments (FI) and food instruments transfer to Local Agency (LA).
2. Maintain inventory of food instruments (FI) – Authorized WIC Worker (LA) maintains both physical and electronic food instruments (FI) inventory within the WIC Data System, including information regarding received food instruments (FI) and food instruments transfer to Sites.
3. Maintain formula inventory – Authorized WIC Worker (LA) maintains the inventory data of directly distributed formula, returned formula and re-issued formula within the WIC Data System.
4. Maintain inventory of physical assets – Authorized WIC Worker (LA) maintains the physical assets inventory data from the Asset Management System (AMS) at the Department of Health (DOH).
5. Maintain inventory of breast pumps – Authorized WIC Worker (LA) maintains breast pumps inventory that is manually recorded into a Breast Pump Physical Inventory spreadsheet.

c. Outputs

- WIC Data System inventory records
 - Receive food instruments update
 - Transfer food instruments to local agency
 - Transfer food instruments to sites
 - Directly distributed formula
 - Returned formula
 - Re-issued formula
- Physical inventory database from Asset Management System (AMS) at DOH
- Breast Pumps Physical Inventory

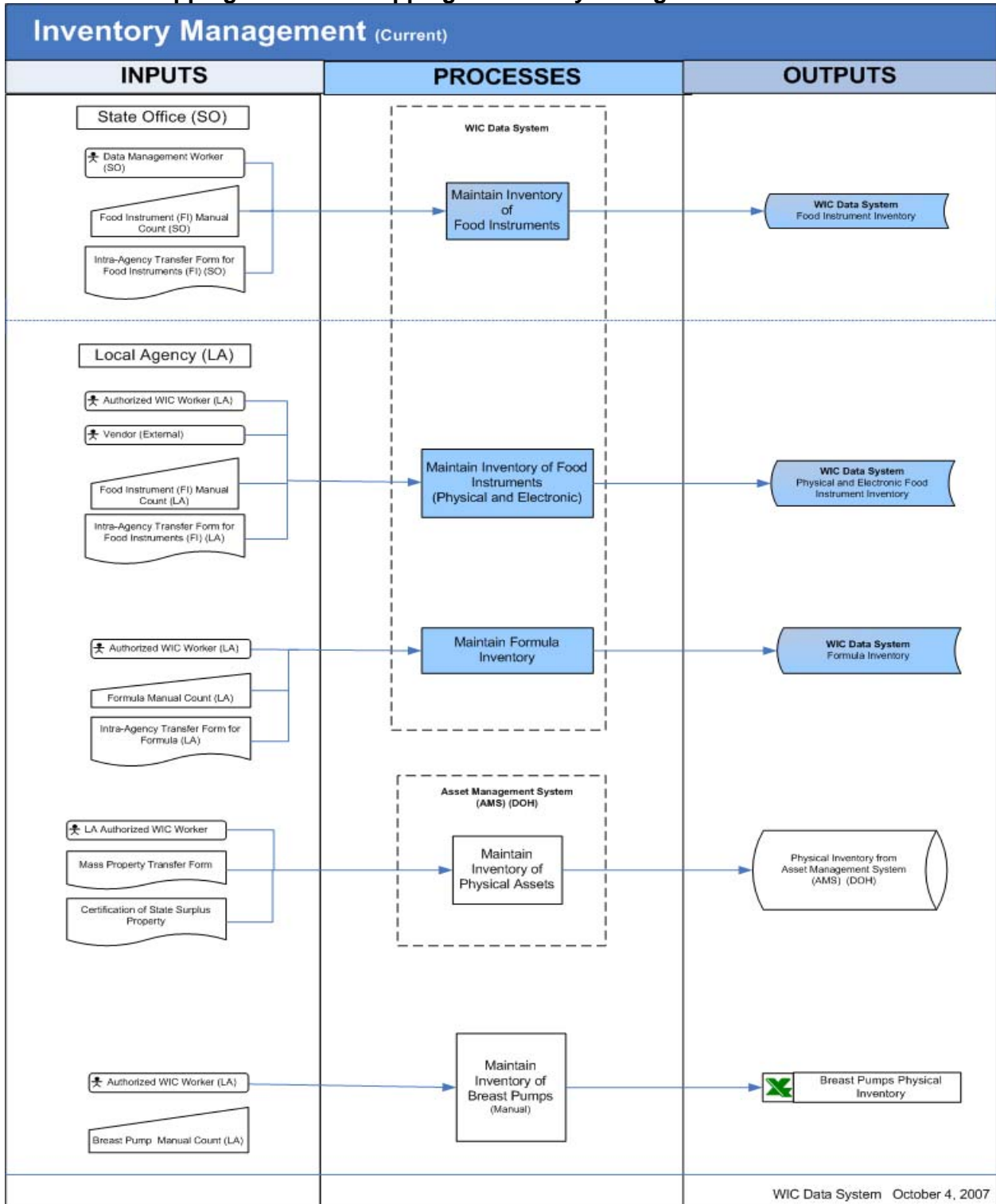
d. Business Process Interfaces

- Output to:
 - Food Issuance
- Nestle USA – the current formula vendor receives a monthly tape of rebate billing data for rebate fulfillment to WIC

e. Business Process Participants

- Data Management Worker (SO)
- Authorized WIC Worker (LA)
- Vendor (External)

f. Process Mapping – Process Mapping – Inventory Management



14. System Administration

a. Inputs

- Access Authorization Request Form (Paper)

b. Processing

1. Complete Access Authorization Request Form – WIC staff manually completes an authorization request form and mails or fax to the State Office.
2. Setup Access Authorization – Security Officer (SO) enters the new user and authorizes access to the WIC Data System as Full Access, Inquiry, Dispatch and/or Online Reports.
3. Assign Worker to Agency and Site – Security Officer (SO) assigns the Authorized WIC Worker (LA or SO) to an agency and default site.

c. Outputs

- WIC Data System –
 - Authorized WIC Worker
 - Assignment to Agency and Site

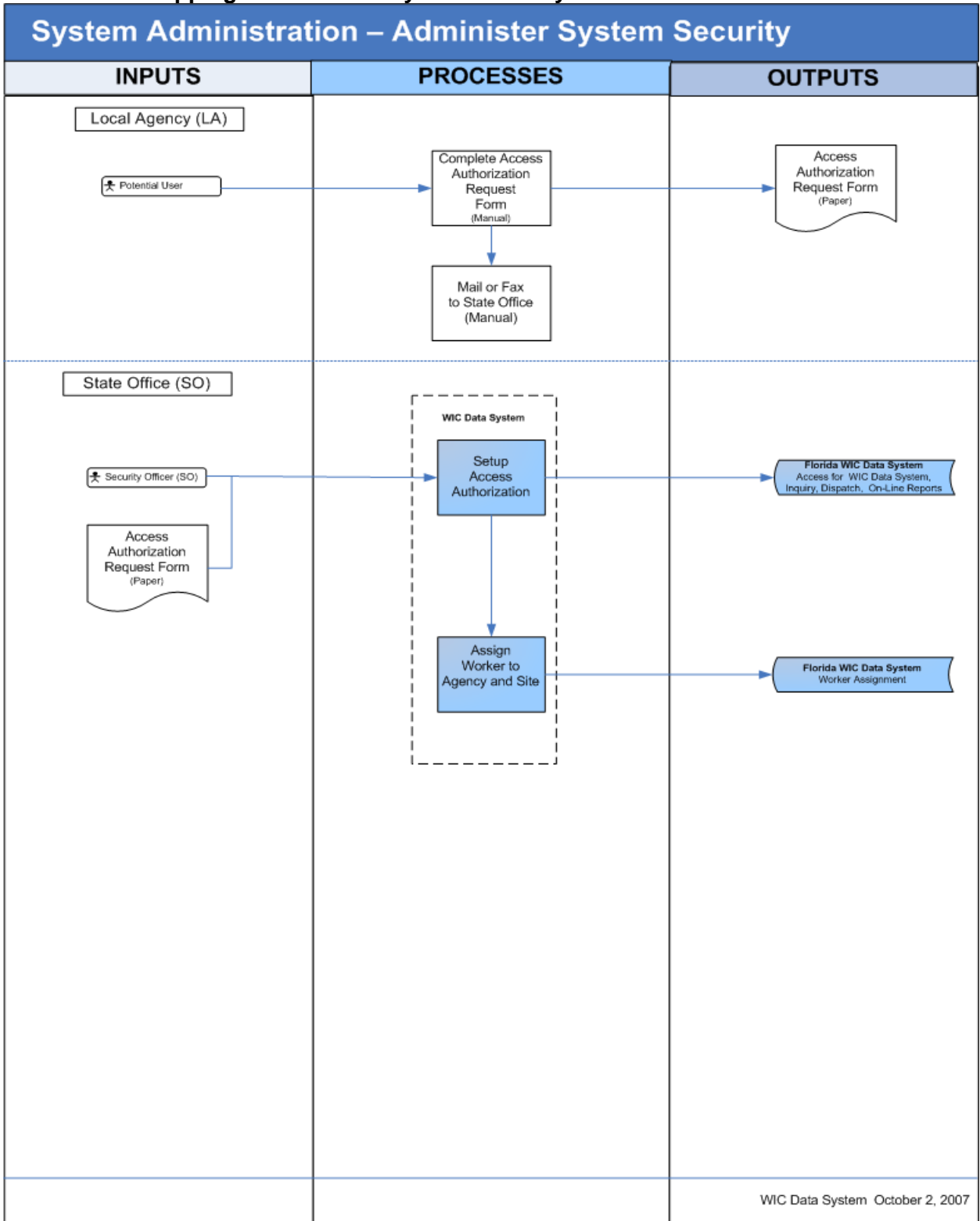
d. Business Process Interfaces

- Require DOH Network Access and DCF access
- Output to:
 - Certification – Nutrition Risk Type
 - Nutrition Education – Service Codes

e. Business Process Participants

- Potential User
- Security Officer

f. Process Mapping – Administer System Security



15. Management Reporting

a. Inputs

- WIC Data System

b. Processing

1. Generate Standard Reports - Monthly cycle, scheduled print jobs generate the standard reports for appointment scheduling, enrollee, participation, reconciliation and participation.
2. Post Reports to CA Dispatch - After the reports are generated, and they are posted to CA dispatch.
3. Export to Online Reporting System - Each month extract data from the WIC Data System (DCF) is extracted, transformed and loaded into the WIC Online Reporting SQL Server Database (DOH).
4. Generate to Online Reports – Authorized WIC worker (LA or SO) run ad-hoc reports from the WIC Intranet web site.

c. Outputs

- **Standard Reports**
 - Appointment scheduling,
 - Enrollee and client,
 - Reconciliation and
 - Participation
- **WIC Online Reports**
 - Appointments,
 - Certification
 - Client
 - Health and
 - Vendor

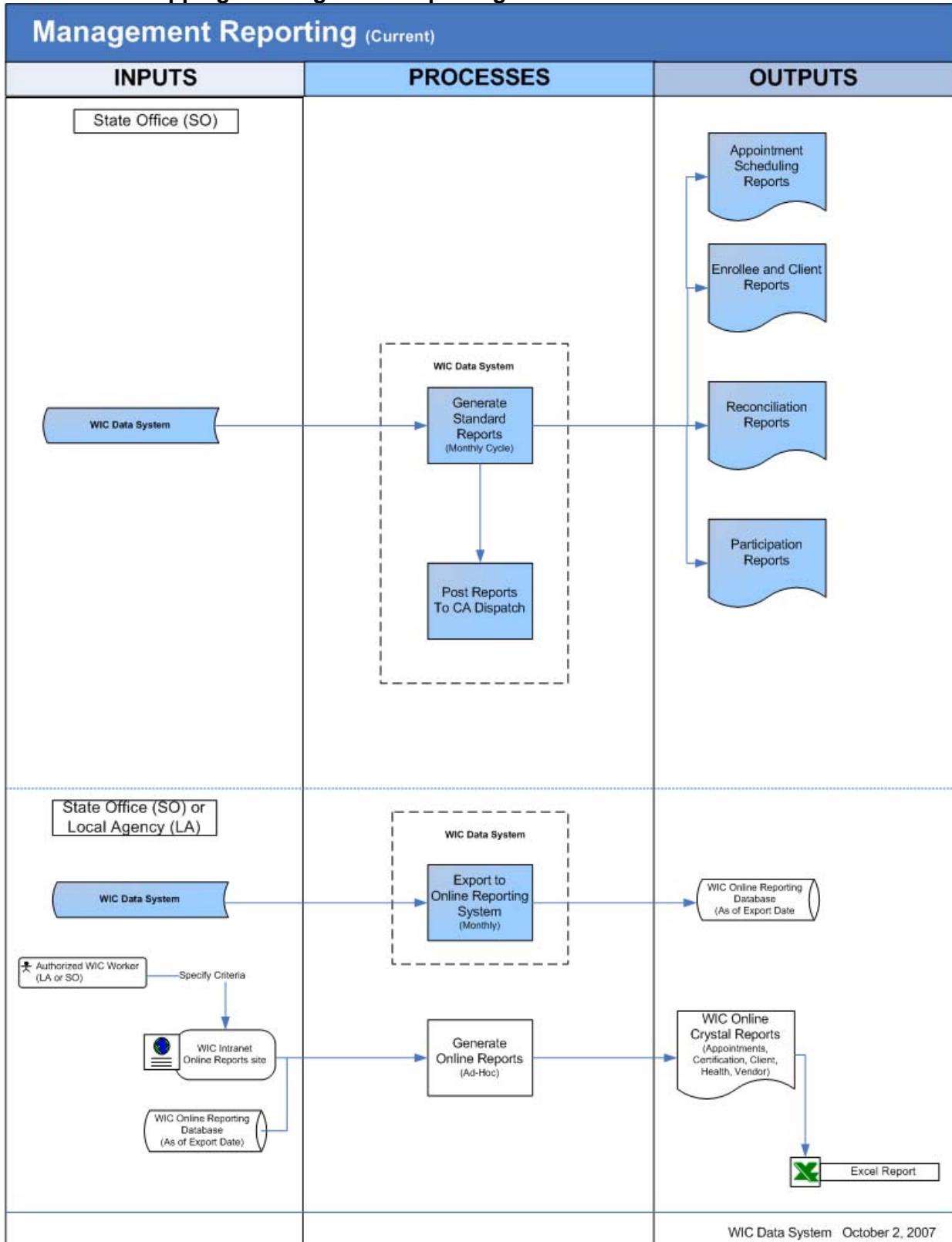
d. Business Process Interfaces

- Input from
 - Appointment Scheduling
 - Certification
 - Food Issuance
 - Nutrition Education & Surveillance
 - Food Redemption & Reconciliation
 - Vendor Management
 - Participation Management
 - Fiscal Management

e. Business Process Participants

- Authorized WIC Worker (LA or SO)

f. Process Mapping – Management Reporting



16. Customer Service

a. Inputs

- WIC Data System – client and vendor information

b. Processing

1. Request support – Vendor (External), Infant Formula Manufacturer, and Clients, as well as Applicants request support from the Local Agency (LA) or the State Office (SO).
2. Provide support or refer to State Office (SO) – Administrative Worker (LA) tries to answer participants' questions or resolve problems:
 - a. If the Local Agency (LA) is able to provide a solution independently, participants are successfully served and client information is updated.
 - b. If the Local Agency (LA) is not able to provide a solution, the Administrative Worker (LA) refers the query to the State Office (SO)
3. User support –
 - a. Administrative Worker (LA) requests support,
 - b. Data Management Worker (SO) provides user support and updates the clients and vendor information in the WIC Data System.
4. Client/applicant support -
 - a. The clients or applicants request support,
 - b. The Nutritionist (SO) provides support and updates the client & vendor information or refers the query to Local Agencies (LA).
5. Vendor support –
 - a. The External Food Instrument (FI) Vendor and Infant Formula Manufacturer request Vendor support from the State Office (SO),
 - b. Vendor Specialist (SO) provides Vendor support and updates the vendor information in the WIC Data System and the Vendor Master List (MS Excel spreadsheet).

c. Outputs

- Local agency WIC solution
- State office WIC solution
- Vendor Master List (MS Excel spreadsheet)
- WIC Data System –
 - client information
 - vendor information update

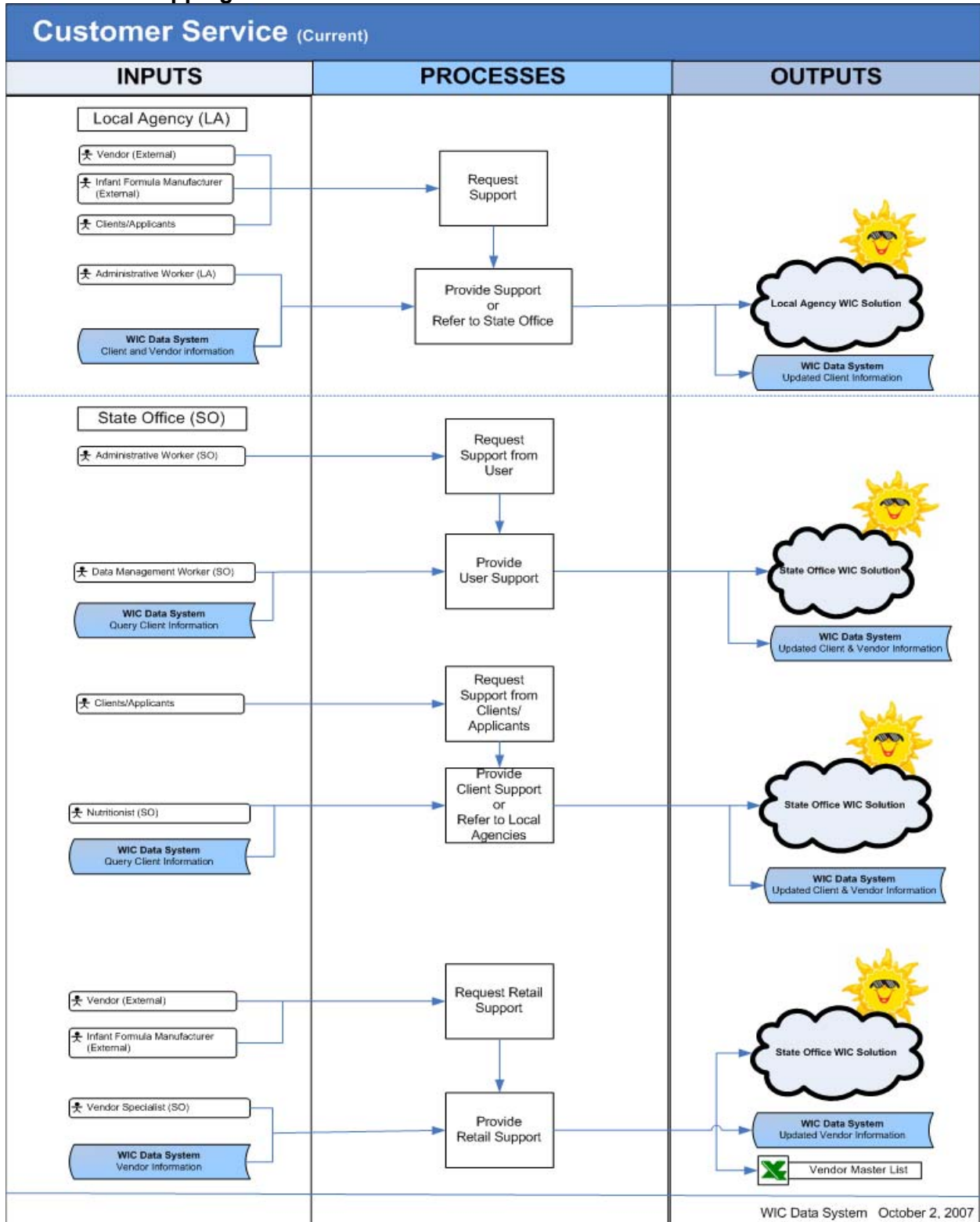
d. Business Process Interfaces

- Output to:
 - Certification
 - Nutrition Education
 - Food Issuance
 - Vendor Management
 - System Administration - Administer System Security

e. Business Process Participants

- Vendor (External)
- Infant Formula Manufacturer (External)
- Administrative Worker (LA)
- Client/Applicant
- Data Management Worker (SO)
- Nutritionist (SO)
- Vendor Specialist (SO)

f. Process Mapping – Customer Service



CBAForm 1 - Net Tangible Benefits

Agency	FL WIC	Project	WIC Data System
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Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency (Operations Only -- No Project Costs)	FY 2010-11			FY 2011-12			FY 2012-13			FY 2013-14			FY 2014-15		
	(a)	(b)	(c) = (a)+(b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)
	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0	\$347,000	(\$165,550)	\$181,450	\$347,000	(\$180,600)	\$166,400	\$347,000	(\$180,600)	\$166,400
A.b Total FTE	0.00	0.00	0.00	0.00	0.00	0.00	3.00	(2.00)	1.00	3.00	(2.00)	1.00	3.00	(2.00)	1.00
A-1.a. State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-1.b. State FTEs (# FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-2.a. OPS FTEs (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-2.b. OPS FTEs (# FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$347,000	(\$165,550)	\$181,450	\$347,000	(\$180,600)	\$166,400	\$347,000	(\$180,600)	\$166,400
A-3.b. Staff Augmentation (# of Contract FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	3.00	(2.00)	1.00	3.00	(2.00)	1.00	3.00	(2.00)	1.00
B. Data Processing -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$3,233,416	(\$2,222,003)	\$1,011,413	\$3,400,567	(\$2,591,154)	\$809,413	\$3,578,728	(\$2,769,315)	\$809,413
B-1. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$10,200	(\$9,350)	\$850	\$10,200	(\$10,200)	\$0	\$10,200	(\$10,200)	\$0
B-2. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$15,500	(\$14,208)	\$1,292	\$15,500	(\$15,500)	\$0	\$15,500	(\$15,500)	\$0
B-3. Other DCF Processing	\$0	\$0	\$0	\$0	\$0	\$0	\$3,207,716	(\$2,198,445)	\$1,009,271	\$3,374,867	(\$2,565,454)	\$809,413	\$3,553,028	(\$2,743,615)	\$809,413
C. External Service Provider -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-1. Consultant Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Maintenance & Support Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-4. Data Communications Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Others -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$113,000	(\$94,417)	\$18,583	\$113,000	(\$103,000)	\$10,000	\$113,000	(\$103,000)	\$10,000
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other DCF Overhead	\$0	\$0	\$0	\$0	\$0	\$0	\$113,000	(\$94,417)	\$18,583	\$113,000	(\$103,000)	\$10,000	\$113,000	(\$103,000)	\$10,000
Total of Operational Costs (Rows A through E)	\$0	\$0	\$0	\$0	\$0	\$0	\$3,693,416	(\$2,481,970)	\$1,211,446	\$3,860,567	(\$2,874,754)	\$985,813	\$4,038,728	(\$3,052,915)	\$985,813
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. Specify		\$0			\$0			\$0			\$0			\$0	
F-2. Specify		\$0			\$0			\$0			\$0			\$0	
F-3. Specify		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		\$0			\$0			\$2,481,970			\$2,874,754			\$3,052,915	

SPECIFY CHARACTER OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous <input type="checkbox"/>	Confidence Level	
Order of Magnitude <input type="checkbox"/>	Confidence Level	
Placeholder <input type="checkbox"/>	Confidence Level	

**SFY 2010-11 Schedule IV-B
Attachment B**

CBAForm 2 - Project Cost Analysis

Agency	<u>FL WIC</u>	Project	<u>WIC Data System</u>
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PROJECT COST ELEMENTS	PROJECT COST TABLE -- CBAForm 2A					TOTAL
	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	
State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0
OPS FTEs (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0
Contractors (Costs)	\$526,043	\$595,489	\$39,143	\$0	\$0	\$1,160,675
Deliverables	\$1,110,000	\$925,000	\$1,480,000	\$0	\$0	\$3,515,000
Major Project Tasks	\$0	\$0	\$0	\$0	\$0	\$0
Hardware Specify	\$226,728	\$0	\$0	\$0	\$0	\$226,728
COTS Software	\$200,269	\$0	\$0	\$0	\$0	\$200,269
Misc. Equipment Specify	\$25,180	\$658,570	\$0	\$0	\$0	\$683,750
Other Project Costs Specify	\$80,732	\$208,173	\$1,146	\$0	\$0	\$290,051
	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECT COSTS (*)	\$2,168,952	\$2,387,232	\$1,520,289	\$0	\$0	\$6,076,473
CUMULATIVE PROJECT COSTS	\$2,168,952	\$4,556,184	\$6,076,473	\$6,076,473	\$6,076,473	

INVESTMENT SUMMARY						TOTAL
	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match	\$0	\$0	\$0	\$0	\$0	\$0
Grants	\$0	\$0	\$0	\$0	\$0	\$0
Other Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT (*)	\$0	\$0	\$0	\$0	\$0	\$0
CUMULATIVE INVESTMENT (*)	\$0	\$0	\$0	\$0	\$0	

(*) Total Costs and Investments are carried forward to CBAForm3 Project Investment Summary worksheet.

Character of Project Costs Estimate - CBAForm 2B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	<input type="checkbox"/>	Confidence Level	
Order of Magnitude	<input checked="" type="checkbox"/>	Confidence Level	20%
Placeholder	<input type="checkbox"/>	Confidence Level	

CBAForm 3 - Project Investment Summary

Agency	<u>FL WIC</u>	Project	<u>WIC Data System</u>
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<i>COST BENEFIT ANALYSIS -- CBAForm 3A</i>						
	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	TOTAL
Project Cost	\$2,168,952	\$2,387,232	\$1,520,289	\$0	\$0	\$6,076,473
Net Tangible Benefits	\$0	\$0	\$2,481,970	\$2,874,754	\$3,052,915	\$8,409,638
Return on Investment	(\$2,168,952)	(\$2,387,232)	\$961,681	\$2,874,754	\$3,052,915	\$2,333,165
Year to Year Change in Program Staffing	0	0	(2)	(2)	(2)	

<i>RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B</i>		
Payback Period (years)	4 1/4	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2014-15	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	\$1,293,631	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	16.16%	IRR is the project's rate of return.

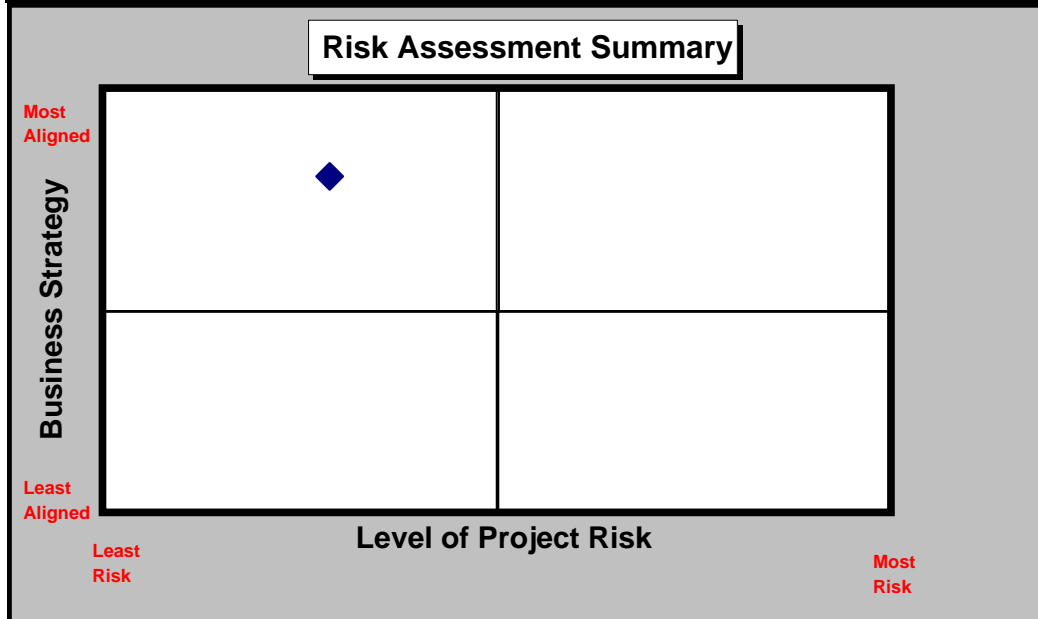
<i>Treasurer's Investment Interest Earning Yield -- CBAForm 3C</i>					
Fiscal Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Cost of Capital	5.35%	5.38%	5.38%	5.38%	5.38%

Notes to Cost Benefit Analysis forms

The costs for the project were consolidated into the categories provided on CBA Form 2 – Project Cost Analysis. While details are documented in the Project Budget forms, for ease of reference the composition of the categories are explained below:

- Contractors includes Project Staff (Project Manager, Business Analyst) and Support Staff (Database Analyst, System Support Analyst).
- Deliverables are the amount paid to the system contractor for document, software, and project management deliverables, and related project services.
- Hardware includes servers for the five environments.
- COTS Software includes operating system software for the five server environments.
- Misc. Equipment includes the laptops, scanners, and signature pads that WIC will purchase and furnish to local agencies and state office for use with the proposed system.
- Other Project Costs include development and support for data integration services and travel for training and implementation.

Project	<i>WIC Data System</i>	
Agency	<i>Florida WIC</i>	
FY 2010-11 LBR Issue Code:	FY 2010-11 LBR Issue Title:	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Philip Kidder - Philip_Kidder@doh.state.fl.us</i>		
Executive Sponsor	<i>Debbie Eibeck</i>	
Project Manager	<i>Philip Kidder</i>	
Prepared By	<i>Philip Kidder</i>	<i>9/9/2009</i>



Project Risk Area Breakdown	
Risk Assessment Areas	Risk Exposure
Strategic Assessment	LOW
Technology Exposure Assessment	LOW
Organizational Change Management Assessment	MEDIUM
Communication Assessment	LOW
Fiscal Assessment	MEDIUM
Project Organization Assessment	LOW
Project Management Assessment	LOW
Project Complexity Assessment	HIGH
Overall Project Risk	
MEDIUM	

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Few or none
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Minimal or no external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Multiple agency or state enterprise visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 1 and 3 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Read about only or attended conference and/or vendor presentation	Installed and supported production system more than 3 years
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed for implementation and operations
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Moderate changes to organization structure, staff or business processes
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	81% to 100% -- All or nearly all processes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	1 to 10% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with similar change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	All or nearly all messages are documented
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	All or nearly all messages have success measures
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between \$2 M and \$10 M
		Greater than \$10 M	
		Between \$2 M and \$10 M	
		Between \$500K and \$1,999,999	
		Less than \$500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Order of magnitude – estimate could vary between 10-100%
		Order of magnitude – estimate could vary between 10-100%	
		Placeholder – actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	Yes
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Requested and received
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	All or nearly all project benefits have been identified and validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	Within 5 years
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	

Agency: Florida WIC

Project: WIC Data System

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the project manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Agency: Florida WIC

Project: WIC Data System

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
		Some have been defined and documented	
		All or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	System Integrator (contractor)
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	1
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
		No, project manager is assigned 50% or less to project	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	Yes, business, functional or technical experts dedicated full-time, 100% to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Few or no staff from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Moderate impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
		No, only IT staff are on change review and control board	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	0% to 40% -- None or few have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	81% to 100% -- All or nearly all have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	Some have been defined and documented
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	Less than 5
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	2 to 4
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Business process change in single division or bureau
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Implementation requiring software development or purchasing commercial off the shelf (COTS) software
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	



WIC Data System – Implementation Phase

State of Florida ♦

Bureau of WIC & Nutrition Services

Section Break (Next Page)

Project Charter

Trademarks

Trademarked names may appear throughout this document. Rather than list the names and entities that own the trademarks or insert a trademark symbol with each mention of the trademarked name, the names are used only for editorial purposes and to the benefit of the trademark owner with no intention of infringing upon that trademark.

Contact Information

To request copies, suggest changes, or submit corrections, contact:

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Revision History

#	Date	Version No.	Revised Description	Author(s)
1	08/31/07	1.0	Original version	Sharlene Turner
2	09/05/07	1.1	Revised all sections except Assumptions/Constraints	Philip Kidder
3	09/05/07	1.2	Add Assumptions/Constraints Add Scope and Out of Scope	Sharlene Turner
4	09/07/07	1.3	Format document	Sharlene Turner
5	09/25/07	1.4	Reformat document	Philip Kidder
6	10/03/07	1.5	Change milestone dates per project schedule, project cost total, formatting, and footer	Philip Kidder
7	09/10/08	1.6	Change milestone dates per project schedule, project cost total, formatting, and footer	Philip Kidder
8	09/09/09	1.7	Change milestone dates per project schedule, project cost total, formatting, and footer	Philip Kidder

Table of Contents

Purpose..... 4
Project Description..... 4
Goal..... 4
Objectives..... 4
Expected Outcomes 5
Milestones and Deliverables..... 6
Scope Statement..... 8
Out of Scope..... 14
Assumptions and Constraints..... 15
Stakeholders 17
Signature and Acceptance Page 19

Purpose

The purpose of this Charter is to provide an executive overview of the WIC Data System – Implementation Phase project.

Project Description

This project will replace the current mainframe-based WIC Data System, implemented in October 1992. The proposed system will be a commercially-developed WIC system transferred from another state WIC agency. The system will be suitably modified to meet needed requirements by a system contractor selected prior to this project through the State of Florida competitive bid process. The project will be managed by the WIC Data System project team comprised of contractors hired by Florida WIC. The project will be subject to oversight by the U.S. Department of Agriculture/Food and Nutrition Service (USDA/FNS), the DOH IT Project Management Office (PMO), and the DOH IT Governance Committee. The project is planned to start in July 2009 and close in December 2011 and will cost about \$6.07 million.

Goal

The goal of the WIC Data System – Implementation Phase project is to:

- Replace the current WIC Data System with a web-based, commercially developed WIC system, transferred from another state WIC agency,
- Suitably modify the proposed system to meet needed requirements (The development will be undertaken by a system contractor selected through the State of Florida competitive bid process),
- Successfully implement the proposed system within the timeframe of the project schedule and the costs of the project budget,
- Adapt, improve, or develop new Florida WIC business processes to fully utilize the proposed system functionality and achieve the maximum productivity and cost-savings benefits,
- Complete the implementation with minimal disruption of services to WIC applicants and participants, and
- Accept the implemented system provided it meets or exceeds the critical success criteria.

Objectives

The objectives of the WIC Data System – Implementation Phase project are:

- Negotiate and sign a competitive bid contract with the best qualified system contractor to provide the best qualified WIC Data System,

- Complete a system transfer with suitable modifications by the system contractor, conduct complete system testing, and obtain sponsor approval to proceed to Installation,
- Install and configure the system hardware and software in the State Data Center and designated sites, and obtain sponsor approval to proceed to User Acceptance,
- Train applicable staff, conduct user acceptance testing of all functionality, and obtain sponsor approval to proceed to Pilot,
- Train applicable staff, conduct complete pilot testing all functionality, and obtain sponsor approval to proceed to Rollout,
- Train remaining users, complete the rollout of the system as scheduled, and obtain sponsor approval to proceed to Closure,
- Obtain final system acceptance from the sponsor, close out the project with the system contractor, DCF IT, DOH IT PMO, and USDA/FNS.

Expected Outcomes

The successful implementation of the proposed WIC Data System will accomplish the following:

- Provide WIC local agencies with the operational efficiency to meet the growing demand for program services with minimal increases in staff,
- Reduce appointment wait times for new clients to achieve compliance with federal regulations,
- Improve client satisfaction by reducing the amount of time clients spend in WIC clinics for certification,
- Support all WIC business process areas with needed system functionality to improve productivity in the entire WIC organization, and
- Meet all of the WIC system requirements through a cost-effective investment in a modern system, including integrated functionality for the development of WIC Electronic Benefits Transfer (EBT).

Milestones and Deliverables

The milestone phases, completion dates, and deliverables to be produced are:

Milestone Phases / Dates	Deliverables	
Project Planning and Definition May-10	4.8.2.1	Project Management Plan
	4.8.2.1.1	Deliverable Expectation Document
	4.8.2.2	Project Schedule
	4.8.2.3	Spending Plan
	4.8.2.4	Project Responsibility Matrix
	4.8.2.5	Risk Management Plan / Database
	4.8.2.6	Issue Management Plan / Database
	4.8.2.7	Action Item Database
	4.8.2.8	Lesson Learned Database
	4.8.2.9	Weekly Status Report Template
	4.8.4.2	Develop Requirements Confirmation Plan
	4.8.4.3	Develop System Transfer & Modification Plan
	4.8.4.4	Next Phase Templates
	4.8.4.4.1	Requirements Traceability Matrix
	4.8.4.4.2	Functional Design Document
	4.8.4.4.3	System Transfer & Modification Design
	4.8.4.4.4	Data Migration Plan
	4.8.4.4.5	External System Interfaces Plan
	4.8.4.4.6	Configuration Management Plan
	4.8.4.4.7	Test Plan & Test Case
4.8.4.4.8	Security Plan	
4.8.4.5	Develop Planning & Definition Phase Completion Checklist / Readiness Certificate for Next Phase	
4.8.4.6	Attain FL WIC Approval to Start Next Phase	
Requirements Confirmation and Design of System Modifications Jun-10 – Nov-10	4.8.5.1	Conduct Requirements Confirmation Sessions
	4.8.5.2	Develop Functional Design Document
	4.8.5.3	Develop System Transfer & Modification Design Specification
	4.8.5.4	Develop Data Migration Plan
	4.8.5.5	Develop External System Interfaces Plan
	4.8.5.6	Develop Configuration Management Plan
	4.8.5.7	Develop Security Plan
	4.8.5.8	Develop Test Plan
	4.8.5.9	Develop Test Cases (all except UAT)
	4.8.5.10	Update Training / Implementation Plans
	4.8.5.11	Update Project Management Documents
	4.8.5.12	Develop Requirements & Design Phase Completion Checklist / Readiness Certificate for Next Phase
	4.8.5.13	Attain FL WIC Approval to Start Next Phase
System Transfer and Modification	4.8.6.1	Transfer / Develop Modifications to the Base System
	4.8.6.2	Develop Tests, Reports, Corrections, & Retests

Milestone Phases / Dates	Deliverables		
Nov-10 – Jun-11	4.8.6.3	Conduct System Transfer & Modification Security & ADA Scans	
	4.8.6.4	Provide Recommended User Acceptance Test Cases	
	4.8.6.5	Develop Pilot Site Surveys	
	4.8.6.6	Develop Operational Plans	
	4.8.6.7	Develop User Documentation	
	4.8.6.8	Develop Technical Documentation	
	4.8.6.9	Establish the Five Server Environments	
	4.8.6.10	Update Project Management Documents	
	4.8.6.11	Develop Transfer & Modification Phase Completion Checklist / Readiness Certificate for Next Phase	
	4.8.6.12	Attain FL WIC Approval to Start Next Phase	
	User Acceptance Testing Jun-11 – Sep-11	4.8.7.1	Conduct UAT Kickoff / Functional Walkthrough
		4.8.7.2	Provide UAT Training - trainers, users, technical staff
4.8.7.3		Complete UAT Data Migration	
4.8.7.4		Provide Test Support & Correct Defects / Deficiencies - Round 1	
4.8.7.4		Provide Test Support & Correct Defects / Deficiencies - Round 2	
4.8.7.5		Evaluate UAT Results w/ FL WIC	
4.8.7.6		Develop Pilot Test Plan	
4.8.7.7		Develop UAT User & Technical Documentation Updates	
4.8.7.8		Develop UAT Update of Project Management Documents	
4.8.7.9		Develop UAT Phase Completion Checklist / Readiness Certificate for Next Phase	
System Pilot Sep-11 – Dec-11	4.8.8.1	Complete Hardware Installation at Pilot Sites	
	4.8.8.2	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #1	
	4.8.8.2	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #2	
	4.8.8.3	Complete Pilot Test Data Migration	
	4.8.8.4	Evaluate Pilot Test Results	
	4.8.8.5	Develop Pilot Test Defect / Deficiency Corrections & Retests	
	4.8.8.6	Complete Pilot Test Security & ADA Scans	
	4.8.8.7	Develop Pilot Test User & Technical Documentation Updates	
	4.8.8.8	Develop Pilot Test Update of Project Management Documents	
	4.8.8.9	Develop Pilot Phase Completion Checklist / Readiness Certificate for Next Phase	
System Rollout Dec-11 – Jul-12	4.8.8.10	Attain FL WIC Approval to Start Next Phase	
	4.8.9.1	Complete Rollout Data Migration	
	4.8.9.2	Provide Implementation Support	
	4.8.9.3	Develop Rollout Defect / Deficiency Corrections & Retests	

Milestone Phases / Dates	Deliverables	
	4.8.9.4	Develop Production Readiness Plan
	4.8.9.5	Develop Rollout User & Technical Documentation Updates
	4.8.9.6	Develop Rollout Update of Project Management Documents
	4.8.9.7	Develop Rollout Phase Completion Checklist / Readiness Certificate for Next Phase
	4.8.9.8	Attain FL WIC Approval to Start Next Phase
Project Closure / Transition to Operations and Maintenance Jul-12 – Aug-12	4.8.10.1	Provide Final Versions of Deliverables & Configuration Items
	4.8.10.2	Develop Operations & Maintenance Service Level Agreement
	4.8.10.3	Develop Closure Phase Completion Checklist / Readiness Certificate for Next Phase
	4.8.10.4	Present Invoice
	4.8.10.5	Attain FL WIC Acceptance of the System / Start Operations & Maintenance

Scope Statement

The following items are in the scope of this project.

Project Planning and Definition Phase

Objectives:

- To establish how the project will work.
- Put the key project management artifacts into practice.
- Plan the definition of all of the requirements and deliverables that the Contractor will construct.
- Obtain Florida WIC approval to move to the next phase.

Activities:

- The Contractor and Florida WIC will jointly complete the key project management deliverables. Florida WIC will furnish the templates for these items; the templates will define the content of the project management deliverables. The project management deliverables will provide the control mechanisms to plan, guide, and track the project's progress.
- The Contractor will participate in a project kickoff meeting conducted with Florida WIC in Tallahassee and begin the ongoing process of weekly status reporting.
- The Contractor will develop a Requirements Confirmation Plan to validate the Florida WIC requirements with the functionality of the transfer system. The foundation of this Plan will be the requirements confirmation sessions that will be conducted with Florida WIC subject matter experts and management.

- The Contractor will also develop a System Modification and Transfer Plan that describes the approach to system transfer, modification, and implementation.
- The Contractor will develop the Next Phase document deliverable templates and submit its Phase Completion Checklist with a request for approval to move to the next phase.
- The Contractor will complete all of the phase deliverables listed in the preceding Milestones and Deliverables table.
- Florida WIC will review and approve all deliverables and decide on moving to the requirements confirmation and design of system modifications phase.

Requirements Confirmation and Design of System Modifications Phase

Objectives:

- To confirm the requirements and the design of system modifications and develop the functional and technical documentation deliverables to guide system modifications.
- Procure equipment for the next phase.
- Update the training and implementation plans and project management documents based on decisions made in this phase.
- Obtain Florida WIC approval to move to the next phase.

Activities:

- The Contractor and Florida WIC will jointly complete requirements confirmation sessions with Florida WIC subject matter experts and management. The number and duration of the sessions will be sufficient to cover all of the Florida WIC process areas and the corresponding functional and non-functional requirements. The Contractor will lead the sessions, accurately document the proceedings and decisions, and summarize all in an updated Requirements Traceability Matrix.
- Based on the requirements confirmation sessions, the Contractor will develop a functional design document and a system transfer and modification specification. The functional design document will describe the functional specifications for all inputs, processes, and outputs of the system. The system transfer and modification specification will describe the technical specifications for the structure, components, interfaces, data, and hardware to support the system functions, including a walkthrough with key Florida WIC technical staff.
- The Contractor and Florida WIC will jointly develop plans for data migration, external system interfaces, and security.
- The Contractor and Florida WIC will jointly develop plans for data migration, external system interfaces, and security.
- Florida WIC will procure the equipment for the next phase.

- The Contractor and Florida WIC will jointly update the project management deliverables.
- The Contractor will complete all of the phase deliverables listed in the preceding Milestones and Deliverables table.
- The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase.

System Transfer and Modification Phase

Objectives:

- To transfer, modify, and configure the base system.
- Develop the operational plans, user documentation, and technical documentation.
- Complete all preparations for the user acceptance phase.
- Update the requirements traceability matrix and project management documents based on decisions made in this phase.
- Successfully demonstrate the readiness of the system for user acceptance testing and obtain Florida WIC approval to move to the next phase.

Activities:

- The Contractor will transfer and modify the base system, develop the external system interfaces and data migration routines, test and report the test results, and correct any deficiencies.
- The Contractor will arrange pre and post-construction security and ADA scans of the system, test and report the scan results, and correct any deficiencies.
- The Contractor will provide recommended test cases and scripts for user acceptance testing.
- The Contractor and Florida WIC will jointly develop the operational plans, the user training materials and documentation.
- The Contractor will conduct and report on surveys of the pilot sites and develop the system technical documentation.
- Florida WIC will hire its system support staff.
- The Contractor and Florida WIC will jointly install servers in the five system environments and load all needed software.
- Florida WIC will develop the user acceptance test plan and cases and procure the equipment for the next phase.

- The Contractor and Florida WIC will jointly update the project management documents.
- The Contractor will update the requirements traceability matrix, complete the phase checklist, and demonstrate the readiness of the system for user acceptance testing.
- The Contractor will complete all of the phase deliverables listed in the preceding Milestones and Deliverables table.
- Florida WIC will review and approve all deliverables and decide on moving to the user acceptance phase.

User Acceptance Testing Phase

Objectives:

- To complete preparations for user acceptance testing (UAT), including a functional walkthrough of the application, training for UAT participants, technical staff, and trainers.
- Conduct UAT covering the full range of requirements.
- Capture and fix all identified defects / deficiencies and retest.
- Develop a Pilot Plan and update the user, technical, and project management documentation.
- Complete an evaluation of UAT, confirm the readiness of the system for pilot testing, and obtain Florida WIC approval to move to the next phase.

Activities:

- The Contractor and Florida WIC will jointly conduct a user acceptance phase kick-off meeting.
- The Contractor will conduct a functional walkthrough of the system and train user acceptance participants, technical, and training staff.
- Florida WIC will conduct two rounds of UAT, covering the full range of requirements, and provide time in between rounds for the Contractor to correct defects / deficiencies, retest, and promote changes to the Test environment.
- The Contractor will coordinate stress / performance testing with Florida DOH Information Technology.
- The Contractor will provide dedicated business and technical support during the testing, including on-site presence and access to an automated testing tool for the Department to document and manage test results.
- Florida WIC and the Contractor will develop a pilot plan which will describe how the pilot test will be conducted in at least two sites under live operational conditions.
- The Contractor will update the user and technical documentation.

- Florida WIC will procure the equipment for the pilot phase.
- Florida WIC and the Contractor will evaluate the user acceptance test results, confirm the readiness of the system for pilot testing, and update the project management documents.
- The Contractor will complete all of the phase deliverables listed in the preceding Milestones and Deliverables table.
- The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the pilot phase.

System Pilot Phase

Objectives:

- To complete all preparations for the Pilot Phase, including site hardware installation, training for the Client Services Desk and Pilot Participants, and data migration.
- Complete the Pilot at two sites.
- Evaluate the Pilot results and correct any defects / deficiencies.
- Complete security and ADA scans.
- Update user, technical, and project management documentation.
- Demonstrate successful completion of the Pilot Phase and readiness for Rollout. Obtain Florida WIC approval to move to the next phase.

Activities:

- The Contractor will assist Florida WIC with the installation and testing of scanners, signature pads and any other hardware needed for the Pilot.
- The Contractor will complete Help Desk function preparations for the Florida WIC staff and its own help desk, including training Florida WIC staff in call and diagnostic procedures, reporting, and knowledge management.
- The Contractor will complete the data migration for each Pilot site.
- Florida WIC will conduct the Pilot at two sites for a full month each under live operational conditions. Florida WIC will train the staff at each site. The start date of the Pilot at the second site will be staggered to allow for possible adjustments in the approach or procedures.
- The Contractor will provide business and technical support for the Pilot through second level client services, business process recommendations, and preventative and performance maintenance services.

- The Contractor will correct defects / deficiencies, retest, and promote changes to the appropriate environment at agreed upon intervals. ADA and security scans will be included in the test cycle.
- The Contractor will complete needed updates to the user and technical documentation.
- Florida WIC and the Contractor will evaluate the Pilot test results, confirm the readiness of the system for rollout, and update the project management documents.
- Florida will procure the equipment for the next phase.
- The Contractor will complete all of the phase deliverables listed in the preceding Milestones and Deliverables table.
- The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the rollout phase.

System Rollout Phase

Objectives:

- To train the users and technical support staff and rollout the system in a phased process that will enable the users to successfully adapt and employ the new system for WIC business with little or no disruption of service to clients.

Activities:

- The Contractor will migrate data to support the phased rollout, provide implementation support through its Help Desk and technical staff, and transition responsibility for support to Florida WIC resources in an agreed upon timeframe after implementation.
- The Contractor will correct defects and deficiencies to the satisfaction of Florida WIC and complete a production readiness plan.
- Florida WIC and the Contractor will conduct Implementation Review meetings after each major rollout milestone to determine if possible adjustments in the approach or procedures are required.
- The Contractor will complete needed updates to the user and technical documentation.
- The Contractor and Florida WIC will conduct a post-implementation review and update the project management documents.
- The Contractor will complete all of the phase deliverables listed in the preceding Milestones and Deliverables table.
- The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the project closure / transition to operations and maintenance phase and provide a status to USDA/FNS.

Project Closure / Transition to Operations and Maintenance Phase

Objectives:

- To obtain final versions of the software and configurable items.
- Review the final project invoice and close the project.
- Begin the Operations and Maintenance phase.

Activities:

- The Contractor will provide the final versions of the software, user and technical documentation, and remaining configurable items, including a proposed service level agreement.
- The Contractor and Florida WIC will jointly complete the Operations and Maintenance Service Level Agreement.
- The Contractor will complete the phase checklist, successfully demonstrate completion of the phase, and review its final project invoice with Florida WIC.
- Florida WIC will review and approve the remaining final version deliverables, accept the system, approve the final project invoice.
- Florida WIC will provide written approval to start the Operations and Maintenance phase and provide a status to USDA/FNS.

Out of Scope

The following tasks will not be performed in the scope of this project.

- Develop requirements outside of what is defined in the Requirements documents.
- Meet additional requirements not specified and approved in the final requirements document.
- Design and develop modifications in other related systems to complete an interface to the WIC Data System.
- Purchase replacement equipment for local agencies.
- Upgrade the capacity or change the configuration of the DOH network.
- Purchase/install helpdesk software.
- Develop a Universal Product Code (UPC) database.
- Automate program review monitoring at Local Agency sites.

- Automate physical inventory counts at authorized vendors using handheld scanner devices.

Assumptions and Constraints

Definition of an Assumption

An assumption is a factor that, for planning purposes, is considered to be true, real, or certain without proof or demonstration. The assumptions listed below refer to how the project will function and the results that will be obtained:

Project Assumptions

- Florida WIC does not experience delays, including protests, in the State of Florida competitive procurement process for a system contractor that precedes this proposed project. The contract for the System contractor is signed no later than April 30, 2010.
- The contract to transfer, modify, and implement the proposed system includes:
 - A schedule with an overall timeframe equal to or less than the proposed project schedule attached to this document
 - A purchase price that is equal to or less than the total purchase price in the proposed project budget attached to this document.
- The functionality of the proposed system has been validated through successful operation in multiple state WIC agencies.
- The Florida WIC requirements do not significantly change over the duration of the project.
- There are no new federal or state operational requirements; e.g., regulations, introduced over the duration of the project that carry a significant technology impact.
- The actual Project Schedule is a deliverable due from the system contractor. The schedule will be developed in consultation with Florida WIC. Florida WIC will review, approve, and maintain the schedule for the duration of the project.
- The tasks in the project schedule are organized into phases. The completion of each phase will be subject to the review and acceptance of deliverables by the Florida WIC Deliverable Review Workgroup.
- There are no unforeseen events; e.g., hurricanes or other disasters that cause undue delay or cancel the project.
- The Project Management Plan methodologies provide a clear set of decisions and executable directives to accomplish the project objectives.
- Project Scope is effectively managed over the life of the project using the change control process.

- The Project Deliverables are produced by the system contractor on time with the expected quality.
- The Project Deliverables are carefully reviewed and accepted on a timely basis by Florida WIC Deliverable Review Workgroup.
- The proposed interfaces with related systems are developed without disruption or delay to the project.
- The system hardware configured by DOH IT and quoted for the Project Budget meets or exceeds the hardware configuration prescribed by the system contractor.
- The system hardware is purchased, installed, and operational per the Project Budget and Schedule.
- The hosting rates in the available service center locations do not significantly increase over the current quoted rates.
- The network requirements for the proposed system remain the same for the duration of the project.
- The proposed system meets the DOH IT technology standards and passes security and Americans with Disabilities Act (ADA) scans.
- Florida WIC develops and executes an implementation training plan using a train-the-trainer approach with Local Agency staff that produces a quality of learning that adequately prepares users, enables process improvements, and significantly limits implementation issues.
- Florida WIC completes implementation training in six months or less.
- The rollout of the proposed system overlaps implementation training and is completed in six months or less.
- The rollout of the system begins no later than one month after training starts.
- DOH, DCF, and State Data Center technical management and resources cooperate with Florida WIC and each other.
- Project communication among all parties is direct, professional, and prompt.
- The system contractor remains financially healthy and does not experience any significant change in ownership for the duration of the project.
- Any external reviews/approvals by USDA/FNS occur in a timely manner so there is no delay in project execution.

Definition of a Constraint

A constraint is any applicable restriction or limitation, internal or external to the project that will affect the performance of the project or a project management process.

Project Constraints

- The System contractor and Florida WIC project teams shall complete critical path tasks as planned.
- Florida WIC shall hire qualified professional project and technical support staff as planned and retain them for the duration of the project.
- Florida WIC staff shall provide support to the project when needed.
- The DOH, DCF, State Data Center, and other needed technical resources shall support the project when needed.
- System contractor shall provide qualified professional staff and retain them for the duration of the project
- The System contractor shall provide a System Readiness Certificate upon satisfactory completion of initial transfer and modification, completion of revisions from user acceptance testing, and completion of revisions from pilot testing
- The System contractor and Florida WIC project teams shall abide by the process rigor specified in the Project Management Plan.

Stakeholders

The primary stakeholders of the project are:

Stakeholders	Authority
USDA, Food & Nutrition Service (FNS)	<ul style="list-style-type: none"> • Oversight responsibility for the Florida WIC Program • Reviews and approves Advance Planning Document Update (APDU) • Reviews and approves Milestone Status Reports
Technology Review Workgroup (TRW)	<ul style="list-style-type: none"> • Reviews and approves Schedule IV-B analysis • Recommends funding status to the Florida Legislature • Monitors project status
System Contractor	<ul style="list-style-type: none"> • Performs system transfer, modification, system testing, training, documentation, and facilitates roll out.
DOH, Division of Family Health Services	<ul style="list-style-type: none"> • Provides project and executive sponsors • Reviews and approve deliverables and the overall direction of the project. • Provide financial support, approves development and implementation of project deliverables.
DOH, Division of Information Technology (DOH IT)	<ul style="list-style-type: none"> • Architectural review of technical deliverables • Responsible for data security, data integration, compliance with IT standards

Stakeholders	Authority
DOH, Division of Information Technology Project Management Office (DOH IT PMO)	<ul style="list-style-type: none"> • Process governance • Reviews and approves project Monthly status and budget reports • Reports status to the Tier 3 Governance Committee
DOH Governance Committee	<ul style="list-style-type: none"> • Oversight responsibility for the project • Reports status to the State Surgeon General
DCF, Division of Information Technology (DCF IT)	<ul style="list-style-type: none"> • Responsible for jointly planning and supporting the migration from the mainframe to the new system • Jointly developing the interface between the new system and ACCESS Florida, used to determine adjunctive eligibility
DOH County Health Departments	Provide administrative oversight of 40 of the 42 Local WIC Agencies.
The Centers for Disease Control (CDC)	Uses Florida's de-identified data for nutrition surveillance.
State Data Centers	Responsible for housing production and disaster recovery servers

Signature and Acceptance Page

We have reviewed the **WIC Data System – Implementation Phase - Project Charter** and agree that the content of the document is accurate and clearly delineates the work to be done as of this point in the project. This document serves as the source of project information and will be updated as required.

Philip Kidder, PMP
WIC System Project Manager

Date

System Contractor Project Manager

Date

System Contractor Executive

Date

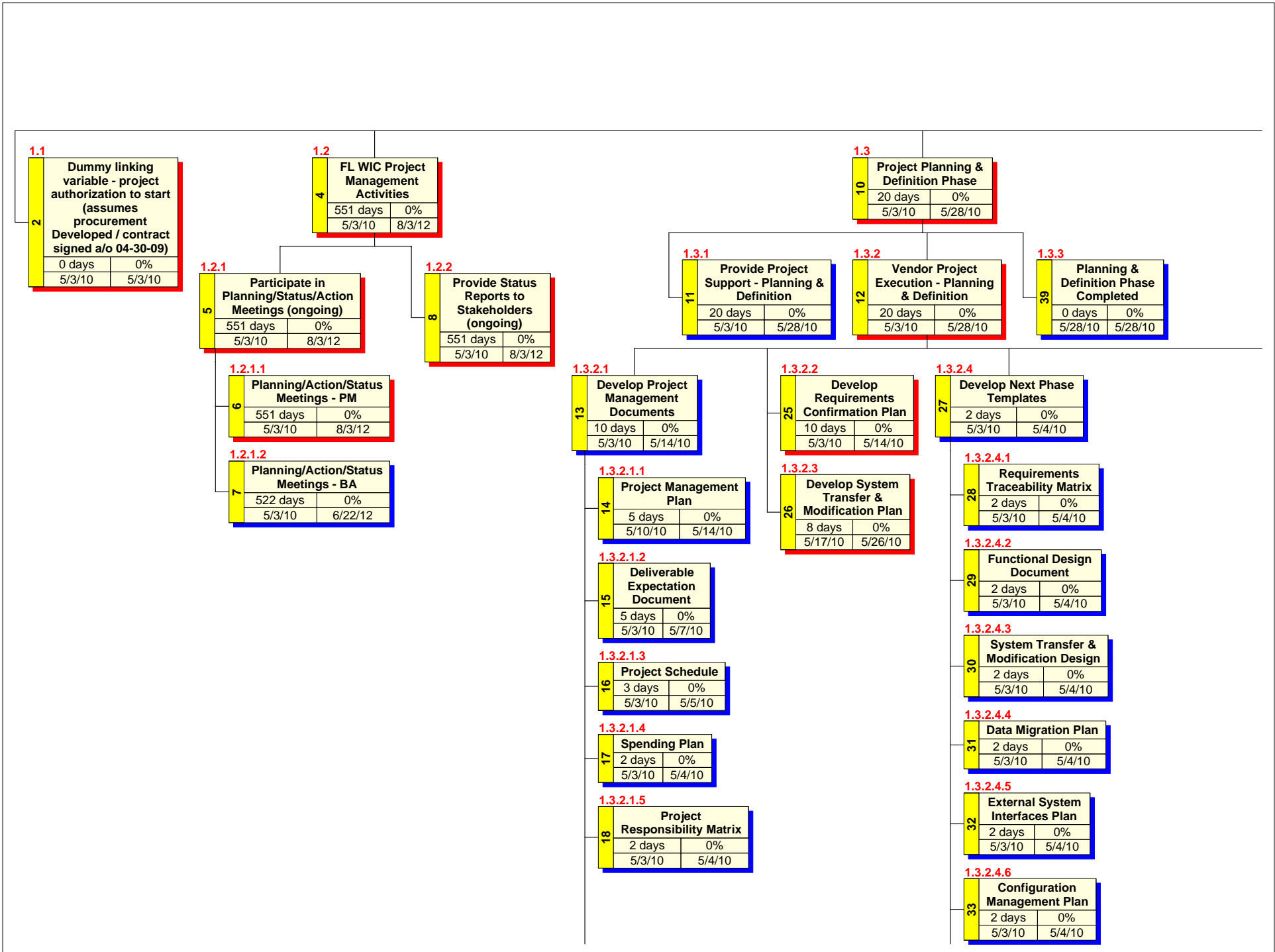
John Harrison
Contract Manager

Date

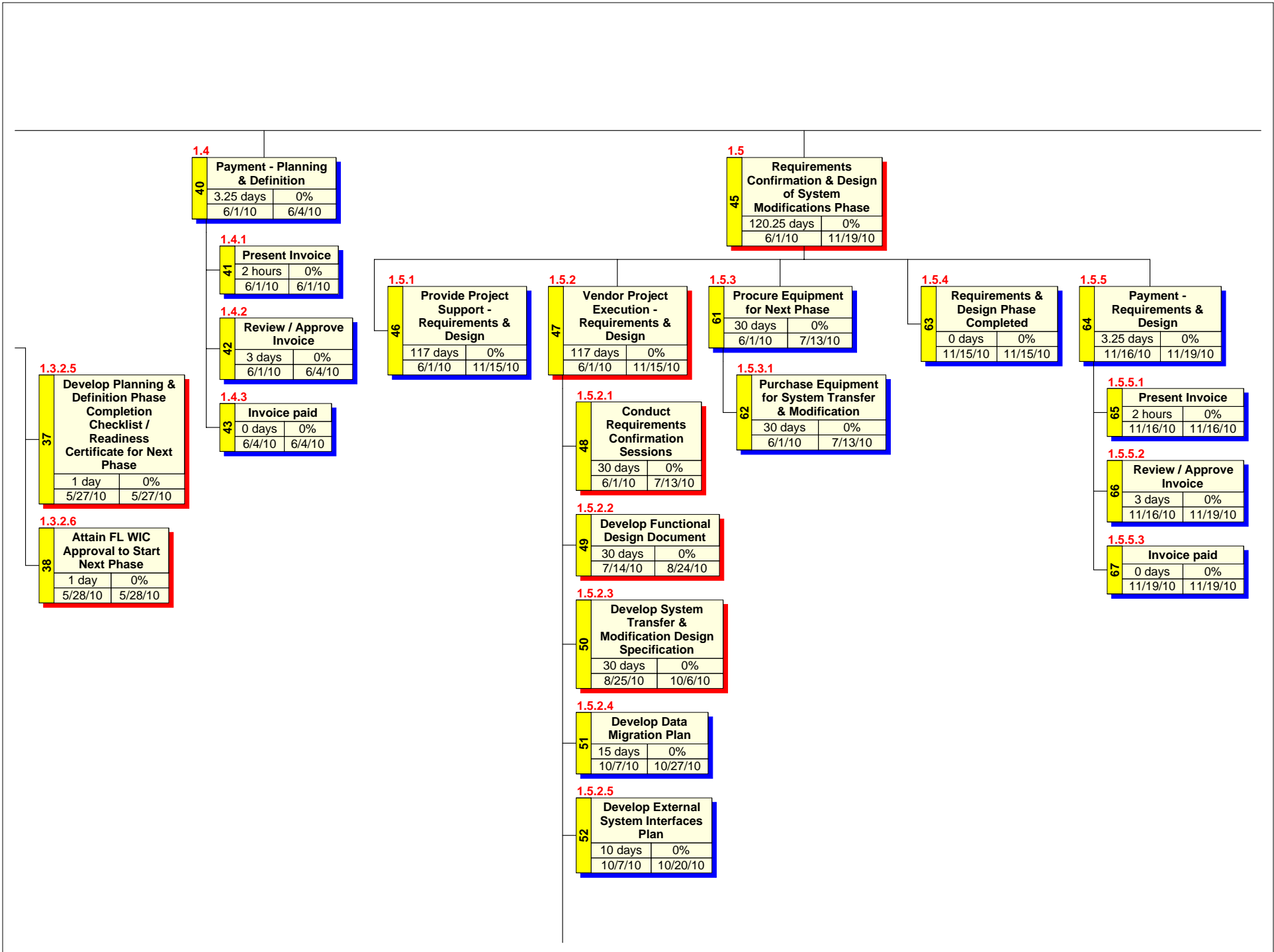
Debbie Eibeck
Project Sponsor
Chief, Bureau of WIC & Nutrition Services

Date

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B



Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B



Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

68	1.6 System Transfer & Modification Phase	
	429 days	0%
	10/25/10	8/3/12

70	1.6.1 Provide Project Support - Transfer & Modification	
	147 days	0%
	11/16/10	6/29/11

71	1.6.2 Hire WIC System Support Staff	
	60 days	0%
	11/16/10	2/25/11

74	1.6.3 Procure Equipment for Next Phase	
	30 days	0%
	1/14/11	2/25/11

76	1.6.4 Vendor Project Execution - Transfer & Modification	
	147 days	0%
	11/16/10	6/29/11

89	1.6.5 Transfer & Modification Phase Completed	
	0 days	0%
	6/29/11	6/29/11

72	1.6.2.1 Hire System Support Staff	
	30 days	0%
	11/16/10	1/13/11

75	1.6.3.1 Purchase Equipment for UAT	
	30 days	0%
	1/14/11	2/25/11

77	1.6.4.1 Transfer / Develop Modifications to the Base System	
	95 days	0%
	11/16/10	4/15/11

92	1.6.6.1 Provide WIC Technical Support Services (ongoing)	
	354 days	0%
	2/28/11	8/3/12

73	1.6.2.2 On-board/Train System Support Staff	
	30 days	0%
	1/14/11	2/25/11

78	1.6.4.2 Develop Tests, Reports, Corrections, & Retests	
	50 days	0%
	4/18/11	6/27/11

79	1.6.4.3 Conduct System Transfer & Modification Security & ADA Scans	
	12 days	0%
	11/16/10	12/6/10

80	1.6.4.4 Provide Recommended User Acceptance Test Cases	
	10 days	0%
	11/16/10	12/2/10

81	1.6.4.5 Develop Pilot Site Surveys	
	10 days	0%
	11/16/10	12/2/10

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

1	WIC Data System Project - Implementation Phase	
	551 days	0%
	5/3/10	8/3/12

1.7	User Acceptance Testing Phase	
	60.25 days	0%
	6/30/11	9/26/11

1.6.6	91	Provide Ongoing System Support	
		429 days	0%
		10/25/10	8/3/12

1.6.7	141	Payment - Transfer & Modification	
		3.25 days	0%
		6/30/11	7/6/11

1.7.1	147	Provide Project Support - UAT	
		57 days	0%
		6/30/11	9/20/11

1.7.2	148	Vendor Project Execution - UAT	
		57 days	0%
		6/30/11	9/20/11

1.6.6.2	93	Provide Data Center Services	
		305 days	0%
		4/25/11	7/23/12

1.6.6.3	110	Provide Integration Services	
		305 days	0%
		4/25/11	7/23/12

1.6.6.4	127	Interface Development Support	
		223 days	0%
		10/25/10	9/26/11

1.6.7.1	142	Present Invoice	
		2 hours	0%
		6/30/11	6/30/11

1.6.7.2	143	Review / Approve Invoice	
		3 days	0%
		6/30/11	7/6/11

1.6.7.3	144	Invoice paid	
		0 days	0%
		7/6/11	7/6/11

1.7.2.1	149	Conduct UAT Kickoff / Functional Walkthrough	
		4 days	0%
		6/30/11	7/6/11

1.7.2.2	150	Provide UAT Training - trainers, users, technical staff	
		10 days	0%
		7/7/11	7/20/11

1.7.2.3	151	Complete UAT Data Migration	
		5 days	0%
		7/7/11	7/13/11

1.7.2.4	152	Provide Test Support & Correct Defects / Deficiencies - Round 1	
		17 days	0%
		7/21/11	8/12/11

1.7.2.5	153	Provide Test Support & Correct Defects / Deficiencies - Round 2	
		16 days	0%
		8/15/11	9/6/11

1.7.2.6	154	Evaluate UAT Results w/ FL WIC	
		3 days	0%
		9/7/11	9/9/11

1.6.6.2.1	94	Provide Data Center Services 1	
		1 day	0%
		4/25/11	4/25/11

1.6.6.2.2	95	Provide Data Center Services 2	
		1 day	0%
		5/23/11	5/23/11

1.6.6.2.3	96	Provide Data Center Services 3	
		1 day	0%
		6/27/11	6/27/11

1.6.6.2.4	97	Provide Data Center Services 4	
		1 day	0%
		7/25/11	7/25/11

1.6.6.2.5	98	Provide Data Center Services 5	
		1 day	0%
		8/22/11	8/22/11

1.6.6.2.6	99	Provide Data Center Services 6	
		1 day	0%
		9/26/11	9/26/11

1.6.6.3.1	111	Provide Integration Services 1	
		1 day	0%
		4/25/11	4/25/11

1.6.6.3.2	112	Provide Integration Services 2	
		1 day	0%
		5/23/11	5/23/11

1.6.6.3.3	113	Provide Integration Services 3	
		1 day	0%
		6/27/11	6/27/11

1.6.6.3.4	114	Provide Integration Services 4	
		1 day	0%
		7/25/11	7/25/11

1.6.6.3.5	115	Provide Integration Services 5	
		1 day	0%
		8/22/11	8/22/11

1.6.6.3.6	116	Provide Integration Services 6	
		1 day	0%
		9/26/11	9/26/11

1.6.6.4.1	128	Interface Development Support 1	
		1 day	0%
		10/25/10	10/25/10

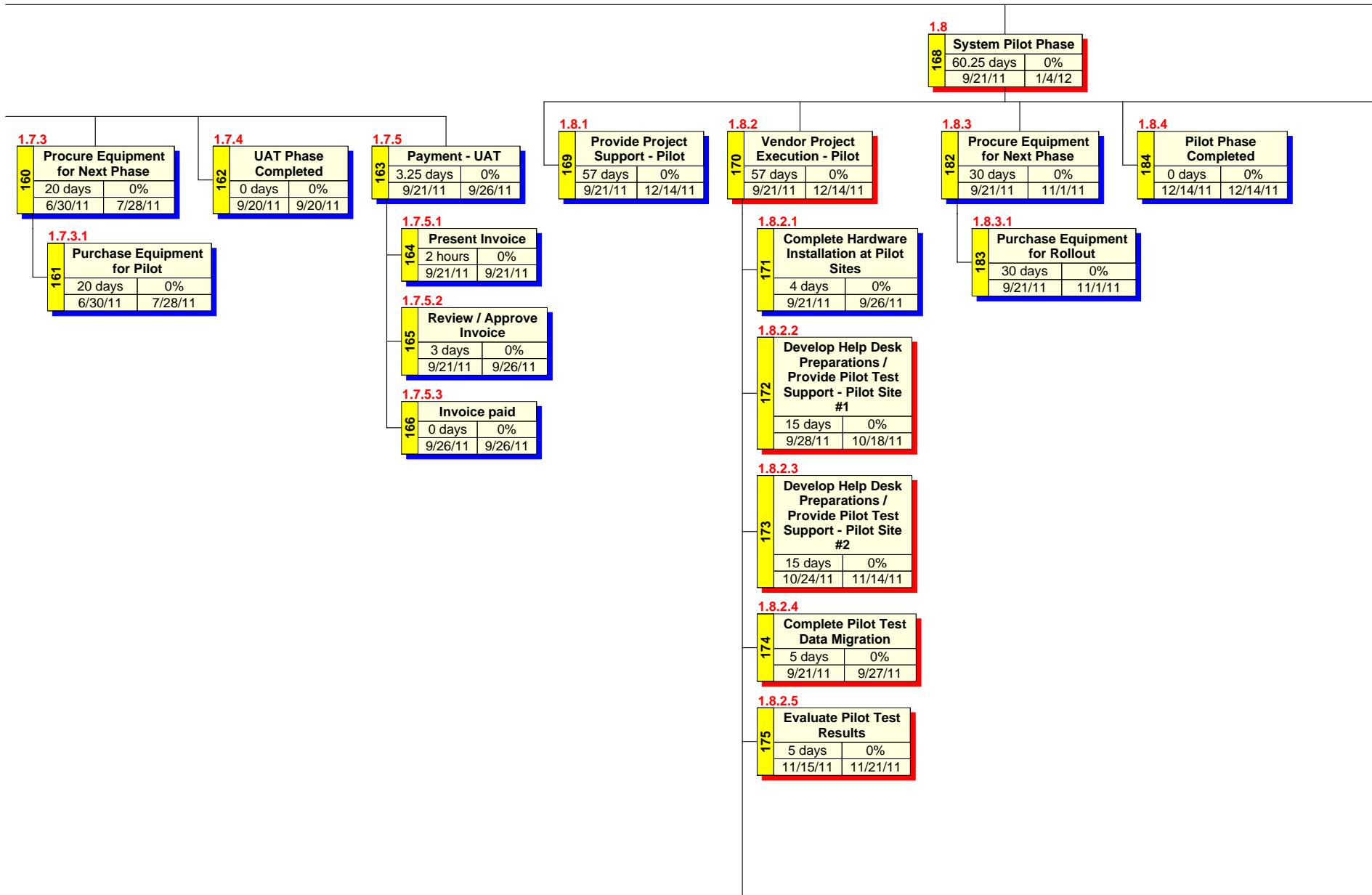
1.6.6.4.2	129	Interface Development Support 2	
		1 day	0%
		11/29/10	11/29/10

1.6.6.4.3	130	Interface Development Support 3	
		1 day	0%
		1/3/11	1/3/11

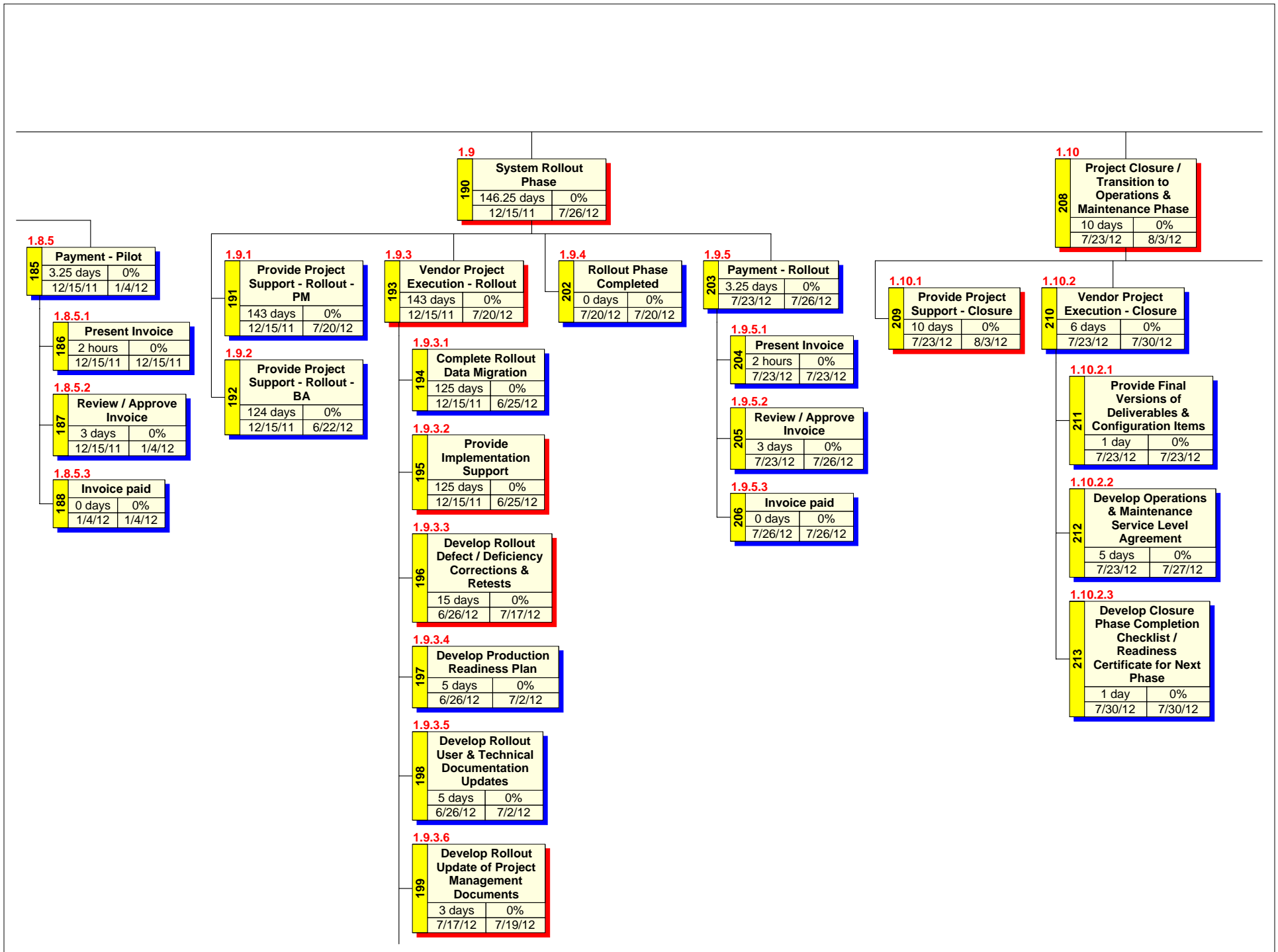
1.6.6.4.4	131	Interface Development Support 4	
		1 day	0%
		1/31/11	1/31/11

1.6.6.4.5	132	Interface Development Support 5	
		1 day	0%
		2/28/11	2/28/11

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B



Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B



Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

1.11

219	Project Completed	
	0 days	0%
	8/3/12	8/3/12

1.10.3

214	Complete Final Project Invoice Review	
	3.38 days	0%
	7/31/12	8/3/12

1.10.3.1

215	Present Invoice	
	2 hours	0%
	7/31/12	7/31/12

1.10.3.2

216	Review / Approve Invoice	
	3 days	0%
	7/31/12	8/3/12

1.10.3.3

217	Invoice paid	
	0 days	0%
	8/3/12	8/3/12

1.10.3.4

218	Attain FL WIC Acceptance of the System / Start Operations & Maintenance	
	1 hour	0%
	8/3/12	8/3/12

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

19	1.3.2.1.6		Risk Management Plan / Database	
	1 day	0%	5/3/10	5/3/10
20	1.3.2.1.7		Issue Management Plan / Database	
	1 day	0%	5/3/10	5/3/10
21	1.3.2.1.8		Action Item Database	
	1 day	0%	5/3/10	5/3/10
22	1.3.2.1.9		Lesson Learned Database	
	1 day	0%	5/3/10	5/3/10
23	1.3.2.1.10		Weekly Status Report Template	
	1 day	0%	5/3/10	5/3/10
24	1.3.2.1.11		Project Management Documents Completed	
	0 days	0%	5/14/10	5/14/10
34	1.3.2.4.7		Test Plan & Test Case	
	2 days	0%	5/3/10	5/4/10
35	1.3.2.4.8		Security Plan	
	2 days	0%	5/3/10	5/4/10
36	1.3.2.4.9		Next Phase Templates Completed	
	0 days	0%	5/4/10	5/4/10

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

1.5.2.6

53	Develop Configuration Management Plan	
	5 days	0%
	6/1/10	6/7/10

1.5.2.7

54	Develop Security Plan	
	10 days	0%
	10/7/10	10/20/10

1.5.2.8

55	Develop Test Plan	
	10 days	0%
	10/7/10	10/20/10

1.5.2.9

56	Develop Test Cases (all except UAT)	
	15 days	0%
	10/21/10	11/10/10

1.5.2.10

57	Update Training / Implementation Plans	
	12 days	0%
	7/14/10	7/29/10

1.5.2.11

58	Update Project Management Documents	
	5 days	0%
	11/5/10	11/12/10

1.5.2.12

59	Develop Requirements & Design Phase Completion Checklist / Readiness Certificate for Next Phase	
	1 day	0%
	11/12/10	11/12/10

1.5.2.13

60	Attain FL WIC Approval to Start Next Phase	
	1 day	0%
	11/15/10	11/15/10

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

1.6.4.6		
82	Develop Operational Plans	
	20 days	0%
	11/16/10	12/16/10
1.6.4.7		
83	Develop User Documentation	
	30 days	0%
	11/16/10	1/13/11
1.6.4.8		
84	Develop Technical Documentation	
	30 days	0%
	11/16/10	1/13/11
1.6.4.9		
85	Establish the Five Server Environments	
	30 days	0%
	2/28/11	4/8/11
1.6.4.10		
86	Update Project Management Documents	
	5 days	0%
	6/22/11	6/28/11
1.6.4.11		
87	Develop Transfer & Modification Phase Completion Checklist / Readiness Certificate for Next Phase	
	1 day	0%
	6/28/11	6/28/11
1.6.4.12		
88	Attain FL WIC Approval to Start Next Phase	
	1 day	0%
	6/29/11	6/29/11

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

100	1.6.6.2.7		Provide Data Center Services 7	
	1 day	0%		
	10/24/11	10/24/11		
101	1.6.6.2.8		Provide Data Center Services 8	
	1 day	0%		
	11/28/11	11/28/11		
102	1.6.6.2.9		Provide Data Center Services 9	
	1 day	0%		
	1/3/12	1/3/12		
103	1.6.6.2.10		Provide Data Center Services 10	
	1 day	0%		
	1/23/12	1/23/12		
104	1.6.6.2.11		Provide Data Center Services 11	
	1 day	0%		
	2/27/12	2/27/12		
105	1.6.6.2.12		Provide Data Center Services 12	
	1 day	0%		
	3/26/12	3/26/12		
106	1.6.6.2.13		Provide Data Center Services 13	
	1 day	0%		
	4/23/12	4/23/12		
107	1.6.6.2.14		Provide Data Center Services 14	
	1 day	0%		
	5/29/12	5/29/12		
108	1.6.6.2.15		Provide Data Center Services 15	
	1 day	0%		
	6/25/12	6/25/12		
109	1.6.6.2.16		Provide Data Center Services 16	
	1 day	0%		
	7/23/12	7/23/12		

117	1.6.6.3.7		Provide Integration Services 7	
	1 day	0%		
	10/24/11	10/24/11		
118	1.6.6.3.8		Provide Integration Services 8	
	1 day	0%		
	11/28/11	11/28/11		
119	1.6.6.3.9		Provide Integration Services 9	
	1 day	0%		
	1/3/12	1/3/12		
120	1.6.6.3.10		Provide Integration Services 10	
	1 day	0%		
	1/23/12	1/23/12		
121	1.6.6.3.11		Provide Integration Services 11	
	1 day	0%		
	2/27/12	2/27/12		
122	1.6.6.3.12		Provide Integration Services 12	
	1 day	0%		
	3/26/12	3/26/12		
123	1.6.6.3.13		Provide Integration Services 13	
	1 day	0%		
	4/23/12	4/23/12		
124	1.6.6.3.14		Provide Integration Services 14	
	1 day	0%		
	5/29/12	5/29/12		
125	1.6.6.3.15		Provide Integration Services 15	
	1 day	0%		
	6/25/12	6/25/12		
126	1.6.6.3.16		Provide Integration Services 16	
	1 day	0%		
	7/23/12	7/23/12		

133	1.6.6.4.6		Interface Development Support 6	
	1 day	0%		
	3/28/11	3/28/11		
134	1.6.6.4.7		Interface Development Support 7	
	1 day	0%		
	4/25/11	4/25/11		
135	1.6.6.4.8		Interface Development Support 8	
	1 day	0%		
	5/31/11	5/31/11		
136	1.6.6.4.9		Interface Development Support 9	
	1 day	0%		
	6/27/11	6/27/11		
137	1.6.6.4.10		Interface Development Support 10	
	1 day	0%		
	7/25/11	7/25/11		
138	1.6.6.4.11		Interface Development Support 11	
	1 day	0%		
	8/29/11	8/29/11		
139	1.6.6.4.12		Interface Development Support 12	
	1 day	0%		
	9/26/11	9/26/11		

155	1.7.2.7		Develop Pilot Test Plan	
	5 days	0%		
	7/7/11	7/13/11		
156	1.7.2.8		Develop UAT User & Technical Documentation Updates	
	5 days	0%		
	9/12/11	9/16/11		
157	1.7.2.9		Develop UAT Update of Project Management Documents	
	5 days	0%		
	9/13/11	9/19/11		
158	1.7.2.10		Develop UAT Phase Completion Checklist / Readiness Certificate for Next Phase	
	1 day	0%		
	9/19/11	9/19/11		
159	1.7.2.11		Attain FL WIC Approval to Start Next Phase	
	1 day	0%		
	9/20/11	9/20/11		

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

1.8.2.6

176	Develop Pilot Test Defect / Deficiency Corrections & Retests	
	7 days	0%
	11/22/11	12/5/11

1.8.2.7

177	Complete Pilot Test Security & ADA Scans	
	5 days	0%
	12/6/11	12/12/11

1.8.2.8

178	Develop Pilot Test User & Technical Documentation Updates	
	5 days	0%
	12/6/11	12/12/11

1.8.2.9

179	Develop Pilot Test Update of Project Management Documents	
	5 days	0%
	12/7/11	12/13/11

1.8.2.10

180	Develop Pilot Phase Completion Checklist / Readiness Certificate for Next Phase	
	1 day	0%
	12/13/11	12/13/11

1.8.2.11

181	Attain FL WIC Approval to Start Next Phase	
	1 day	0%
	12/14/11	12/14/11

Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

1.9.3.7

200	Develop Rollout Phase Completion Checklist / Readiness Certificate for Next Phase	
	2 days	0%
	7/18/12	7/19/12

1.9.3.8

201	Attain FL WIC Approval to Start Next Phase	
	1 day	0%
	7/20/12	7/20/12

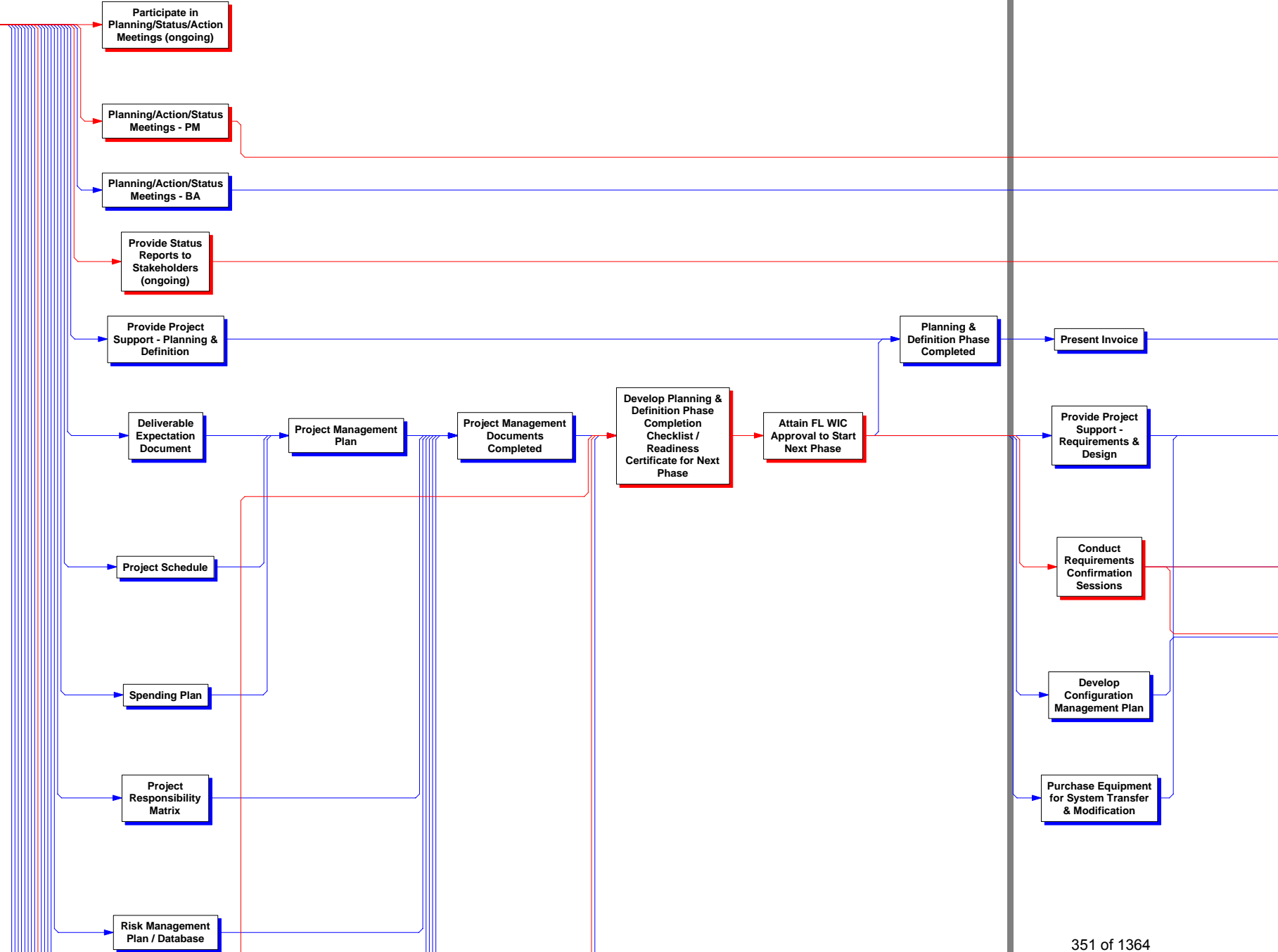
Work Breakdown Structure - Proposed Schedule - SFY 2010-11 Schedule IV-B

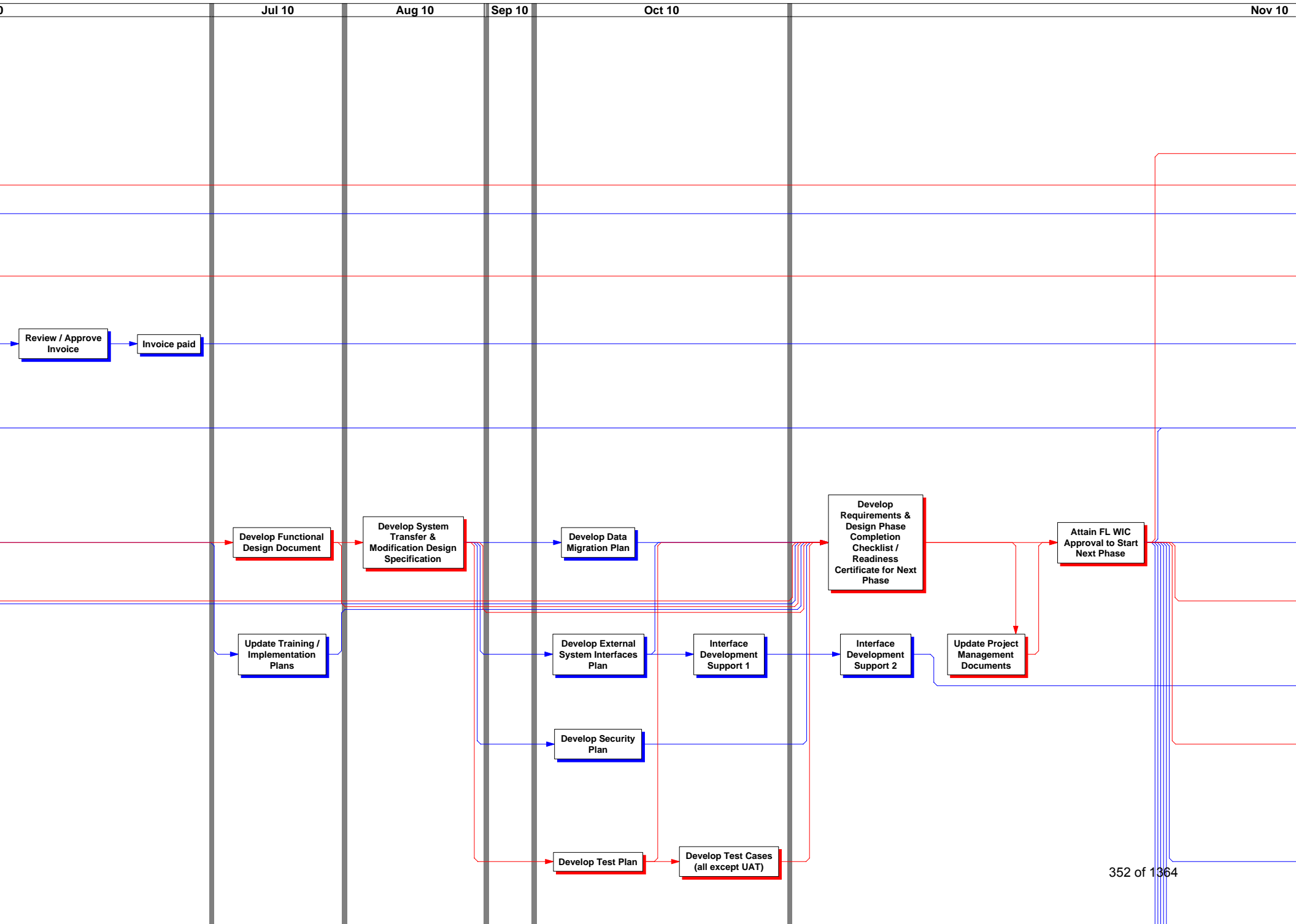


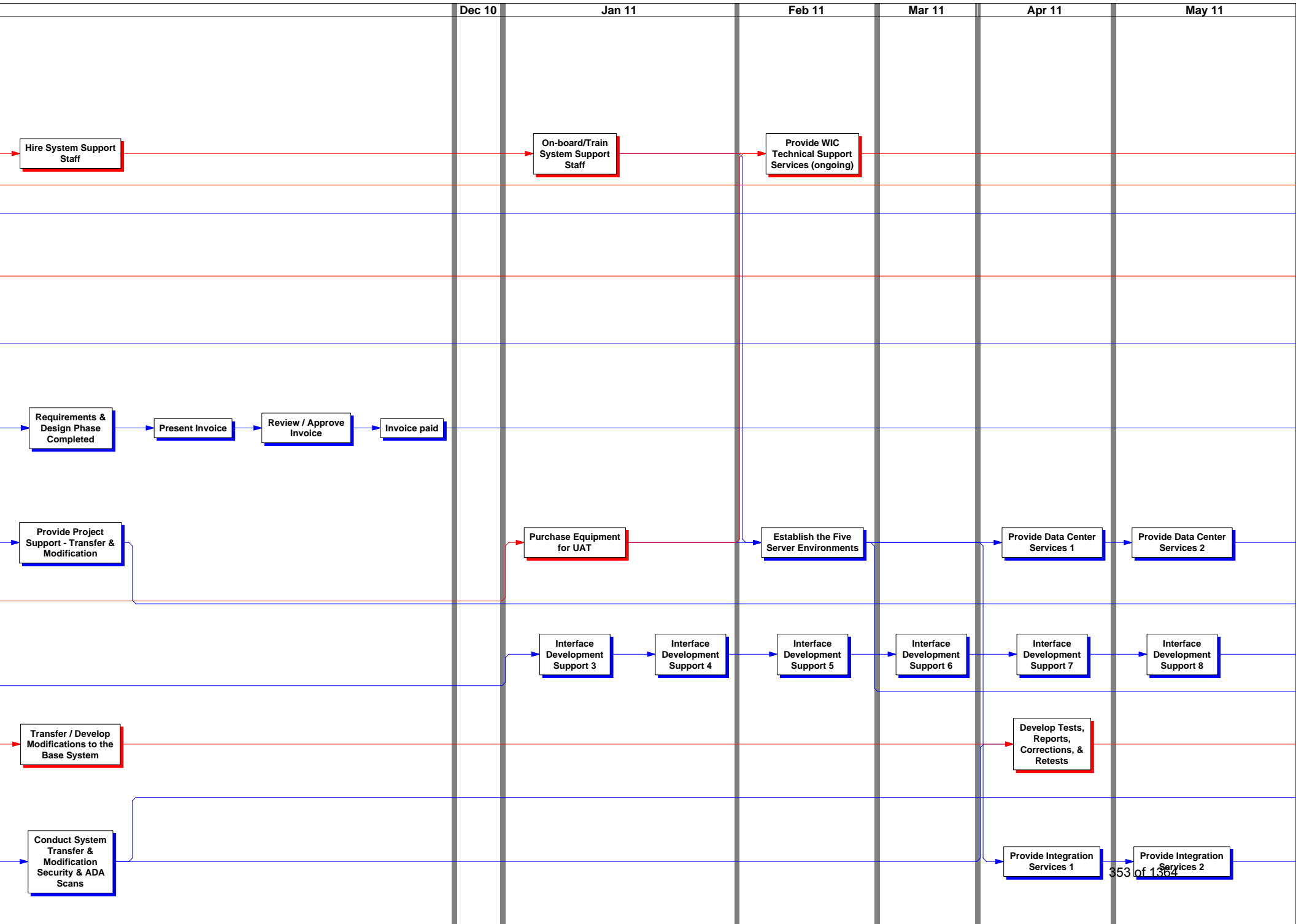
May 10

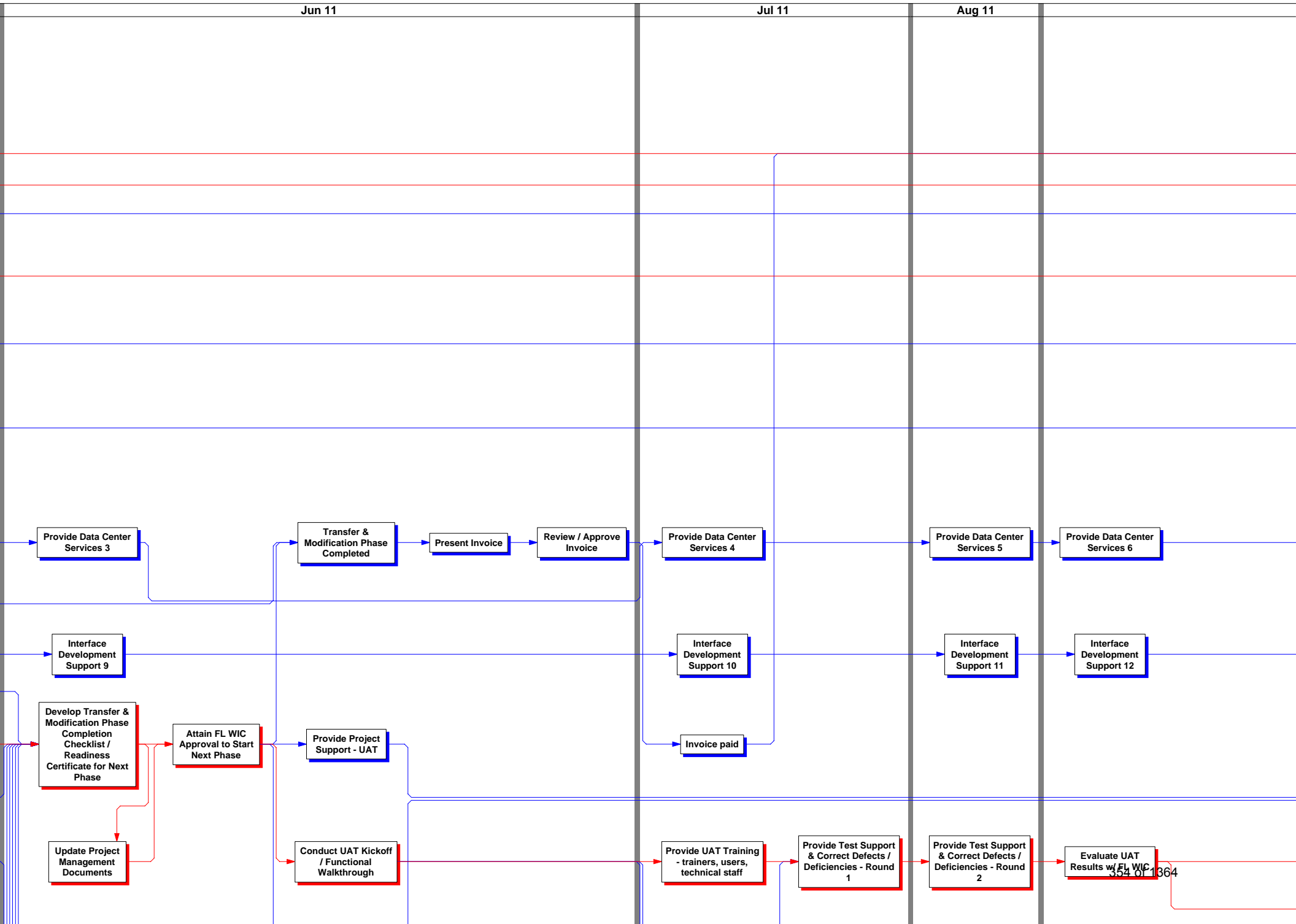
Jun 10

Dummy linking variable - project authorization to start (assumes procurement Developed / contract signed a/o 04-30-09)







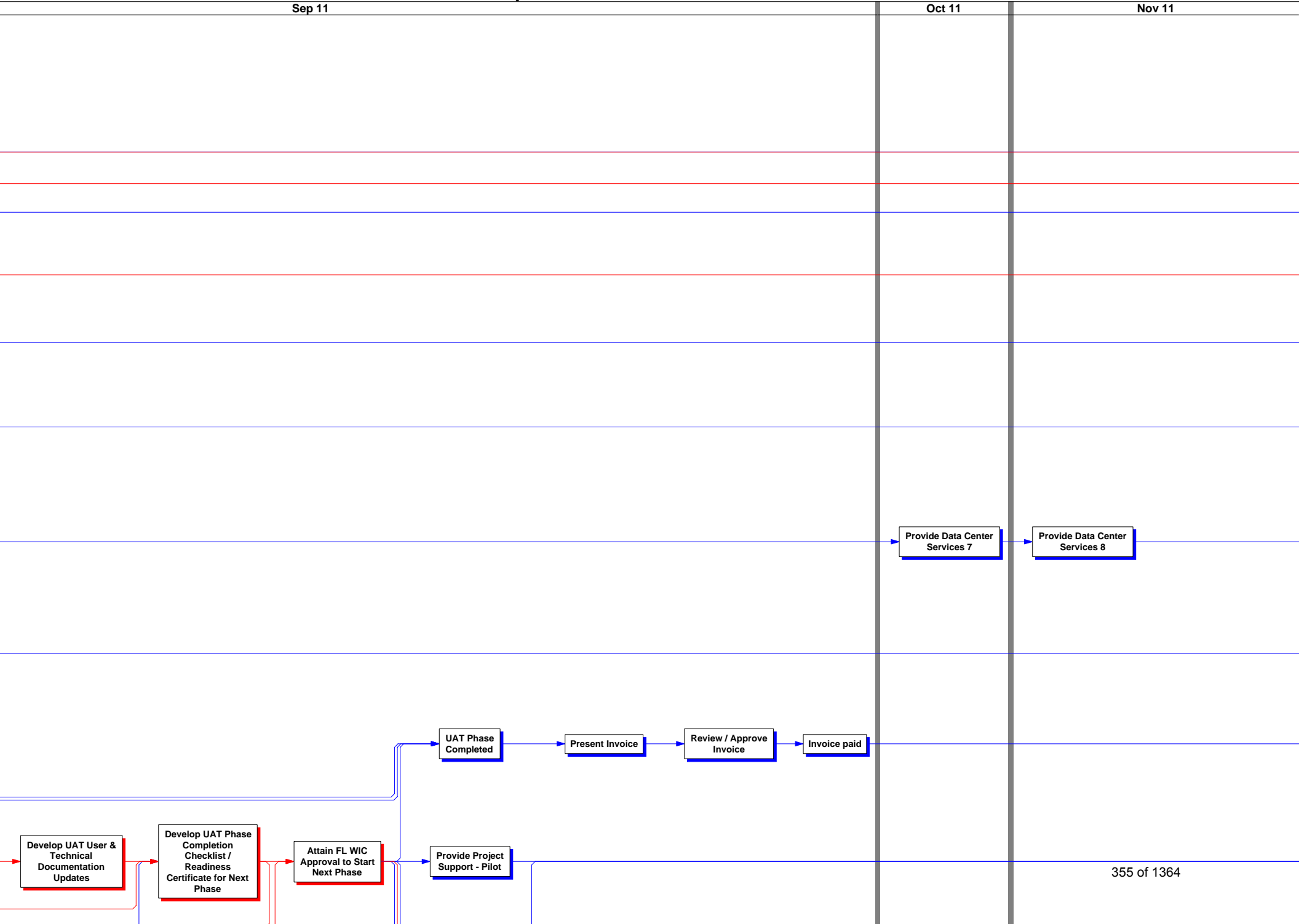


PERT View - Proposed Schedule - SFY 2010-11 Schedule IV-B

Sep 11

Oct 11

Nov 11



Dec 11

Jan 12

Feb 12

Mar 12

Pilot Phase Completed

Present Invoice

Review / Approve Invoice

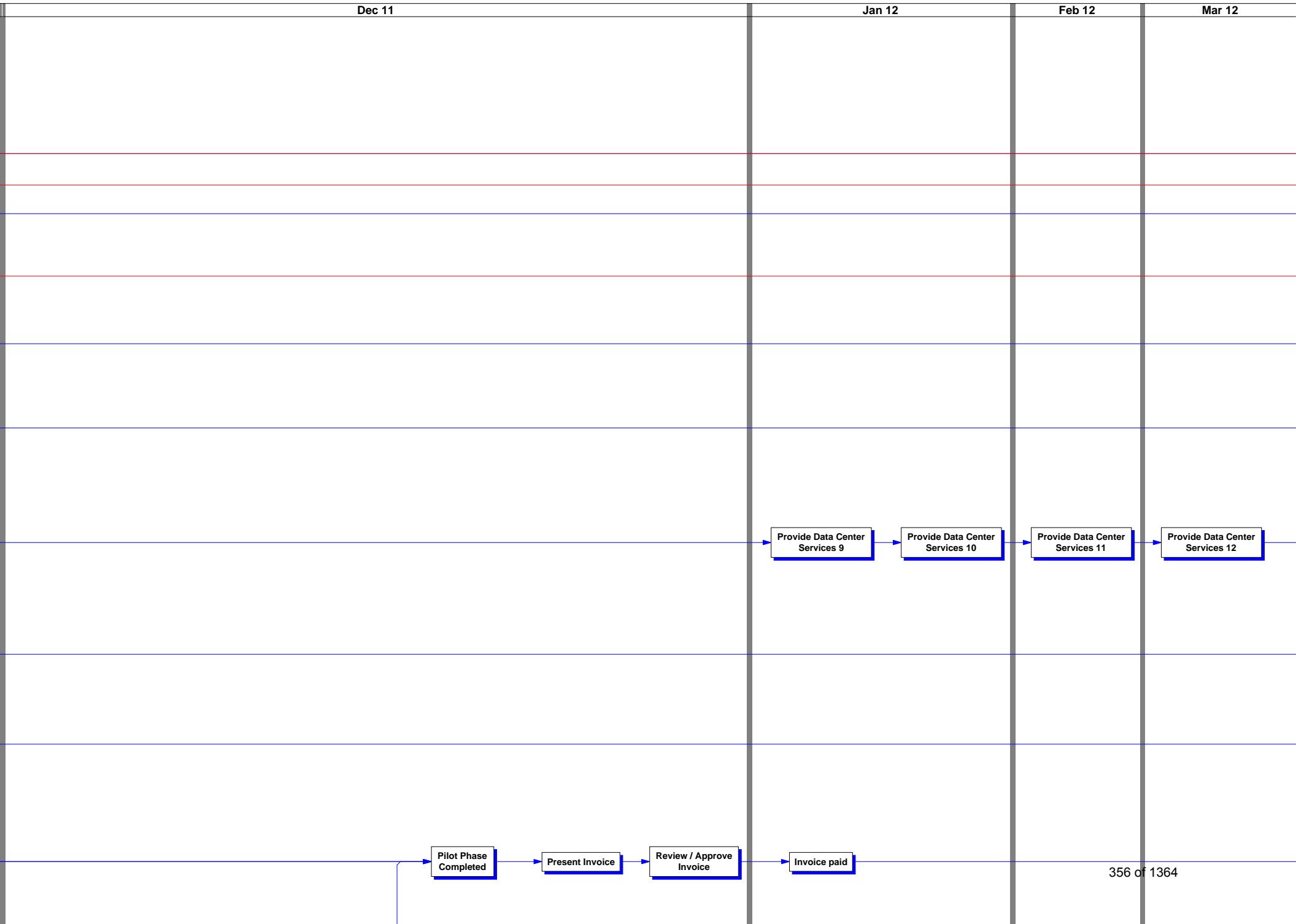
Invoice paid

Provide Data Center Services 9

Provide Data Center Services 10

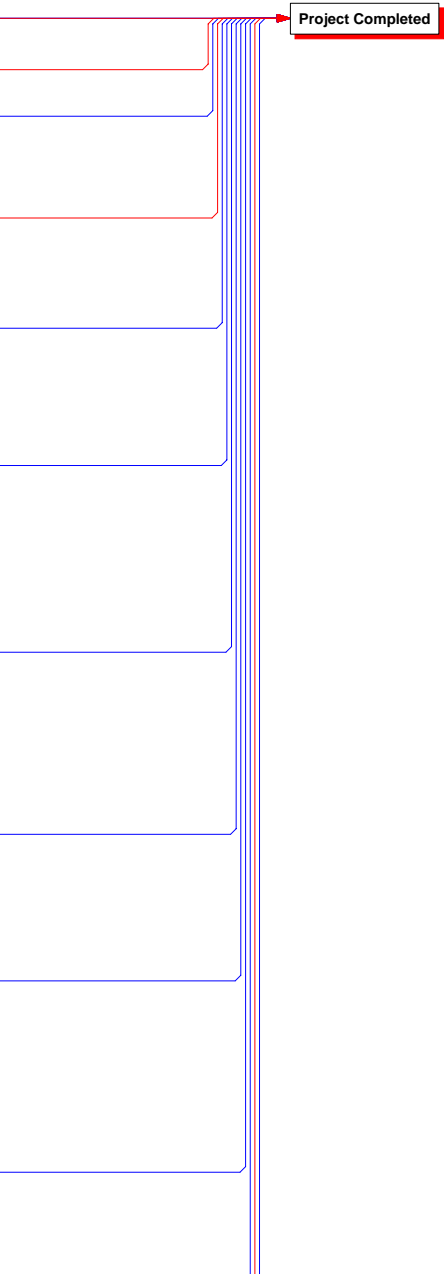
Provide Data Center Services 11

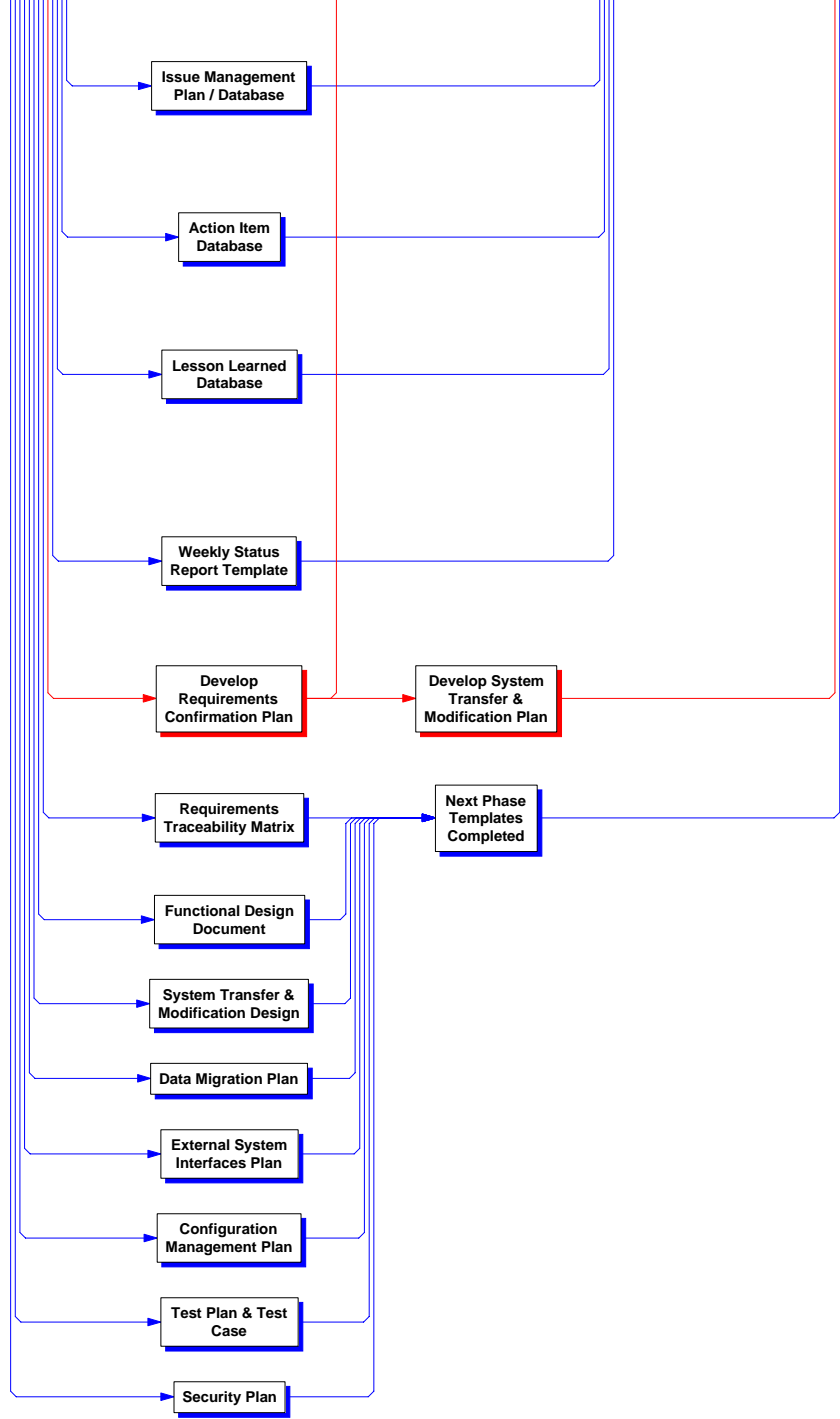
Provide Data Center Services 12

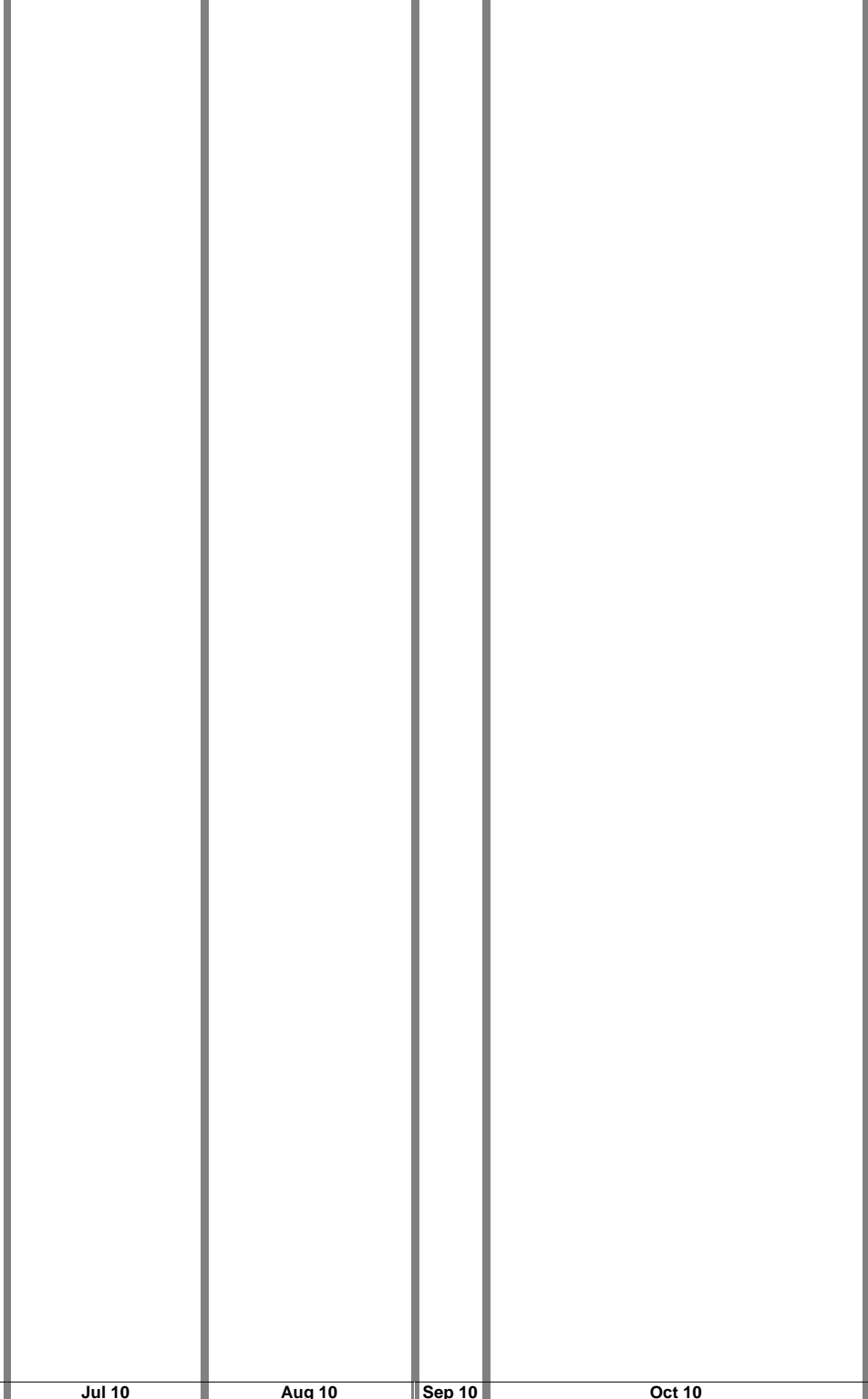




Aug 12







Jul 10

Aug 10

Sep 10

Oct 10

Nov 10

Provide Recommended User Acceptance Test Cases

Develop Pilot Site Surveys

Develop Operational Plans

Develop User Documentation

Develop Technical Documentation

Dec 10

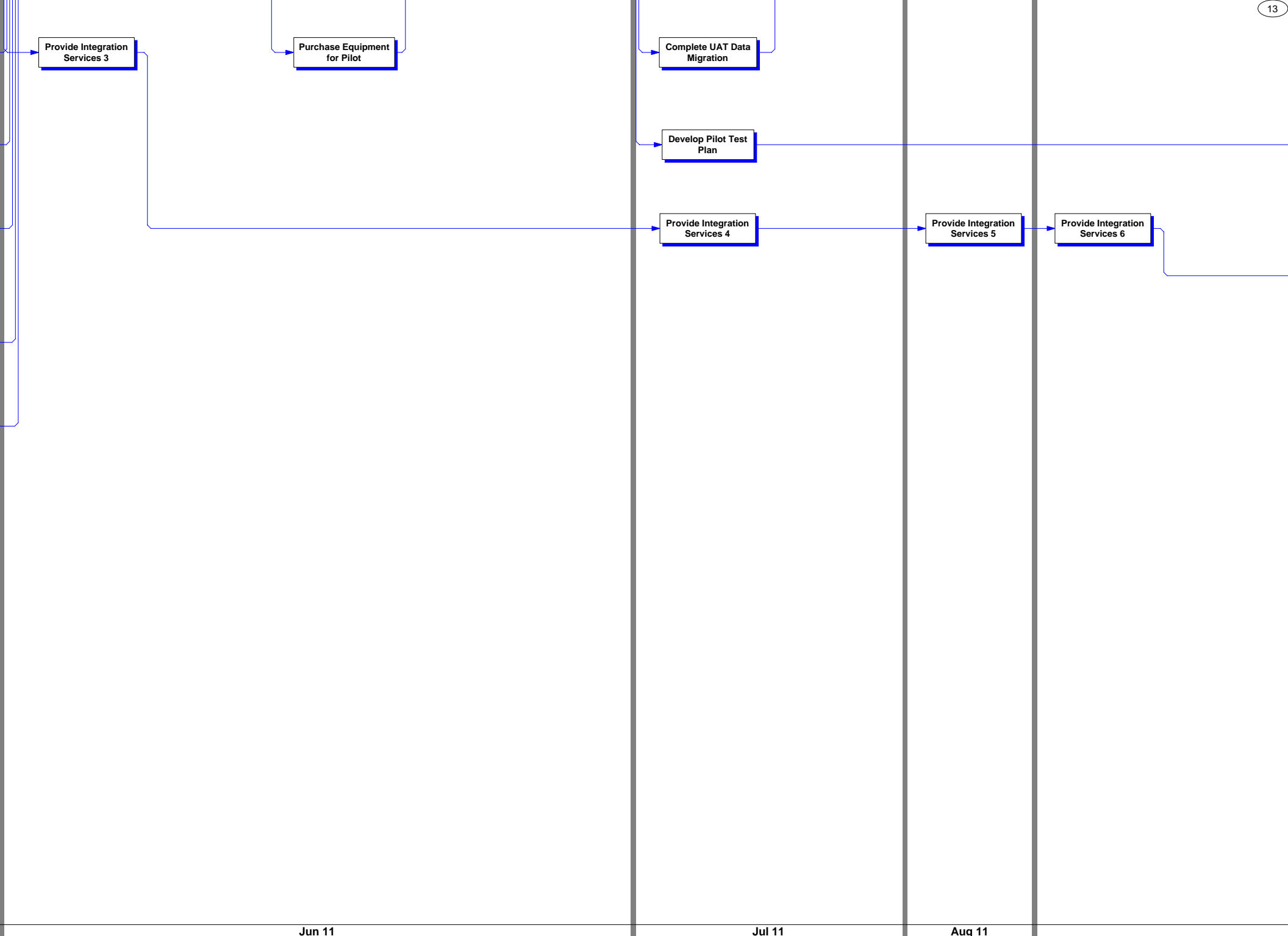
Jan 11

Feb 11

Mar 11

Apr 11

May 11



Jun 11

Jul 11

Aug 11

Develop UAT Update of Project Management Documents

Complete Hardware Installation at Pilot Sites

Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #1

Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #2

Evaluate Pilot Test Results

Develop Pilot Test Defect / Deficiency Corrections & Retests

Complete Pilot Test Data Migration

Purchase Equipment for Rollout

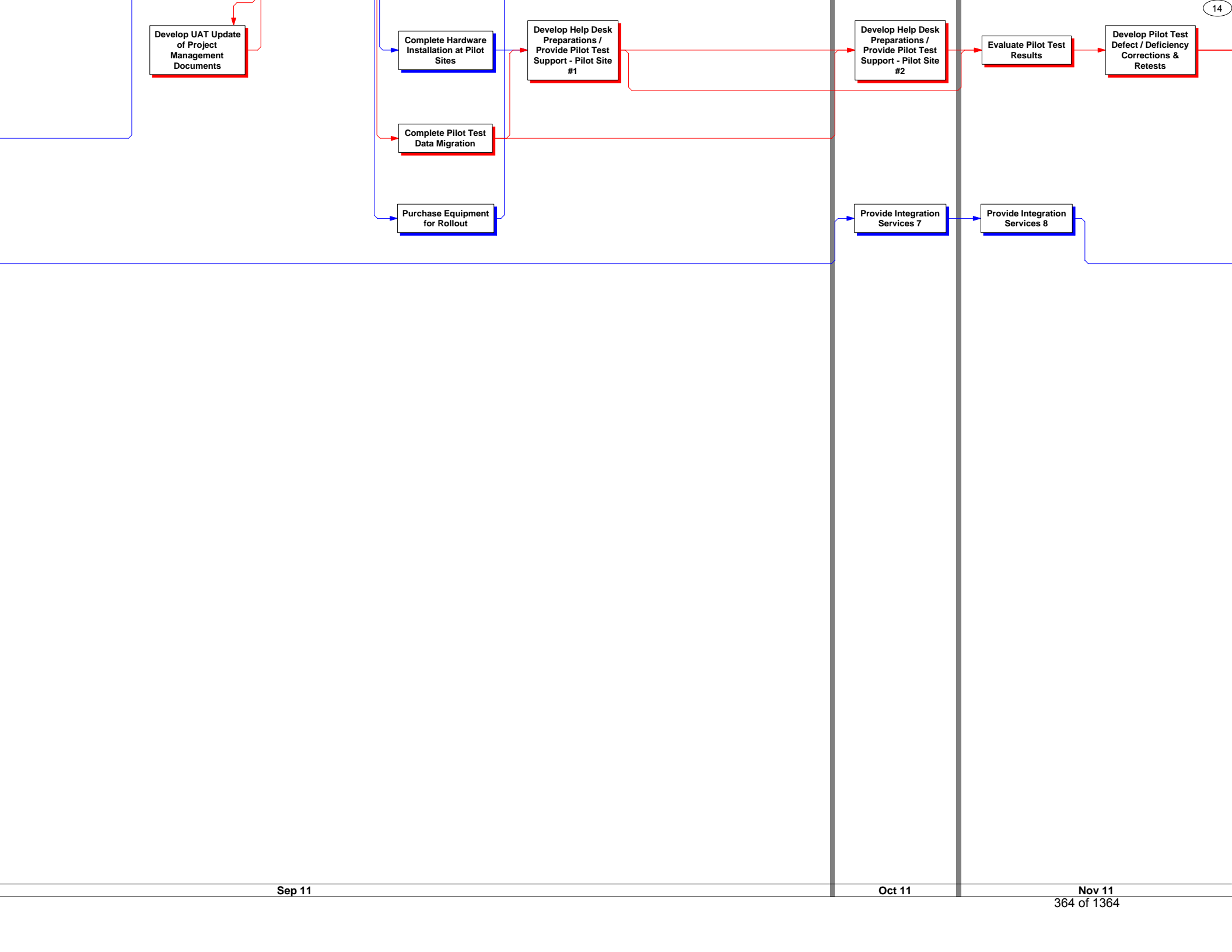
Provide Integration Services 7

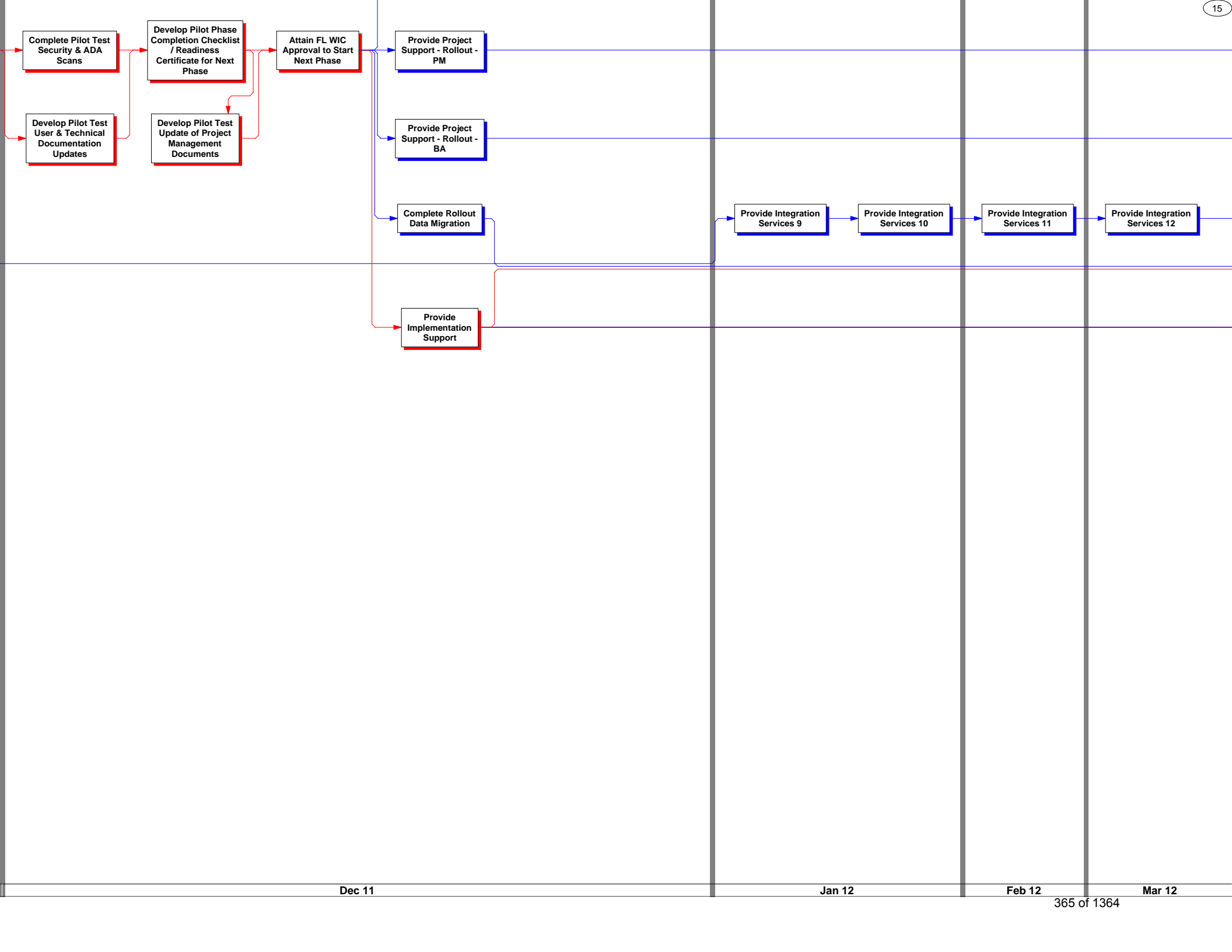
Provide Integration Services 8

Sep 11

Oct 11

Nov 11
364 of 1364



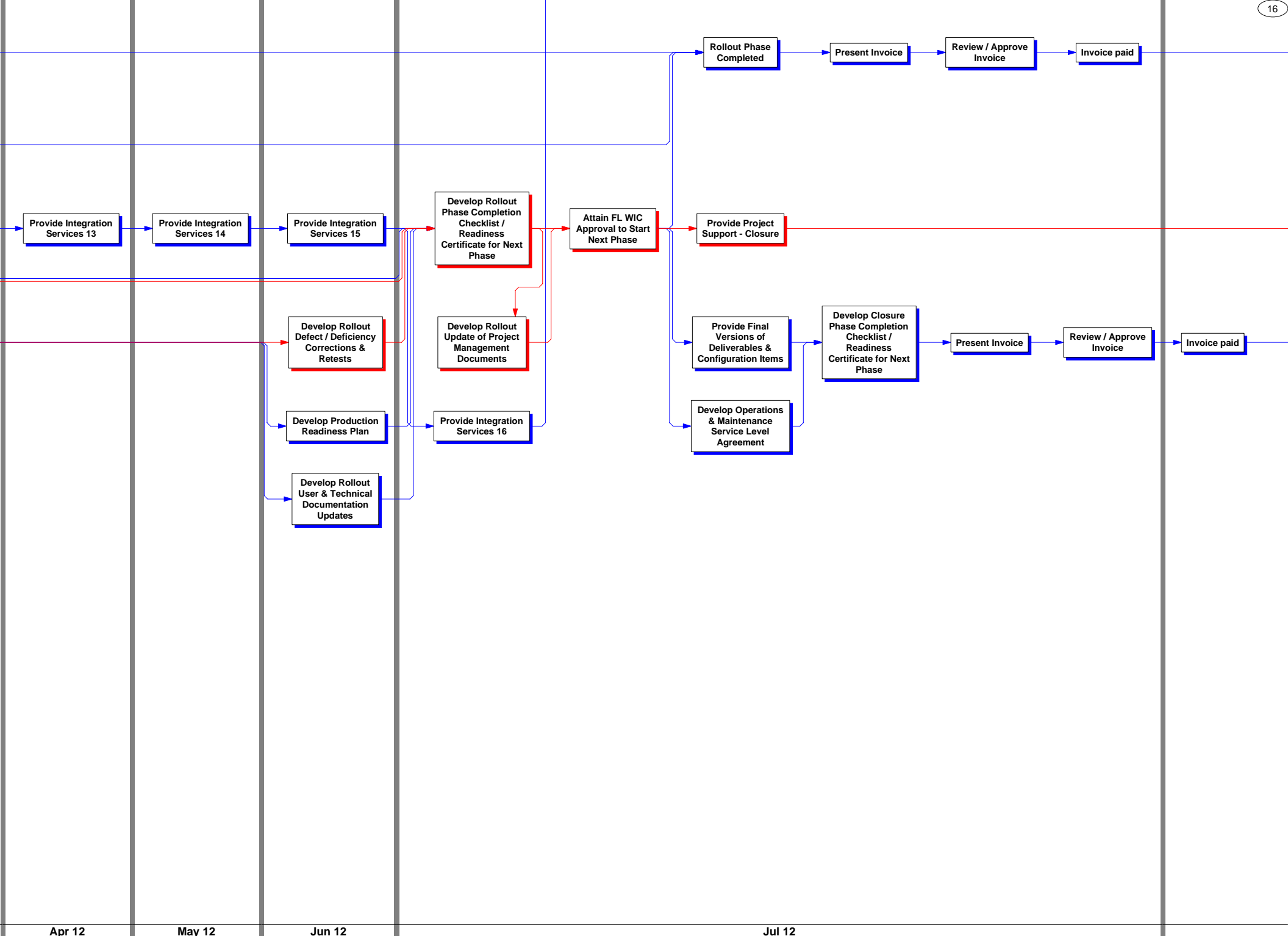


Dec 11

Jan 12

Feb 12

Mar 12



Apr 12

May 12

Jun 12

Jul 12

Attain FL WIC
Acceptance of the
System / Start
Operations &
Maintenance

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
1	1	WIC Data System Project - Implementation Phase		551 days	May 3 '10	Aug 3 '12		\$6,338,659.00
2	1.1	Dummy linking variable - project authorization to start (assumes procurement Developed / contract signed a/o 04-30-09)		0 days	May 3 '10	May 3 '10		\$0.00
3								
4	1.2	FL WIC Project Management Activities		551 days	May 3 '10	Aug 3 '12		\$500,103.00
5	1.2.1	Participate in Planning/Status/Action Meetings (ongoing)		551 days	May 3 '10	Aug 3 '12		\$363,598.26
6	1.2.1.1	Planning/Action/Status Meetings - PM		551 days	May 3 '10	Aug 3 '12	WIC PM,WIC PM-adj	\$136,485.78
7	1.2.1.2	Planning/Action/Status Meetings - BA		522 days	May 3 '10	Jun 22 '12	WIC BA,WIC BA-adj	\$227,112.48
8	1.2.2	Provide Status Reports to Stakeholders (ongoing)		551 days	May 3 '10	Aug 3 '12	WIC PM	\$136,504.74
9								
10	1.3	Project Planning & Definition Phase	4.8.4	20 days	May 3 '10	May 28 '10		\$203,152.80
11	1.3.1	Provide Project Support - Planning & Definition		20 days	May 3 '10	May 28 '10	WIC PM,WIC BA	\$18,152.80
12	1.3.2	Vendor Project Execution - Planning & Definition		20 days	May 3 '10	May 28 '10		\$185,000.00
13	1.3.2.1	Develop Project Management Documents	4.8.4.1	10 days	May 3 '10	May 14 '10		\$0.00
14	1.3.2.1.1	Project Management Plan	4.8.2.1	5 days	May 10 '10	May 14 '10	V Team	\$0.00
15	1.3.2.1.2	Deliverable Expectation Document	4.8.2.1.1	5 days	May 3 '10	May 7 '10	V Team	\$0.00
16	1.3.2.1.3	Project Schedule	4.8.2.2	3 days	May 3 '10	May 5 '10	V Team	\$0.00
17	1.3.2.1.4	Spending Plan	4.8.2.3	2 days	May 3 '10	May 4 '10	V Team	\$0.00
18	1.3.2.1.5	Project Responsibility Matrix	4.8.2.4	2 days	May 3 '10	May 4 '10	V Team	\$0.00
19	1.3.2.1.6	Risk Management Plan / Database	4.8.2.5	1 day	May 3 '10	May 3 '10	V Team	\$0.00
20	1.3.2.1.7	Issue Management Plan / Database	4.8.2.6	1 day	May 3 '10	May 3 '10	V Team	\$0.00
21	1.3.2.1.8	Action Item Database	4.8.2.7	1 day	May 3 '10	May 3 '10	V Team	\$0.00
22	1.3.2.1.9	Lesson Learned Database	4.8.2.8	1 day	May 3 '10	May 3 '10	V Team	\$0.00
23	1.3.2.1.10	Weekly Status Report Template	4.8.2.9	1 day	May 3 '10	May 3 '10	V Team	\$0.00
24	1.3.2.1.11	Project Management Documents Completed		0 days	May 14 '10	May 14 '10	V Team	\$0.00
25	1.3.2.2	Develop Requirements Confirmation Plan	4.8.4.2	10 days	May 3 '10	May 14 '10	V Team	\$0.00
26	1.3.2.3	Develop System Transfer & Modification Plan	4.8.4.3	8 days	May 17 '10	May 26 '10	V Team	\$0.00
27	1.3.2.4	Develop Next Phase Templates	4.8.4.4	2 days	May 3 '10	May 4 '10		\$0.00
28	1.3.2.4.1	Requirements Traceability Matrix	4.8.4.4.1	2 days	May 3 '10	May 4 '10	V Team	\$0.00
29	1.3.2.4.2	Functional Design Document	4.8.4.4.2	2 days	May 3 '10	May 4 '10	V Team	\$0.00
30	1.3.2.4.3	System Transfer & Modification Design	4.8.4.4.3	2 days	May 3 '10	May 4 '10	V Team	\$0.00
31	1.3.2.4.4	Data Migration Plan	4.8.4.4.4	2 days	May 3 '10	May 4 '10	V Team	\$0.00
32	1.3.2.4.5	External System Interfaces Plan	4.8.4.4.5	2 days	May 3 '10	May 4 '10	V Team	\$0.00
33	1.3.2.4.6	Configuration Management Plan	4.8.4.4.6	2 days	May 3 '10	May 4 '10	V Team	\$0.00
34	1.3.2.4.7	Test Plan & Test Case	4.8.4.4.7	2 days	May 3 '10	May 4 '10	V Team	\$0.00
35	1.3.2.4.8	Security Plan	4.8.4.4.8	2 days	May 3 '10	May 4 '10	V Team	\$0.00
36	1.3.2.4.9	Next Phase Templates Completed		0 days	May 4 '10	May 4 '10	V Team	\$0.00
37	1.3.2.5	Develop Planning & Definition Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.4.5	1 day	May 27 '10	May 27 '10	V Team	\$0.00
38	1.3.2.6	Attain FL WIC Approval to Start Next Phase	4.8.4.6	1 day	May 28 '10	May 28 '10	V Team,VPE P&D	\$185,000.00
39	1.3.3	Planning & Definition Phase Completed		0 days	May 28 '10	May 28 '10		\$0.00
40	1.4	Payment - Planning & Definition		3.25 days	Jun 1 '10	Jun 4 '10		\$0.00
41	1.4.1	Present Invoice		2 hrs	Jun 1 '10	Jun 1 '10	V Team	\$0.00
42	1.4.2	Review / Approve Invoice		3 days	Jun 1 '10	Jun 4 '10	WIC ConMgr,Sponsor	\$0.00
43	1.4.3	Invoice paid		0 days	Jun 4 '10	Jun 4 '10		\$0.00
44								

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
45	1.5	Requirements Confirmation & Design of System Modifications Phase	4.8.5	120.25 days	Jun 1 '10	Nov 19 '10		\$480,673.88
46	1.5.1	Provide Project Support - Requirements & Design		117 days	Jun 1 '10	Nov 15 '10	WIC PM,WIC BA	\$106,193.88
47	1.5.2	Vendor Project Execution - Requirements & Design		117 days	Jun 1 '10	Nov 15 '10		\$370,000.00
48	1.5.2.1	Conduct Requirements Confirmation Sessions	4.8.5.1	30 days	Jun 1 '10	Jul 13 '10	V Team	\$0.00
49	1.5.2.2	Develop Functional Design Document	4.8.5.2	30 days	Jul 14 '10	Aug 24 '10	V Team	\$0.00
50	1.5.2.3	Develop System Transfer & Modification Design Specification	4.8.5.3	30 days	Aug 25 '10	Oct 6 '10	V Team	\$0.00
51	1.5.2.4	Develop Data Migration Plan	4.8.5.4	15 days	Oct 7 '10	Oct 27 '10	V Team	\$0.00
52	1.5.2.5	Develop External System Interfaces Plan	4.8.5.5	10 days	Oct 7 '10	Oct 20 '10	V Team	\$0.00
53	1.5.2.6	Develop Configuration Management Plan	4.8.5.6	5 days	Jun 1 '10	Jun 7 '10	V Team	\$0.00
54	1.5.2.7	Develop Security Plan	4.8.5.7	10 days	Oct 7 '10	Oct 20 '10	V Team	\$0.00
55	1.5.2.8	Develop Test Plan	4.8.5.8	10 days	Oct 7 '10	Oct 20 '10	V Team	\$0.00
56	1.5.2.9	Develop Test Cases (all except UAT)	4.8.5.9	15 days	Oct 21 '10	Nov 10 '10	V Team	\$0.00
57	1.5.2.10	Update Training / Implementation Plans	4.8.5.10	12 days	Jul 14 '10	Jul 29 '10	V Team	\$0.00
58	1.5.2.11	Update Project Management Documents	4.8.5.11	5 days	Nov 5 '10	Nov 12 '10	V Team	\$0.00
59	1.5.2.12	Develop Requirements & Design Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.5.12	1 day	Nov 12 '10	Nov 12 '10	V Team	\$0.00
60	1.5.2.13	Attain FL WIC Approval to Start Next Phase	4.8.5.13	1 day	Nov 15 '10	Nov 15 '10	V Team,VPE R&D	\$370,000.00
61	1.5.3	Procure Equipment for Next Phase		30 days	Jun 1 '10	Jul 13 '10		\$4,480.00
62	1.5.3.1	Purchase Equipment for System Transfer & Modification		30 days	Jun 1 '10	Jul 13 '10	Laptops,Scan,SigPad,Sponsor	\$4,480.00
63	1.5.4	Requirements & Design Phase Completed		0 days	Nov 15 '10	Nov 15 '10		\$0.00
64	1.5.5	Payment - Requirements & Design		3.25 days	Nov 16 '10	Nov 19 '10		\$0.00
65	1.5.5.1	Present Invoice		2 hrs	Nov 16 '10	Nov 16 '10	V Team	\$0.00
66	1.5.5.2	Review / Approve Invoice		3 days	Nov 16 '10	Nov 19 '10	WIC ConMgr,Sponsor	\$0.00
67	1.5.5.3	Invoice paid		0 days	Nov 19 '10	Nov 19 '10		\$0.00
68								

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
69	1.6	System Transfer & Modification Phase	4.8.6	429 days	Oct 25 '10	Aug 3 '12		\$1,691,352.08
70	1.6.1	Provide Project Support - Transfer & Modification		147 days	Nov 16 '10	Jun 29 '11	WIC PM,WIC BA	\$133,423.08
71	1.6.2	Hire WIC System Support Staff		60 days	Nov 16 '10	Feb 25 '11		\$23,040.00
72	1.6.2.1	Hire System Support Staff		30 days	Nov 16 '10	Jan 13 '11	Sponsor	\$0.00
73	1.6.2.2	On-board/Train System Support Staff		30 days	Jan 14 '11	Feb 25 '11	A,WIC SysSup,WIC DBA-adj,WIC SysSup-adj	\$23,040.00
74	1.6.3	Procure Equipment for Next Phase		30 days	Jan 14 '11	Feb 25 '11		\$447,697.00
75	1.6.3.1	Purchase Equipment for UAT		30 days	Jan 14 '11	Feb 25 '11	rSW-DR,Stor-DR,Stor-Prod,TestSW,Sponsor	\$447,697.00
76	1.6.4	Vendor Project Execution - Transfer & Modification		147 days	Nov 16 '10	Jun 29 '11		\$740,000.00
77	1.6.4.1	Transfer / Develop Modifications to the Base System	4.8.6.1	95 days	Nov 16 '10	Apr 15 '11	V Team	\$0.00
78	1.6.4.2	Develop Tests, Reports, Corrections, & Retests	4.8.6.2	50 days	Apr 18 '11	Jun 27 '11	V Team	\$0.00
79	1.6.4.3	Conduct System Transfer & Modification Security & ADA Scans	4.8.6.3	12 days	Nov 16 '10	Dec 6 '10	V Team	\$0.00
80	1.6.4.4	Provide Recommended User Acceptance Test Cases	4.8.6.4	10 days	Nov 16 '10	Dec 2 '10	V Team	\$0.00
81	1.6.4.5	Develop Pilot Site Surveys	4.8.6.5	10 days	Nov 16 '10	Dec 2 '10	V Team	\$0.00
82	1.6.4.6	Develop Operational Plans	4.8.6.6	20 days	Nov 16 '10	Dec 16 '10	V Team	\$0.00
83	1.6.4.7	Develop User Documentation	4.8.6.7	30 days	Nov 16 '10	Jan 13 '11	V Team	\$0.00
84	1.6.4.8	Develop Technical Documentation	4.8.6.8	30 days	Nov 16 '10	Jan 13 '11	V Team	\$0.00
85	1.6.4.9	Establish the Five Server Environments	4.8.6.9	30 days	Feb 28 '11	Apr 8 '11	V Team	\$0.00
86	1.6.4.10	Update Project Management Documents	4.8.6.10	5 days	Jun 22 '11	Jun 28 '11	V Team	\$0.00
87	1.6.4.11	Develop Transfer & Modification Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.6.11	1 day	Jun 28 '11	Jun 28 '11	V Team	\$0.00
88	1.6.4.12	Attain FL WIC Approval to Start Next Phase	4.8.6.12	1 day	Jun 29 '11	Jun 29 '11	V Team,VPE X&M	\$740,000.00
89	1.6.5	Transfer & Modification Phase Completed		0 days	Jun 29 '11	Jun 29 '11	V Team	\$0.00
90								
91	1.6.6	Provide Ongoing System Support		429 days	Oct 25 '10	Aug 3 '12		\$347,192.00
92	1.6.6.1	Provide WIC Technical Support Services (ongoing)		354 days	Feb 28 '11	Aug 3 '12	WIC DBA,WIC SysSup	\$226,560.00
93	1.6.6.2	Provide Data Center Services		305 days	Apr 25 '11	Jul 23 '12		\$5,632.00
94	1.6.6.2.1	Provide Data Center Services 1		1 day	Apr 25 '11	Apr 25 '11	DCSvcs,DCSvcs-adj	\$939.55
95	1.6.6.2.2	Provide Data Center Services 2		1 day	May 23 '11	May 23 '11	DCSvcs	\$312.83
96	1.6.6.2.3	Provide Data Center Services 3		1 day	Jun 27 '11	Jun 27 '11	DCSvcs	\$312.83
97	1.6.6.2.4	Provide Data Center Services 4		1 day	Jul 25 '11	Jul 25 '11	DCSvcs	\$312.83
98	1.6.6.2.5	Provide Data Center Services 5		1 day	Aug 22 '11	Aug 22 '11	DCSvcs	\$312.83
99	1.6.6.2.6	Provide Data Center Services 6		1 day	Sep 26 '11	Sep 26 '11	DCSvcs	\$312.83
100	1.6.6.2.7	Provide Data Center Services 7		1 day	Oct 24 '11	Oct 24 '11	DCSvcs	\$312.83
101	1.6.6.2.8	Provide Data Center Services 8		1 day	Nov 28 '11	Nov 28 '11	DCSvcs	\$312.83
102	1.6.6.2.9	Provide Data Center Services 9		1 day	Jan 3 '12	Jan 3 '12	DCSvcs	\$312.83
103	1.6.6.2.10	Provide Data Center Services 10		1 day	Jan 23 '12	Jan 23 '12	DCSvcs	\$312.83
104	1.6.6.2.11	Provide Data Center Services 11		1 day	Feb 27 '12	Feb 27 '12	DCSvcs	\$312.83
105	1.6.6.2.12	Provide Data Center Services 12		1 day	Mar 26 '12	Mar 26 '12	DCSvcs	\$312.83
106	1.6.6.2.13	Provide Data Center Services 13		1 day	Apr 23 '12	Apr 23 '12	DCSvcs	\$312.83
107	1.6.6.2.14	Provide Data Center Services 14		1 day	May 29 '12	May 29 '12	DCSvcs	\$312.83
108	1.6.6.2.15	Provide Data Center Services 15		1 day	Jun 25 '12	Jun 25 '12	DCSvcs	\$312.83
109	1.6.6.2.16	Provide Data Center Services 16		1 day	Jul 23 '12	Jul 23 '12	DCSvcs	\$312.83
110	1.6.6.3	Provide Integration Services		305 days	Apr 25 '11	Jul 23 '12		\$15,000.00
111	1.6.6.3.1	Provide Integration Services 1		1 day	Apr 25 '11	Apr 25 '11	IntegSvcs,IntegSvcs-adj	\$2,500.05
112	1.6.6.3.2	Provide Integration Services 2		1 day	May 23 '11	May 23 '11	IntegSvcs	\$833.33
113	1.6.6.3.3	Provide Integration Services 3		1 day	Jun 27 '11	Jun 27 '11	IntegSvcs	\$833.33
114	1.6.6.3.4	Provide Integration Services 4		1 day	Jul 25 '11	Jul 25 '11	IntegSvcs	\$833.33
115	1.6.6.3.5	Provide Integration Services 5		1 day	Aug 22 '11	Aug 22 '11	IntegSvcs	\$833.33
116	1.6.6.3.6	Provide Integration Services 6		1 day	Sep 26 '11	Sep 26 '11	IntegSvcs	\$833.33
117	1.6.6.3.7	Provide Integration Services 7		1 day	Oct 24 '11	Oct 24 '11	IntegSvcs	\$833.33
118	1.6.6.3.8	Provide Integration Services 8		1 day	Nov 28 '11	Nov 28 '11	IntegSvcs	\$833.33
119	1.6.6.3.9	Provide Integration Services 9		1 day	Jan 3 '12	Jan 3 '12	IntegSvcs	\$833.33
120	1.6.6.3.10	Provide Integration Services 10		1 day	Jan 23 '12	Jan 23 '12	IntegSvcs	\$833.33

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
121	1.6.6.3.11	Provide Integration Services 11		1 day	Feb 27 '12	Feb 27 '12	IntegSvcs	\$833.33
122	1.6.6.3.12	Provide Integration Services 12		1 day	Mar 26 '12	Mar 26 '12	IntegSvcs	\$833.33
123	1.6.6.3.13	Provide Integration Services 13		1 day	Apr 23 '12	Apr 23 '12	IntegSvcs	\$833.33
124	1.6.6.3.14	Provide Integration Services 14		1 day	May 29 '12	May 29 '12	IntegSvcs	\$833.33
125	1.6.6.3.15	Provide Integration Services 15		1 day	Jun 25 '12	Jun 25 '12	IntegSvcs	\$833.33
126	1.6.6.3.16	Provide Integration Services 16		1 day	Jul 23 '12	Jul 23 '12	IntegSvcs	\$833.33
127	1.6.6.4	Interface Development Support		223 days	Oct 25 '10	Sep 26 '11		\$100,000.00
128	1.6.6.4.1	Interface Development Support 1		1 day	Oct 25 '10	Oct 25 '10	IntegDev,IntegDev-adj	\$8,333.37
129	1.6.6.4.2	Interface Development Support 2		1 day	Nov 29 '10	Nov 29 '10	IntegDev	\$8,333.33
130	1.6.6.4.3	Interface Development Support 3		1 day	Jan 3 '11	Jan 3 '11	IntegDev	\$8,333.33
131	1.6.6.4.4	Interface Development Support 4		1 day	Jan 31 '11	Jan 31 '11	IntegDev	\$8,333.33
132	1.6.6.4.5	Interface Development Support 5		1 day	Feb 28 '11	Feb 28 '11	IntegDev	\$8,333.33
133	1.6.6.4.6	Interface Development Support 6		1 day	Mar 28 '11	Mar 28 '11	IntegDev	\$8,333.33
134	1.6.6.4.7	Interface Development Support 7		1 day	Apr 25 '11	Apr 25 '11	IntegDev	\$8,333.33
135	1.6.6.4.8	Interface Development Support 8		1 day	May 31 '11	May 31 '11	IntegDev	\$8,333.33
136	1.6.6.4.9	Interface Development Support 9		1 day	Jun 27 '11	Jun 27 '11	IntegDev	\$8,333.33
137	1.6.6.4.10	Interface Development Support 10		1 day	Jul 25 '11	Jul 25 '11	IntegDev	\$8,333.33
138	1.6.6.4.11	Interface Development Support 11		1 day	Aug 29 '11	Aug 29 '11	IntegDev	\$8,333.33
139	1.6.6.4.12	Interface Development Support 12		1 day	Sep 26 '11	Sep 26 '11	IntegDev	\$8,333.33
140								
141	1.6.7	Payment - Transfer & Modification		3.25 days	Jun 30 '11	Jul 6 '11		\$0.00
142	1.6.7.1	Present Invoice		2 hrs	Jun 30 '11	Jun 30 '11	V Team	\$0.00
143	1.6.7.2	Review / Approve Invoice		3 days	Jun 30 '11	Jul 6 '11	WIC ConMgr,Sponsor	\$0.00
144	1.6.7.3	Invoice paid		0 days	Jul 6 '11	Jul 6 '11		\$0.00
145								

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
146	1.7	User Acceptance Testing Phase	4.8.7	60.25 days	Jun 30 '11	Sep 26 '11		\$611,485.48
147	1.7.1	Provide Project Support - UAT		57 days	Jun 30 '11	Sep 20 '11	WIC PM,WIC BA	\$51,735.48
148	1.7.2	Vendor Project Execution - UAT		57 days	Jun 30 '11	Sep 20 '11		\$555,000.00
149	1.7.2.1	Conduct UAT Kickoff / Functional Walkthrough	4.8.7.1	4 days	Jun 30 '11	Jul 6 '11	V Team	\$0.00
150	1.7.2.2	Provide UAT Training - trainers, users, technical staff	4.8.7.2	10 days	Jul 7 '11	Jul 20 '11	V Team	\$0.00
151	1.7.2.3	Complete UAT Data Migration	4.8.7.3	5 days	Jul 7 '11	Jul 13 '11	V Team	\$0.00
152	1.7.2.4	Provide Test Support & Correct Defects / Deficiencies - Round 1	4.8.7.4	17 days	Jul 21 '11	Aug 12 '11	V Team	\$0.00
153	1.7.2.5	Provide Test Support & Correct Defects / Deficiencies - Round 2	4.8.7.4	16 days	Aug 15 '11	Sep 6 '11	V Team	\$0.00
154	1.7.2.6	Evaluate UAT Results w/ FL WIC	4.8.7.5	3 days	Sep 7 '11	Sep 9 '11	V Team	\$0.00
155	1.7.2.7	Develop Pilot Test Plan	4.8.7.6	5 days	Jul 7 '11	Jul 13 '11	V Team	\$0.00
156	1.7.2.8	Develop UAT User & Technical Documentation Updates	4.8.7.7	5 days	Sep 12 '11	Sep 16 '11	V Team	\$0.00
157	1.7.2.9	Develop UAT Update of Project Management Documents	4.8.7.8	5 days	Sep 13 '11	Sep 19 '11	V Team	\$0.00
158	1.7.2.10	Develop UAT Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.7.9	1 day	Sep 19 '11	Sep 19 '11	V Team	\$0.00
159	1.7.2.11	Attain FL WIC Approval to Start Next Phase	4.8.7.10	1 day	Sep 20 '11	Sep 20 '11	V Team,VPE UAT	\$555,000.00
160	1.7.3	Procure Equipment for Next Phase		20 days	Jun 30 '11	Jul 28 '11		\$4,750.00
161	1.7.3.1	Purchase Equipment for Pilot		20 days	Jun 30 '11	Jul 28 '11	SigPad,Sponsor	\$4,750.00
162	1.7.4	UAT Phase Completed		0 days	Sep 20 '11	Sep 20 '11		\$0.00
163	1.7.5	Payment - UAT		3.25 days	Sep 21 '11	Sep 26 '11		\$0.00
164	1.7.5.1	Present Invoice		2 hrs	Sep 21 '11	Sep 21 '11	V Team	\$0.00
165	1.7.5.2	Review / Approve Invoice		3 days	Sep 21 '11	Sep 26 '11	WIC ConMgr,Sponsor	\$0.00
166	1.7.5.3	Invoice paid		0 days	Sep 26 '11	Sep 26 '11		\$0.00
167								

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
168	1.8	System Pilot Phase	4.8.8	60.25 days	Sep 21 '11	Jan 4 '12		\$1,083,055.48
169	1.8.1	Provide Project Support - Pilot		57 days	Sep 21 '11	Dec 14 '11	WIC PM,WIC BA	\$51,735.48
170	1.8.2	Vendor Project Execution - Pilot		57 days	Sep 21 '11	Dec 14 '11		\$377,500.00
171	1.8.2.1	Complete Hardware Installation at Pilot Sites	4.8.8.1	4 days	Sep 21 '11	Sep 26 '11	V Team,W	\$7,500.00
172	1.8.2.2	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #1	4.8.8.2	15 days	Sep 28 '11	Oct 18 '11	V Team	\$0.00
173	1.8.2.3	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #2	4.8.8.2	15 days	Oct 24 '11	Nov 14 '11	V Team	\$0.00
174	1.8.2.4	Complete Pilot Test Data Migration	4.8.8.3	5 days	Sep 21 '11	Sep 27 '11	V Team	\$0.00
175	1.8.2.5	Evaluate Pilot Test Results	4.8.8.4	5 days	Nov 15 '11	Nov 21 '11	V Team	\$0.00
176	1.8.2.6	Develop Pilot Test Defect / Deficiency Corrections & Retests	4.8.8.5	7 days	Nov 22 '11	Dec 5 '11	V Team	\$0.00
177	1.8.2.7	Complete Pilot Test Security & ADA Scans	4.8.8.6	5 days	Dec 6 '11	Dec 12 '11	V Team	\$0.00
178	1.8.2.8	Develop Pilot Test User & Technical Documentation Updates	4.8.8.7	5 days	Dec 6 '11	Dec 12 '11	V Team	\$0.00
179	1.8.2.9	Develop Pilot Test Update of Project Management Documents	4.8.8.8	5 days	Dec 7 '11	Dec 13 '11	V Team	\$0.00
180	1.8.2.10	Develop Pilot Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.8.9	1 day	Dec 13 '11	Dec 13 '11	V Team	\$0.00
181	1.8.2.11	Attain FL WIC Approval to Start Next Phase	4.8.8.10	1 day	Dec 14 '11	Dec 14 '11	V Team,VPE Pilot	\$370,000.00
182	1.8.3	Procure Equipment for Next Phase		30 days	Sep 21 '11	Nov 1 '11		\$653,820.00
183	1.8.3.1	Purchase Equipment for Rollout		30 days	Sep 21 '11	Nov 1 '11	Laptops,Scan,SigPad,Sponsor	\$653,820.00
184	1.8.4	Pilot Phase Completed		0 days	Dec 14 '11	Dec 14 '11		\$0.00
185	1.8.5	Payment - Pilot		3.25 days	Dec 15 '11	Jan 4 '12		\$0.00
186	1.8.5.1	Present Invoice		2 hrs	Dec 15 '11	Dec 15 '11	V Team	\$0.00
187	1.8.5.2	Review / Approve Invoice		3 days	Dec 15 '11	Jan 4 '12	WIC ConMgr,Sponsor	\$0.00
188	1.8.5.3	Invoice paid		0 days	Jan 4 '12	Jan 4 '12		\$0.00
189								

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
190	1.9	System Rollout Phase	4.8.9	146.25 days	Dec 15 '11	Jul 26 '12		\$1,023,881.48
191	1.9.1	Provide Project Support - Rollout - PM		143 days	Dec 15 '11	Jul 20 '12	WIC PM	\$70,853.64
192	1.9.2	Provide Project Support - Rollout - BA		124 days	Dec 15 '11	Jun 22 '12	WIC BA	\$51,107.84
193	1.9.3	Vendor Project Execution - Rollout		143 days	Dec 15 '11	Jul 20 '12		\$901,920.00
194	1.9.3.1	Complete Rollout Data Migration	4.8.9.1	125 days	Dec 15 '11	Jun 25 '12		\$0.00
195	1.9.3.2	Provide Implementation Support	4.8.9.2	125 days	Dec 15 '11	Jun 25 '12	V Team,W	\$161,920.00
196	1.9.3.3	Develop Rollout Defect / Deficiency Corrections & Retests	4.8.9.3	15 days	Jun 26 '12	Jul 17 '12	V Team	\$0.00
197	1.9.3.4	Develop Production Readiness Plan	4.8.9.4	5 days	Jun 26 '12	Jul 2 '12	V Team	\$0.00
198	1.9.3.5	Develop Rollout User & Technical Documentation Updates	4.8.9.5	5 days	Jun 26 '12	Jul 2 '12	V Team	\$0.00
199	1.9.3.6	Develop Rollout Update of Project Management Documents	4.8.9.6	3 days	Jul 17 '12	Jul 19 '12	V Team	\$0.00
200	1.9.3.7	Develop Rollout Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.9.7	2 days	Jul 18 '12	Jul 19 '12	V Team	\$0.00
201	1.9.3.8	Attain FL WIC Approval to Start Next Phase	4.8.9.8	1 day	Jul 20 '12	Jul 20 '12	V Team,VPE Rollout	\$740,000.00
202	1.9.4	Rollout Phase Completed		0 days	Jul 20 '12	Jul 20 '12		\$0.00
203	1.9.5	Payment - Rollout		3.25 days	Jul 23 '12	Jul 26 '12		\$0.00
204	1.9.5.1	Present Invoice		2 hrs	Jul 23 '12	Jul 23 '12		\$0.00
205	1.9.5.2	Review / Approve Invoice		3 days	Jul 23 '12	Jul 26 '12	WIC ConMgr,Sponsor	\$0.00
206	1.9.5.3	Invoice paid		0 days	Jul 26 '12	Jul 26 '12		\$0.00
207								

ID	WBS	Task Name	Deliverable #	Duration	Start	Finish	Resources	Cost
208	1.10	Project Closure / Transition to Operations & Maintenance Phase	4.8.10	10 days	Jul 23 '12	Aug 3 '12		\$744,954.80
209	1.10.1	Provide Project Support - Closure		10 days	Jul 23 '12	Aug 3 '12	WIC PM	\$4,954.80
210	1.10.2	Vendor Project Execution - Closure		6 days	Jul 23 '12	Jul 30 '12		\$0.00
211	1.10.2.1	Provide Final Versions of Deliverables & Configuration Items	4.8.10.1	1 day	Jul 23 '12	Jul 23 '12	V Team	\$0.00
212	1.10.2.2	Develop Operations & Maintenance Service Level Agreement	4.8.10.2	5 days	Jul 23 '12	Jul 27 '12	V Team	\$0.00
213	1.10.2.3	Develop Closure Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.10.3	1 day	Jul 30 '12	Jul 30 '12	V Team	\$0.00
214	1.10.3	Complete Final Project Invoice Review	4.8.10.4	3.38 days	Jul 31 '12	Aug 3 '12		\$740,000.00
215	1.10.3.1	Present Invoice	4.8.10.4	2 hrs	Jul 31 '12	Jul 31 '12	V Team	\$0.00
216	1.10.3.2	Review / Approve Invoice		3 days	Jul 31 '12	Aug 3 '12	WIC ConMgr,Sponsor	\$0.00
217	1.10.3.3	Invoice paid		0 days	Aug 3 '12	Aug 3 '12		\$0.00
218	1.10.3.4	Attain FL WIC Acceptance of the System / Start Operations & Maintenance	4.8.10.5	1 hr	Aug 3 '12	Aug 3 '12	V Team,VPE Close	\$740,000.00
219	1.11	Project Completed		0 days	Aug 3 '12	Aug 3 '12		\$0.00

1 WIC Data System Project - Implementation Phase

Assumptions:
• Deliverable review process will include steps and timeframes appropriate to the type of deliverable (document, software, decision) and the complexity of the deliverable. Review/revision timeframes for deliverables will be proposed and agreed upon through the Project Management Plan. Both the contractor and FL WIC are expected to collaborate and promptly handle these tasks.

5 Participate in Planning/Status/Action Meetings (ongoing)

This includes, but is not limited to:

- Status - Sponsor, Vendor, TRW
- Planning
- Action

6 Planning/Action/Status Meetings - PM

08-21-09: added <18.96> material cost to capture full cost.

7 Planning/Action/Status Meetings - BA

08-21-09: added 11,964.96 prorated material cost to capture full cost.

8 Provide Status Reports to Stakeholders (ongoing)

This includes, but is not limited to:

- Weekly - Sponsor, PMO
- Monthly - TRW, Tier 3
- Quarterly - USDA/FNS

10 Project Planning & Definition Phase

The Contractor and Florida WIC will jointly complete the key project management deliverables as described in Section 4.8.4.1. Florida WIC will furnish the templates for these items; the templates will define the content of the project management deliverables. The project management deliverables will provide the control mechanisms to plan, guide, and track the project's progress.

The Contractor will participate in a project kickoff meeting conducted with Florida WIC in Tallahassee and begin the ongoing process of weekly status reporting.

The Contractor will develop a Requirements Confirmation Plan to validate the Florida WIC requirements with the functionality of the transfer system. The foundation of this Plan will be the requirements confirmation sessions that will be conducted with Florida WIC subject matter experts and management. The Contractor will also develop a System Modification and Transfer Plan that describes the approach to system transfer, modification, and implementation.

The Contractor will develop the Next Phase document deliverable templates and submit its Phase Completion Checklist with a request for approval to move to the next phase.

Florida WIC will review and approve all deliverables and decide on moving to the requirements confirmation and design of system modifications phase.

11 Provide Project Support - Planning & Definition

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

12 Vendor Project Execution - Planning & Definition

08-20-09: added material cost for 5% of expense paid to system contractor for transfer, modification, rollout.

45 Requirements Confirmation & Design of System Modifications Phase

The Contractor and Florida WIC will jointly complete requirements confirmation sessions with Florida WIC subject matter experts and management. The number and duration of the sessions will be sufficient to cover all of the Florida WIC process areas and the corresponding functional and non-functional requirements. The Contractor will lead the sessions, accurately document the proceedings and decisions, and summarize all in an updated Requirements Traceability Matrix.

Based on the requirements confirmation sessions, the Contractor will develop a functional design document and a system transfer and modification specification. The functional design document will describe the functional specifications for all inputs, processes, and outputs of the system. The system transfer and modification specification will describe the technical specifications for the structure, components, interfaces, data, and hardware to support the system functions, including a walkthrough with key Florida WIC technical staff.

The Contractor and Florida WIC will jointly develop plans for data migration, external system interfaces, and security.

The Contractor will deliver a configuration management plan, test plans and test cases for all tests except user acceptance, and an updated requirements traceability matrix. The Contractor will update the Training/Implementation Plan drafted by Florida WIC and the Requirements Traceability Matrix based on the deliverables of this phase.

Florida WIC will procure the equipment for the next phase.

The Contractor and Florida WIC will jointly update the project management deliverables.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase.

46 Provide Project Support - Requirements & Design

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

47 Vendor Project Execution - Requirements & Design

08-20-09: added material cost for 10% of expense paid to system contractor for transfer, modification, rollout.

69 System Transfer & Modification Phase

The Contractor will transfer and modify the base system, develop the external system interfaces and data migration routines, test and report the test results, and correct any deficiencies.

The Contractor will arrange pre and post-construction security and ADA scans of the system, test and report the scan results, and correct any deficiencies. The Contractor will also provide recommended test cases and scripts for user acceptance testing.

The Contractor and Florida WIC will jointly develop the operational plans, the user training materials and documentation.

The Contractor will conduct and report on surveys of the pilot sites and develop the system technical documentation.

Florida WIC will hire its system support staff.

The Contractor and Florida WIC will jointly install servers in the five system environments and load all needed software.

Florida WIC will develop the user acceptance test plan and cases and procure the equipment for the next phase.

The Contractor and Florida WIC will jointly update the project management documents.

The Contractor will update the requirements traceability matrix, complete the phase checklist, and demonstrate the readiness of the system for user acceptance testing.

Florida WIC will review and approve all deliverables and decide on moving to the user acceptance phase.

70 Provide Project Support - Transfer & Modification

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

73 On-board/Train System Support Staff

08-21-09: added \$3,840 material cost to capture full cost.

76 Vendor Project Execution - Transfer & Modification

08-20-09: added material cost for 20% of expense paid to system contractor for transfer, modification, rollout.

94 Provide Data Center Services 1

08-21-09: added \$626.72 material cost to capture full cost

111 Provide Integration Services 1

08-21-09: added \$1,666.72 material cost to capture full cost

128 Interface Development Support 1

08-21-09: added .04 material cost to capture full cost

146 User Acceptance Testing Phase

The Contractor and Florida WIC will jointly conduct a user acceptance phase kick-off meeting.

The Contractor will conduct a functional walkthrough of the system and train user acceptance participants, technical, and training staff.

Florida WIC will conduct two rounds of UAT, covering the full range of requirements, and provide time in between rounds for the Contractor to correct defects / deficiencies, retest, and promote changes to the Test environment. The Contractor will coordinate stress / performance testing with Florida DOH Information Technology.

The Contractor will provide dedicated business and technical support during the testing, including on-site presence and access to an automated testing tool for the Department to document and manage test results.

Florida WIC and the Contractor will develop a pilot plan which will describe how the pilot test will be conducted in at least two sites under live operational conditions.

The Contractor will update the user and technical documentation.

Florida WIC will procure the equipment for the pilot phase.

Florida WIC and the Contractor will evaluate the user acceptance test results, confirm the readiness of the system for pilot testing, and update the project management documents.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase.

147 Provide Project Support - UAT

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

148 Vendor Project Execution - UAT

08-20-09: added material cost for 15% of expense paid to system contractor for transfer, modification, rollout.

168 System Pilot Phase

The Contractor will assist Florida WIC with the installation and testing of scanners, signature pads and any other hardware needed for the Pilot.

The Contractor will complete Help Desk function preparations for the Florida WIC staff and its own help desk, including training Florida WIC staff in call and diagnostic procedures, reporting, and knowledge management.

The Contractor will complete the data migration for each Pilot site.

Florida WIC will conduct the Pilot at two sites for a full month each under live operational conditions. Florida WIC will train the staff at each site. The start date of the Pilot at the second site will be staggered to allow for possible adjustments in the approach or procedures.

The Contractor will provide business and technical support for the Pilot through second level client services, business process recommendations, and preventative and performance maintenance services.

The Contractor will correct defects / deficiencies, retest, and promote changes to the appropriate environment at agreed upon intervals. ADA and security scans will be included in the test cycle.

The Contractor will complete needed updates to the user and technical documentation.

Florida WIC and the Contractor will evaluate the Pilot test results, confirm the readiness of the system for rollout, and update the project management documents.

Florida will procure the equipment for the next phase.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase.

169 Provide Project Support - Pilot

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

170 Vendor Project Execution - Pilot

08-20-09: added material cost for 10% of expense paid to system contractor for transfer, modification, rollout.

171 Complete Hardware Installation at Pilot Sites

08-20-09: added \$7,500 to material cost for WIC travel expense for pilot phase travel

190 System Rollout Phase

The Contractor will migrate data to support the phased rollout, provide implementation support through its Help Desk and technical staff, and transition responsibility for support to Florida WIC resources in an agreed upon timeframe after implementation.

The Contractor will correct defects and deficiencies to the satisfaction of Florida WIC and complete a production readiness plan.

Florida WIC and the Contractor will conduct Implementation Review meetings after each major rollout milestone to determine if possible adjustments in the approach or procedures are required.

The Contractor will complete needed updates to the user and technical documentation.

The Contractor and Florida WIC will conduct a post-implementation review and update the project management documents.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase and provide a status to USDA/FNS.

191 Provide Project Support - Rollout - PM

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

192 Provide Project Support - Rollout - BA

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

08-21-09: added 12.32 fixed cost to capture full cost

193 Vendor Project Execution - Rollout

08-20-09: added fixed cost for 20% of expense paid to system contractor for transfer, modification, rollout.

195 Provide Implementation Support

08-20-09: Added \$161,920 to fixed cost for WIC travel expense for training in support of the system rollout.

208 Project Closure / Transition to Operations & Maintenance Phase

The Contractor will provide the final versions of the software, user and technical documentation, and remaining configurable items, including a proposed service level agreement.

The Contractor and Florida WIC will jointly complete the Operations and Maintenance Service Level Agreement.

The Contractor will complete the phase checklist, successfully demonstrate completion of the phase, and review its final project invoice with Florida WIC.

Florida WIC will review and approve the remaining final version deliverables, accept the system, approve the final project invoice.

Florida WIC will provide written approval to start the Operations and Maintenance phase and provide a status to USDA/FNS.

209 Provide Project Support - Closure

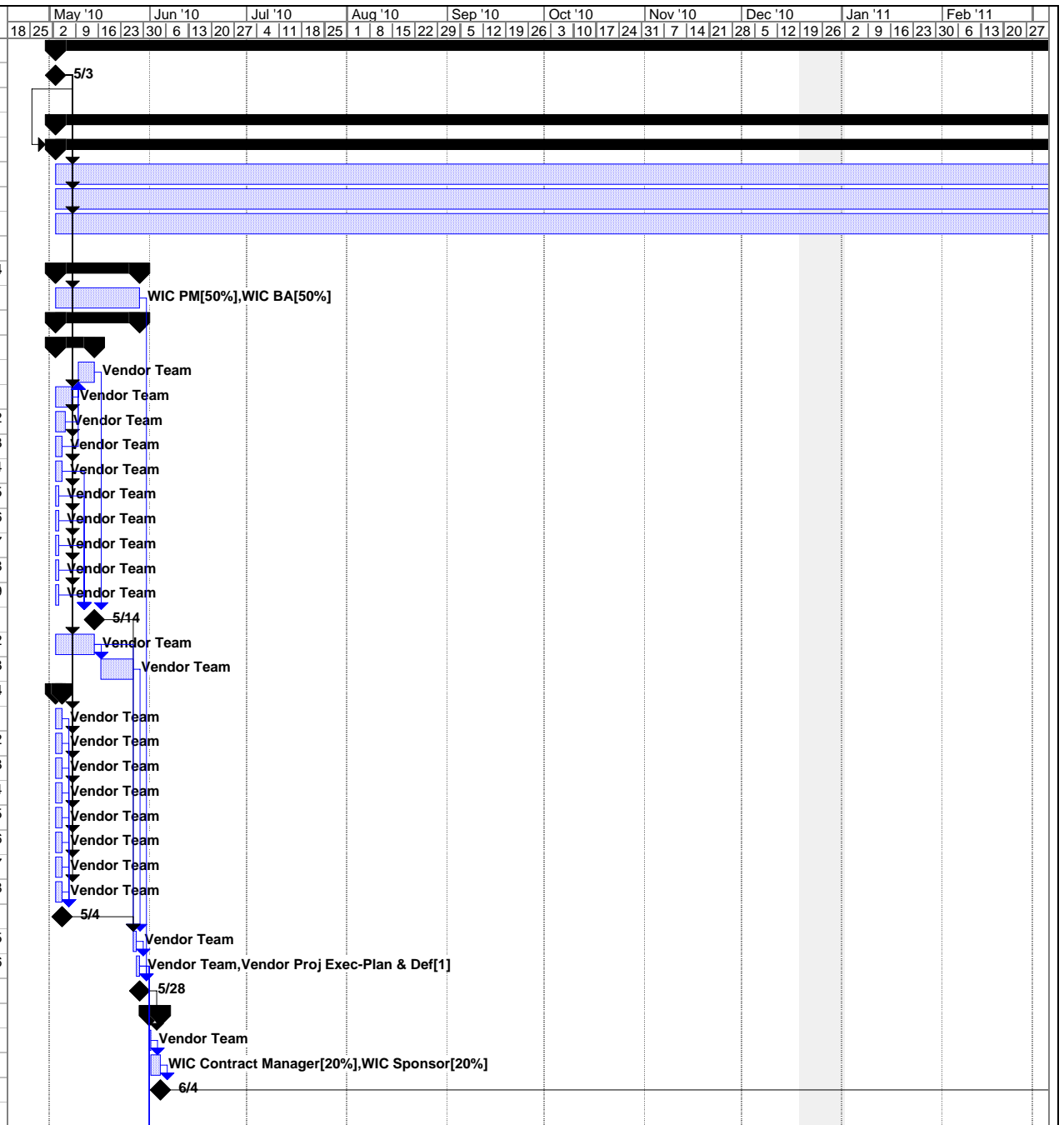
This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

210 Vendor Project Execution - Closure

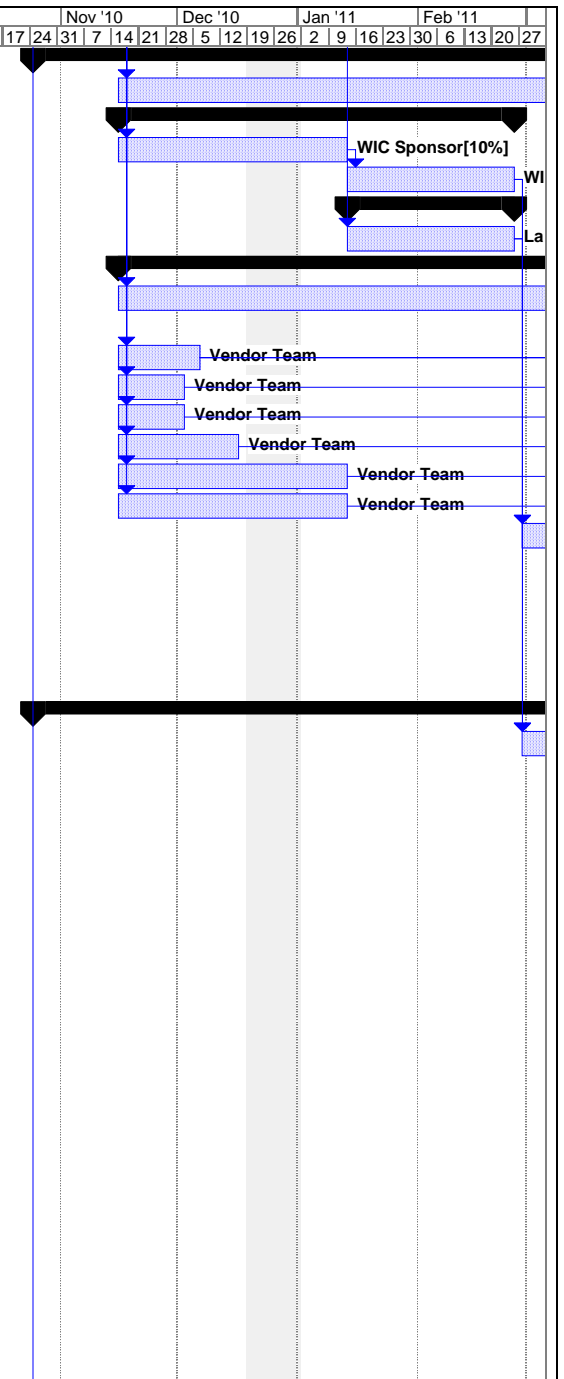
08-20-09: added material cost for 20% of expense paid to system contractor for transfer, modification, rollout.

ID	WBS	Task Name	Deliverable #	May '10	Jun '10	Jul '10	Aug '10	Sep '10	Oct '10	Nov '10	Dec '10	Jan '11	Feb '11	
				18 25	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	5 12 19 26	3 10 17 24	31 7 14 21 28	5 12 19 26	2 9 16 23 30	6 13 20 27
1	1	WIC Data System Project - Implementation Phase												
2	1.1	Dummy linking variable - project authorization to start (assumes procurement Developed / contract signed a/o 04-30-09)												
3														
4	1.2	FL WIC Project Management Activities												
5	1.2.1	Participate in Planning/Status/Action Meetings (ongoing)												
6	1.2.1.1	Planning/Action/Status Meetings - PM												
7	1.2.1.2	Planning/Action/Status Meetings - BA												
8	1.2.2	Provide Status Reports to Stakeholders (ongoing)												
9														
10	1.3	Project Planning & Definition Phase	4.8.4											
11	1.3.1	Provide Project Support - Planning & Definition												
12	1.3.2	Vendor Project Execution - Planning & Definition												
13	1.3.2.1	Develop Project Management Documents	4.8.4.1											
14	1.3.2.1.1	Project Management Plan	4.8.2.1											
15	1.3.2.1.2	Deliverable Expectation Document	4.8.2.1.1											
16	1.3.2.1.3	Project Schedule	4.8.2.2											
17	1.3.2.1.4	Spending Plan	4.8.2.3											
18	1.3.2.1.5	Project Responsibility Matrix	4.8.2.4											
19	1.3.2.1.6	Risk Management Plan / Database	4.8.2.5											
20	1.3.2.1.7	Issue Management Plan / Database	4.8.2.6											
21	1.3.2.1.8	Action Item Database	4.8.2.7											
22	1.3.2.1.9	Lesson Learned Database	4.8.2.8											
23	1.3.2.1.10	Weekly Status Report Template	4.8.2.9											
24	1.3.2.1.11	Project Management Documents Completed												
25	1.3.2.2	Develop Requirements Confirmation Plan	4.8.4.2											
26	1.3.2.3	Develop System Transfer & Modification Plan	4.8.4.3											
27	1.3.2.4	Develop Next Phase Templates	4.8.4.4											
28	1.3.2.4.1	Requirements Traceability Matrix	4.8.4.4.1											
29	1.3.2.4.2	Functional Design Document	4.8.4.4.2											
30	1.3.2.4.3	System Transfer & Modification Design	4.8.4.4.3											
31	1.3.2.4.4	Data Migration Plan	4.8.4.4.4											
32	1.3.2.4.5	External System Interfaces Plan	4.8.4.4.5											
33	1.3.2.4.6	Configuration Management Plan	4.8.4.4.6											
34	1.3.2.4.7	Test Plan & Test Case	4.8.4.4.7											
35	1.3.2.4.8	Security Plan	4.8.4.4.8											
36	1.3.2.4.9	Next Phase Templates Completed												
37	1.3.2.5	Develop Planning & Definition Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.4.5											
38	1.3.2.6	Attain FL WIC Approval to Start Next Phase	4.8.4.6											
39	1.3.3	Planning & Definition Phase Completed												
40	1.4	Payment - Planning & Definition												
41	1.4.1	Present Invoice												
42	1.4.2	Review / Approve Invoice												
43	1.4.3	Invoice paid												
44														

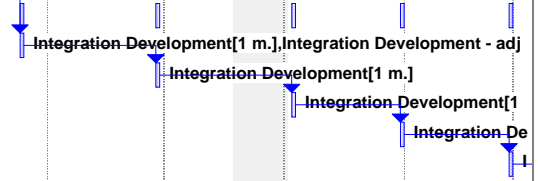


ID	WBS	Task Name	Deliverable #	May '10		Jun '10		Jul '10		Aug '10		Sep '10		Oct '10		Nov '10		Dec '10		Jan '11		Feb '11																							
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45	1.5	Requirements Confirmation & Design of System Modifications Phase	4.8.5																																										
46	1.5.1	Provide Project Support - Requirements & Design																																											
47	1.5.2	Vendor Project Execution - Requirements & Design																																											
48	1.5.2.1	Conduct Requirements Confirmation Sessions	4.8.5.1																																										
49	1.5.2.2	Develop Functional Design Document	4.8.5.2																																										
50	1.5.2.3	Develop System Transfer & Modification Design Specification	4.8.5.3																																										
51	1.5.2.4	Develop Data Migration Plan	4.8.5.4																																										
52	1.5.2.5	Develop External System Interfaces Plan	4.8.5.5																																										
53	1.5.2.6	Develop Configuration Management Plan	4.8.5.6																																										
54	1.5.2.7	Develop Security Plan	4.8.5.7																																										
55	1.5.2.8	Develop Test Plan	4.8.5.8																																										
56	1.5.2.9	Develop Test Cases (all except UAT)	4.8.5.9																																										
57	1.5.2.10	Update Training / Implementation Plans	4.8.5.10																																										
58	1.5.2.11	Update Project Management Documents	4.8.5.11																																										
59	1.5.2.12	Develop Requirements & Design Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.5.12																																										
60	1.5.2.13	Attain FL WIC Approval to Start Next Phase	4.8.5.13																																										
61	1.5.3	Procure Equipment for Next Phase																																											
62	1.5.3.1	Purchase Equipment for System Transfer & Modification																																											
63	1.5.4	Requirements & Design Phase Completed																																											
64	1.5.5	Payment - Requirements & Design																																											
65	1.5.5.1	Present Invoice																																											
66	1.5.5.2	Review / Approve Invoice																																											
67	1.5.5.3	Invoice paid																																											
68																																													

ID	WBS	Task Name	Deliverable #	May '10		Jun '10		Jul '10		Aug '10		Sep '10		Oct '10		Nov '10		Dec '10		Jan '11		Feb '11																							
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69	1.6	System Transfer & Modification Phase	4.8.6																																										
70	1.6.1	Provide Project Support - Transfer & Modification																																											
71	1.6.2	Hire WIC System Support Staff																																											
72	1.6.2.1	Hire System Support Staff																																											
73	1.6.2.2	On-board/Train System Support Staff																																											
74	1.6.3	Procure Equipment for Next Phase																																											
75	1.6.3.1	Purchase Equipment for UAT																																											
76	1.6.4	Vendor Project Execution - Transfer & Modification																																											
77	1.6.4.1	Transfer / Develop Modifications to the Base System	4.8.6.1																																										
78	1.6.4.2	Develop Tests, Reports, Corrections, & Retests	4.8.6.2																																										
79	1.6.4.3	Conduct System Transfer & Modification Security & ADA Scans	4.8.6.3																																										
80	1.6.4.4	Provide Recommended User Acceptance Test Cases	4.8.6.4																																										
81	1.6.4.5	Develop Pilot Site Surveys	4.8.6.5																																										
82	1.6.4.6	Develop Operational Plans	4.8.6.6																																										
83	1.6.4.7	Develop User Documentation	4.8.6.7																																										
84	1.6.4.8	Develop Technical Documentation	4.8.6.8																																										
85	1.6.4.9	Establish the Five Server Environments	4.8.6.9																																										
86	1.6.4.10	Update Project Management Documents	4.8.6.10																																										
87	1.6.4.11	Develop Transfer & Modification Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.6.11																																										
88	1.6.4.12	Attain FL WIC Approval to Start Next Phase	4.8.6.12																																										
89	1.6.5	Transfer & Modification Phase Completed																																											
90																																													
91	1.6.6	Provide Ongoing System Support																																											
92	1.6.6.1	Provide WIC Technical Support Services (ongoing)																																											
93	1.6.6.2	Provide Data Center Services																																											
94	1.6.6.2.1	Provide Data Center Services 1																																											
95	1.6.6.2.2	Provide Data Center Services 2																																											
96	1.6.6.2.3	Provide Data Center Services 3																																											
97	1.6.6.2.4	Provide Data Center Services 4																																											
98	1.6.6.2.5	Provide Data Center Services 5																																											
99	1.6.6.2.6	Provide Data Center Services 6																																											
100	1.6.6.2.7	Provide Data Center Services 7																																											
101	1.6.6.2.8	Provide Data Center Services 8																																											
102	1.6.6.2.9	Provide Data Center Services 9																																											
103	1.6.6.2.10	Provide Data Center Services 10																																											
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108	1.6.6.2.15	Provide Data Center Services 15																																											
109	1.6.6.2.16	Provide Data Center Services 16																																											
110	1.6.6.3	Provide Integration Services																																											
111	1.6.6.3.1	Provide Integration Services 1																																											
112	1.6.6.3.2	Provide Integration Services 2																																											
113	1.6.6.3.3	Provide Integration Services 3																																											



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114	1.6.6.3.4	Provide Integration Services 4																																											
115	1.6.6.3.5	Provide Integration Services 5																																											
116	1.6.6.3.6	Provide Integration Services 6																																											
117	1.6.6.3.7	Provide Integration Services 7																																											
118	1.6.6.3.8	Provide Integration Services 8																																											
119	1.6.6.3.9	Provide Integration Services 9																																											
120	1.6.6.3.10	Provide Integration Services 10																																											
121	1.6.6.3.11	Provide Integration Services 11																																											
122	1.6.6.3.12	Provide Integration Services 12																																											
123	1.6.6.3.13	Provide Integration Services 13																																											
124	1.6.6.3.14	Provide Integration Services 14																																											
125	1.6.6.3.15	Provide Integration Services 15																																											
126	1.6.6.3.16	Provide Integration Services 16																																											
127	1.6.6.4	Interface Development Support																																											
128	1.6.6.4.1	Interface Development Support 1																																											
129	1.6.6.4.2	Interface Development Support 2																																											
130	1.6.6.4.3	Interface Development Support 3																																											
131	1.6.6.4.4	Interface Development Support 4																																											
132	1.6.6.4.5	Interface Development Support 5																																											
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134	1.6.6.4.7	Interface Development Support 7																																											
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139	1.6.6.4.12	Interface Development Support 12																																											
140																																													
141	1.6.7	Payment - Transfer & Modification																																											
142	1.6.7.1	Present Invoice																																											
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144	1.6.7.3	Invoice paid																																											
145																																													



ID	WBS	Task Name	Deliverable #	May '10		Jun '10		Jul '10		Aug '10		Sep '10		Oct '10		Nov '10		Dec '10		Jan '11		Feb '11																							
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190	1.9	System Rollout Phase	4.8.9																																										
191	1.9.1	Provide Project Support - Rollout - PM																																											
192	1.9.2	Provide Project Support - Rollout - BA																																											
193	1.9.3	Vendor Project Execution - Rollout																																											
194	1.9.3.1	Complete Rollout Data Migration	4.8.9.1																																										
195	1.9.3.2	Provide Implementation Support	4.8.9.2																																										
196	1.9.3.3	Develop Rollout Defect / Deficiency Corrections & Retests	4.8.9.3																																										
197	1.9.3.4	Develop Production Readiness Plan	4.8.9.4																																										
198	1.9.3.5	Develop Rollout User & Technical Documentation Updates	4.8.9.5																																										
199	1.9.3.6	Develop Rollout Update of Project Management Documents	4.8.9.6																																										
200	1.9.3.7	Develop Rollout Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.9.7																																										
201	1.9.3.8	Attain FL WIC Approval to Start Next Phase	4.8.9.8																																										
202	1.9.4	Rollout Phase Completed																																											
203	1.9.5	Payment - Rollout																																											
204	1.9.5.1	Present Invoice																																											
205	1.9.5.2	Review / Approve Invoice																																											
206	1.9.5.3	Invoice paid																																											
207																																													

ID	WBS	Task Name	Deliverable #	May '10		Jun '10		Jul '10		Aug '10		Sep '10		Oct '10		Nov '10		Dec '10		Jan '11		Feb '11																							
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208	1.10	Project Closure / Transition to Operations & Maintenance Phase	4.8.10																																										
209	1.10.1	Provide Project Support - Closure																																											
210	1.10.2	Vendor Project Execution - Closure																																											
211	1.10.2.1	Provide Final Versions of Deliverables & Configuration Items	4.8.10.1																																										
212	1.10.2.2	Develop Operations & Maintenance Service Level Agreement	4.8.10.2																																										
213	1.10.2.3	Develop Closure Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.10.3																																										
214	1.10.3	Complete Final Project Invoice Review	4.8.10.4																																										
215	1.10.3.1	Present Invoice	4.8.10.4																																										
216	1.10.3.2	Review / Approve Invoice																																											
217	1.10.3.3	Invoice paid																																											
218	1.10.3.4	Attain FL WIC Acceptance of the System / Start Operations & Maintenance	4.8.10.5																																										
219	1.11	Project Completed																																											

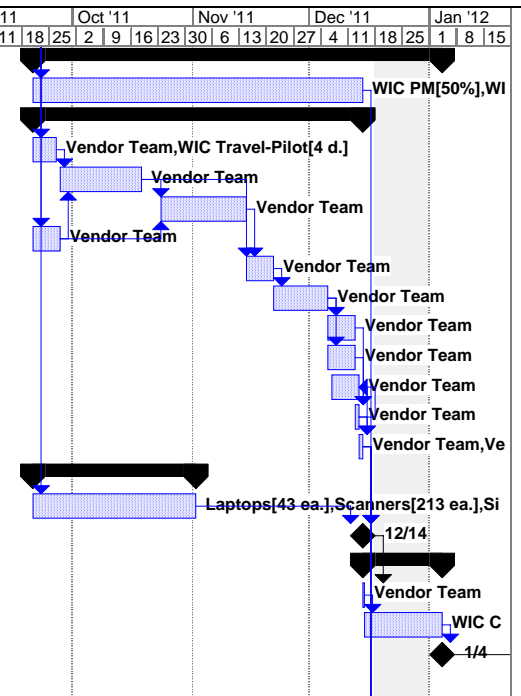
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				6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18
1	1	WIC Data System Project - Implementation Phase																																											
2	1.1	Dummy linking variable - project authorization to start (assumes procurement Developed / contract signed a/o 04-30-09)																																											
3																																													
4	1.2	FL WIC Project Management Activities																																											
5	1.2.1	Participate in Planning/Status/Action Meetings (ongoing)																																											
6	1.2.1.1	Planning/Action/Status Meetings - PM																																											
7	1.2.1.2	Planning/Action/Status Meetings - BA																																											
8	1.2.2	Provide Status Reports to Stakeholders (ongoing)																																											
9																																													
10	1.3	Project Planning & Definition Phase	4.8.4																																										
11	1.3.1	Provide Project Support - Planning & Definition																																											
12	1.3.2	Vendor Project Execution - Planning & Definition																																											
13	1.3.2.1	Develop Project Management Documents	4.8.4.1																																										
14	1.3.2.1.1	Project Management Plan	4.8.2.1																																										
15	1.3.2.1.2	Deliverable Expectation Document	4.8.2.1.1																																										
16	1.3.2.1.3	Project Schedule	4.8.2.2																																										
17	1.3.2.1.4	Spending Plan	4.8.2.3																																										
18	1.3.2.1.5	Project Responsibility Matrix	4.8.2.4																																										
19	1.3.2.1.6	Risk Management Plan / Database	4.8.2.5																																										
20	1.3.2.1.7	Issue Management Plan / Database	4.8.2.6																																										
21	1.3.2.1.8	Action Item Database	4.8.2.7																																										
22	1.3.2.1.9	Lesson Learned Database	4.8.2.8																																										
23	1.3.2.1.10	Weekly Status Report Template	4.8.2.9																																										
24	1.3.2.1.11	Project Management Documents Completed																																											
25	1.3.2.2	Develop Requirements Confirmation Plan	4.8.4.2																																										
26	1.3.2.3	Develop System Transfer & Modification Plan	4.8.4.3																																										
27	1.3.2.4	Develop Next Phase Templates	4.8.4.4																																										
28	1.3.2.4.1	Requirements Traceability Matrix	4.8.4.4.1																																										
29	1.3.2.4.2	Functional Design Document	4.8.4.4.2																																										
30	1.3.2.4.3	System Transfer & Modification Design	4.8.4.4.3																																										
31	1.3.2.4.4	Data Migration Plan	4.8.4.4.4																																										
32	1.3.2.4.5	External System Interfaces Plan	4.8.4.4.5																																										
33	1.3.2.4.6	Configuration Management Plan	4.8.4.4.6																																										
34	1.3.2.4.7	Test Plan & Test Case	4.8.4.4.7																																										
35	1.3.2.4.8	Security Plan	4.8.4.4.8																																										
36	1.3.2.4.9	Next Phase Templates Completed																																											
37	1.3.2.5	Develop Planning & Definition Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.4.5																																										
38	1.3.2.6	Attain FL WIC Approval to Start Next Phase	4.8.4.6																																										
39	1.3.3	Planning & Definition Phase Completed																																											
40	1.4	Payment - Planning & Definition																																											
41	1.4.1	Present Invoice																																											
42	1.4.2	Review / Approve Invoice																																											
43	1.4.3	Invoice paid																																											
44																																													

ID	WBS	Task Name	Deliverable #	Mar '11		Apr '11		May '11		Jun '11		Jul '11		Aug '11		Sep '11		Oct '11		Nov '11		Dec '11		Jan '12																					
				6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18
45	1.5	Requirements Confirmation & Design of System Modifications Phase	4.8.5																																										
46	1.5.1	Provide Project Support - Requirements & Design																																											
47	1.5.2	Vendor Project Execution - Requirements & Design																																											
48	1.5.2.1	Conduct Requirements Confirmation Sessions	4.8.5.1																																										
49	1.5.2.2	Develop Functional Design Document	4.8.5.2																																										
50	1.5.2.3	Develop System Transfer & Modification Design Specification	4.8.5.3																																										
51	1.5.2.4	Develop Data Migration Plan	4.8.5.4																																										
52	1.5.2.5	Develop External System Interfaces Plan	4.8.5.5																																										
53	1.5.2.6	Develop Configuration Management Plan	4.8.5.6																																										
54	1.5.2.7	Develop Security Plan	4.8.5.7																																										
55	1.5.2.8	Develop Test Plan	4.8.5.8																																										
56	1.5.2.9	Develop Test Cases (all except UAT)	4.8.5.9																																										
57	1.5.2.10	Update Training / Implementation Plans	4.8.5.10																																										
58	1.5.2.11	Update Project Management Documents	4.8.5.11																																										
59	1.5.2.12	Develop Requirements & Design Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.5.12																																										
60	1.5.2.13	Attain FL WIC Approval to Start Next Phase	4.8.5.13																																										
61	1.5.3	Procure Equipment for Next Phase																																											
62	1.5.3.1	Purchase Equipment for System Transfer & Modification																																											
63	1.5.4	Requirements & Design Phase Completed																																											
64	1.5.5	Payment - Requirements & Design																																											
65	1.5.5.1	Present Invoice																																											
66	1.5.5.2	Review / Approve Invoice																																											
67	1.5.5.3	Invoice paid																																											
68																																													

ID	WBS	Task Name	Deliverable #	Timeline											
				Mar '11	Apr '11	May '11	Jun '11	Jul '11	Aug '11	Sep '11	Oct '11	Nov '11	Dec '11	Jan '12	
69	1.6	System Transfer & Modification Phase	4.8.6	[Gantt Bar]											
70	1.6.1	Provide Project Support - Transfer & Modification		WIC PM[50%],WIC BA[50%]											
71	1.6.2	Hire WIC System Support Staff		[Gantt Bar]											
72	1.6.2.1	Hire System Support Staff		[Gantt Bar]											
73	1.6.2.2	On-board/Train System Support Staff		Database Analyst[50%],WIC System Support Technician[50%],WIC Database Analyst - adj[1 ea.],WIC Sys Suppt Tech - adj[1 ea.]											
74	1.6.3	Procure Equipment for Next Phase		[Gantt Bar]											
75	1.6.3.1	Purchase Equipment for UAT		tops[5 ea.],Scanners[5 ea.],Signature Pads[25 ea.],App Server - Dev[1 ea.],App Server - DR[1 ea.],App Server - Prod[1 ea.],App Server - Test[1 ea.],App S											
76	1.6.4	Vendor Project Execution - Transfer & Modification		[Gantt Bar]											
77	1.6.4.1	Transfer / Develop Modifications to the Base System	4.8.6.1	Vendor Team											
78	1.6.4.2	Develop Tests, Reports, Corrections, & Retests	4.8.6.2	Vendor Team											
79	1.6.4.3	Conduct System Transfer & Modification Security & ADA Scans	4.8.6.3	Vendor Team											
80	1.6.4.4	Provide Recommended User Acceptance Test Cases	4.8.6.4	Vendor Team											
81	1.6.4.5	Develop Pilot Site Surveys	4.8.6.5	Vendor Team											
82	1.6.4.6	Develop Operational Plans	4.8.6.6	Vendor Team											
83	1.6.4.7	Develop User Documentation	4.8.6.7	Vendor Team											
84	1.6.4.8	Develop Technical Documentation	4.8.6.8	Vendor Team											
85	1.6.4.9	Establish the Five Server Environments	4.8.6.9	Vendor Team											
86	1.6.4.10	Update Project Management Documents	4.8.6.10	Vendor Team											
87	1.6.4.11	Develop Transfer & Modification Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.6.11	Vendor Team											
88	1.6.4.12	Attain FL WIC Approval to Start Next Phase	4.8.6.12	Vendor Team, Vendor Proj Exec-Xfr & Mod[1]											
89	1.6.5	Transfer & Modification Phase Completed		6/29											
90				[Gantt Bar]											
91	1.6.6	Provide Ongoing System Support		[Gantt Bar]											
92	1.6.6.1	Provide WIC Technical Support Services (ongoing)		[Gantt Bar]											
93	1.6.6.2	Provide Data Center Services		[Gantt Bar]											
94	1.6.6.2.1	Provide Data Center Services 1		Data Center Services / mo[1 ea.],Data Center Services - adj[1 ea.]											
95	1.6.6.2.2	Provide Data Center Services 2		Data Center Services / mo[1 ea.]											
96	1.6.6.2.3	Provide Data Center Services 3		Data Center Services / mo[1 ea.]											
97	1.6.6.2.4	Provide Data Center Services 4		Data Center Services / mo[1 ea.]											
98	1.6.6.2.5	Provide Data Center Services 5		Data Center Services / mo[1 ea.]											
99	1.6.6.2.6	Provide Data Center Services 6		Data Center Services / mo[1 ea.]											
100	1.6.6.2.7	Provide Data Center Services 7		Data Center Services / mo[1 ea.]											
101	1.6.6.2.8	Provide Data Center Services 8		Data Center Services / mo[1 ea.]											
102	1.6.6.2.9	Provide Data Center Services 9		Data Center Services / mo[1 ea.]											
103	1.6.6.2.10	Provide Data Center Services 10		Data Center Services / mo[1 ea.]											
104	1.6.6.2.11	Provide Data Center Services 11		Data Center Services / mo[1 ea.]											
105	1.6.6.2.12	Provide Data Center Services 12		Data Center Services / mo[1 ea.]											
106	1.6.6.2.13	Provide Data Center Services 13		Data Center Services / mo[1 ea.]											
107	1.6.6.2.14	Provide Data Center Services 14		Data Center Services / mo[1 ea.]											
108	1.6.6.2.15	Provide Data Center Services 15		Data Center Services / mo[1 ea.]											
109	1.6.6.2.16	Provide Data Center Services 16		Data Center Services / mo[1 ea.]											
110	1.6.6.3	Provide Integration Services		[Gantt Bar]											
111	1.6.6.3.1	Provide Integration Services 1		Integration Support Services / mo[1 m.],Integration Support Services - adj[1 ea.]											
112	1.6.6.3.2	Provide Integration Services 2		Integration Support Services / mo[1 m.]											
113	1.6.6.3.3	Provide Integration Services 3		Integration Support Services / mo[1 m.]											

ID	WBS	Task Name	Deliverable #	Jul '11		Aug '11		Sep '11		Oct '11		Nov '11		Dec '11		Jan '12											
				6	13	20	27	3	10	17	24	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18
146	1.7	User Acceptance Testing Phase	4.8.7																								
147	1.7.1	Provide Project Support - UAT																									
148	1.7.2	Vendor Project Execution - UAT																									
149	1.7.2.1	Conduct UAT Kickoff / Functional Walkthrough	4.8.7.1																								
150	1.7.2.2	Provide UAT Training - trainers, users, technical staff	4.8.7.2																								
151	1.7.2.3	Complete UAT Data Migration	4.8.7.3																								
152	1.7.2.4	Provide Test Support & Correct Defects / Deficiencies - Round 1	4.8.7.4																								
153	1.7.2.5	Provide Test Support & Correct Defects / Deficiencies - Round 2	4.8.7.4																								
154	1.7.2.6	Evaluate UAT Results w/ FL WIC	4.8.7.5																								
155	1.7.2.7	Develop Pilot Test Plan	4.8.7.6																								
156	1.7.2.8	Develop UAT User & Technical Documentation Updates	4.8.7.7																								
157	1.7.2.9	Develop UAT Update of Project Management Documents	4.8.7.8																								
158	1.7.2.10	Develop UAT Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.7.9																								
159	1.7.2.11	Attain FL WIC Approval to Start Next Phase	4.8.7.10																								
160	1.7.3	Procure Equipment for Next Phase																									
161	1.7.3.1	Purchase Equipment for Pilot																									
162	1.7.4	UAT Phase Completed																									
163	1.7.5	Payment - UAT																									
164	1.7.5.1	Present Invoice																									
165	1.7.5.2	Review / Approve Invoice																									
166	1.7.5.3	Invoice paid																									
167																											

ID	WBS	Task Name	Deliverable #	Mar '11		Apr '11		May '11		Jun '11		Jul '11		Aug '11		Sep '11		Oct '11		Nov '11		Dec '11		Jan '12																					
				6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18
168	1.8	System Pilot Phase	4.8.8																																										
169	1.8.1	Provide Project Support - Pilot																																											
170	1.8.2	Vendor Project Execution - Pilot																																											
171	1.8.2.1	Complete Hardware Installation at Pilot Sites	4.8.8.1																																										
172	1.8.2.2	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #1	4.8.8.2																																										
173	1.8.2.3	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #2	4.8.8.2																																										
174	1.8.2.4	Complete Pilot Test Data Migration	4.8.8.3																																										
175	1.8.2.5	Evaluate Pilot Test Results	4.8.8.4																																										
176	1.8.2.6	Develop Pilot Test Defect / Deficiency Corrections & Retests	4.8.8.5																																										
177	1.8.2.7	Complete Pilot Test Security & ADA Scans	4.8.8.6																																										
178	1.8.2.8	Develop Pilot Test User & Technical Documentation Updates	4.8.8.7																																										
179	1.8.2.9	Develop Pilot Test Update of Project Management Documents	4.8.8.8																																										
180	1.8.2.10	Develop Pilot Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.8.9																																										
181	1.8.2.11	Attain FL WIC Approval to Start Next Phase	4.8.8.10																																										
182	1.8.3	Procure Equipment for Next Phase																																											
183	1.8.3.1	Purchase Equipment for Rollout																																											
184	1.8.4	Pilot Phase Completed																																											
185	1.8.5	Payment - Pilot																																											
186	1.8.5.1	Present Invoice																																											
187	1.8.5.2	Review / Approve Invoice																																											
188	1.8.5.3	Invoice paid																																											
189																																													



ID	WBS	Task Name	Deliverable #	Mar '11		Apr '11		May '11		Jun '11		Jul '11		Aug '11		Sep '11		Oct '11		Nov '11		Dec '11		Jan '12																					
				6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18
190	1.9	System Rollout Phase	4.8.9																																										
191	1.9.1	Provide Project Support - Rollout - PM																																											
192	1.9.2	Provide Project Support - Rollout - BA																																											
193	1.9.3	Vendor Project Execution - Rollout																																											
194	1.9.3.1	Complete Rollout Data Migration	4.8.9.1																																										
195	1.9.3.2	Provide Implementation Support	4.8.9.2																																										
196	1.9.3.3	Develop Rollout Defect / Deficiency Corrections & Retests	4.8.9.3																																										
197	1.9.3.4	Develop Production Readiness Plan	4.8.9.4																																										
198	1.9.3.5	Develop Rollout User & Technical Documentation Updates	4.8.9.5																																										
199	1.9.3.6	Develop Rollout Update of Project Management Documents	4.8.9.6																																										
200	1.9.3.7	Develop Rollout Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.9.7																																										
201	1.9.3.8	Attain FL WIC Approval to Start Next Phase	4.8.9.8																																										
202	1.9.4	Rollout Phase Completed																																											
203	1.9.5	Payment - Rollout																																											
204	1.9.5.1	Present Invoice																																											
205	1.9.5.2	Review / Approve Invoice																																											
206	1.9.5.3	Invoice paid																																											
207																																													

ID	WBS	Task Name	Deliverable #	Mar '11		Apr '11		May '11		Jun '11		Jul '11		Aug '11		Sep '11		Oct '11		Nov '11		Dec '11		Jan '12																					
				6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18
208	1.10	Project Closure / Transition to Operations & Maintenance Phase	4.8.10																																										
209	1.10.1	Provide Project Support - Closure																																											
210	1.10.2	Vendor Project Execution - Closure																																											
211	1.10.2.1	Provide Final Versions of Deliverables & Configuration Items	4.8.10.1																																										
212	1.10.2.2	Develop Operations & Maintenance Service Level Agreement	4.8.10.2																																										
213	1.10.2.3	Develop Closure Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.10.3																																										
214	1.10.3	Complete Final Project Invoice Review	4.8.10.4																																										
215	1.10.3.1	Present Invoice	4.8.10.4																																										
216	1.10.3.2	Review / Approve Invoice																																											
217	1.10.3.3	Invoice paid																																											
218	1.10.3.4	Attain FL WIC Acceptance of the System / Start Operations & Maintenance	4.8.10.5																																										
219	1.11	Project Completed																																											

ID	WBS	Task Name	Deliverable #	Feb '12		Mar '12		Apr '12		May '12		Jun '12		Jul '12		Aug '12		Sep '12		Oct '12		Nov '12		De																					
				22	29	5	12	19	26	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	14	21	28	4
1	1	WIC Data System Project - Implementation Phase																																											
2	1.1	Dummy linking variable - project authorization to start (assumes procurement Developed / contract signed a/o 04-30-09)																																											
3																																													
4	1.2	FL WIC Project Management Activities																																											
5	1.2.1	Participate in Planning/Status/Action Meetings (ongoing)																																											
6	1.2.1.1	Planning/Action/Status Meetings - PM																																											
7	1.2.1.2	Planning/Action/Status Meetings - BA																																											
8	1.2.2	Provide Status Reports to Stakeholders (ongoing)																																											
9																																													
10	1.3	Project Planning & Definition Phase	4.8.4																																										
11	1.3.1	Provide Project Support - Planning & Definition																																											
12	1.3.2	Vendor Project Execution - Planning & Definition																																											
13	1.3.2.1	Develop Project Management Documents	4.8.4.1																																										
14	1.3.2.1.1	Project Management Plan	4.8.2.1																																										
15	1.3.2.1.2	Deliverable Expectation Document	4.8.2.1.1																																										
16	1.3.2.1.3	Project Schedule	4.8.2.2																																										
17	1.3.2.1.4	Spending Plan	4.8.2.3																																										
18	1.3.2.1.5	Project Responsibility Matrix	4.8.2.4																																										
19	1.3.2.1.6	Risk Management Plan / Database	4.8.2.5																																										
20	1.3.2.1.7	Issue Management Plan / Database	4.8.2.6																																										
21	1.3.2.1.8	Action Item Database	4.8.2.7																																										
22	1.3.2.1.9	Lesson Learned Database	4.8.2.8																																										
23	1.3.2.1.10	Weekly Status Report Template	4.8.2.9																																										
24	1.3.2.1.11	Project Management Documents Completed																																											
25	1.3.2.2	Develop Requirements Confirmation Plan	4.8.4.2																																										
26	1.3.2.3	Develop System Transfer & Modification Plan	4.8.4.3																																										
27	1.3.2.4	Develop Next Phase Templates	4.8.4.4																																										
28	1.3.2.4.1	Requirements Traceability Matrix	4.8.4.4.1																																										
29	1.3.2.4.2	Functional Design Document	4.8.4.4.2																																										
30	1.3.2.4.3	System Transfer & Modification Design	4.8.4.4.3																																										
31	1.3.2.4.4	Data Migration Plan	4.8.4.4.4																																										
32	1.3.2.4.5	External System Interfaces Plan	4.8.4.4.5																																										
33	1.3.2.4.6	Configuration Management Plan	4.8.4.4.6																																										
34	1.3.2.4.7	Test Plan & Test Case	4.8.4.4.7																																										
35	1.3.2.4.8	Security Plan	4.8.4.4.8																																										
36	1.3.2.4.9	Next Phase Templates Completed																																											
37	1.3.2.5	Develop Planning & Definition Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.4.5																																										
38	1.3.2.6	Attain FL WIC Approval to Start Next Phase	4.8.4.6																																										
39	1.3.3	Planning & Definition Phase Completed																																											
40	1.4	Payment - Planning & Definition																																											
41	1.4.1	Present Invoice																																											
42	1.4.2	Review / Approve Invoice																																											
43	1.4.3	Invoice paid																																											
44																																													

ID	WBS	Task Name	Deliverable #	Feb '12		Mar '12		Apr '12		May '12		Jun '12		Jul '12		Aug '12		Sep '12		Oct '12		Nov '12		De																					
				22	29	5	12	19	26	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	14	21	28	4
45	1.5	Requirements Confirmation & Design of System Modifications Phase	4.8.5																																										
46	1.5.1	Provide Project Support - Requirements & Design																																											
47	1.5.2	Vendor Project Execution - Requirements & Design																																											
48	1.5.2.1	Conduct Requirements Confirmation Sessions	4.8.5.1																																										
49	1.5.2.2	Develop Functional Design Document	4.8.5.2																																										
50	1.5.2.3	Develop System Transfer & Modification Design Specification	4.8.5.3																																										
51	1.5.2.4	Develop Data Migration Plan	4.8.5.4																																										
52	1.5.2.5	Develop External System Interfaces Plan	4.8.5.5																																										
53	1.5.2.6	Develop Configuration Management Plan	4.8.5.6																																										
54	1.5.2.7	Develop Security Plan	4.8.5.7																																										
55	1.5.2.8	Develop Test Plan	4.8.5.8																																										
56	1.5.2.9	Develop Test Cases (all except UAT)	4.8.5.9																																										
57	1.5.2.10	Update Training / Implementation Plans	4.8.5.10																																										
58	1.5.2.11	Update Project Management Documents	4.8.5.11																																										
59	1.5.2.12	Develop Requirements & Design Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.5.12																																										
60	1.5.2.13	Attain FL WIC Approval to Start Next Phase	4.8.5.13																																										
61	1.5.3	Procure Equipment for Next Phase																																											
62	1.5.3.1	Purchase Equipment for System Transfer & Modification																																											
63	1.5.4	Requirements & Design Phase Completed																																											
64	1.5.5	Payment - Requirements & Design																																											
65	1.5.5.1	Present Invoice																																											
66	1.5.5.2	Review / Approve Invoice																																											
67	1.5.5.3	Invoice paid																																											
68																																													

ID	WBS	Task Name	Deliverable #	Feb '12		Mar '12		Apr '12		May '12		Jun '12		Jul '12		Aug '12		Sep '12		Oct '12		Nov '12		De																					
				22	29	5	12	19	26	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	14	21	28	4
69	1.6	System Transfer & Modification Phase	4.8.6	[Gantt bar for 4.8.6 from Feb 22 to Aug 29]																																									
70	1.6.1	Provide Project Support - Transfer & Modification																																											
71	1.6.2	Hire WIC System Support Staff																																											
72	1.6.2.1	Hire System Support Staff																																											
73	1.6.2.2	On-board/Train System Support Staff																																											
74	1.6.3	Procure Equipment for Next Phase																																											
75	1.6.3.1	Purchase Equipment for UAT																																											
76	1.6.4	Vendor Project Execution - Transfer & Modification																																											
77	1.6.4.1	Transfer / Develop Modifications to the Base System	4.8.6.1																																										
78	1.6.4.2	Develop Tests, Reports, Corrections, & Retests	4.8.6.2																																										
79	1.6.4.3	Conduct System Transfer & Modification Security & ADA Scans	4.8.6.3																																										
80	1.6.4.4	Provide Recommended User Acceptance Test Cases	4.8.6.4																																										
81	1.6.4.5	Develop Pilot Site Surveys	4.8.6.5																																										
82	1.6.4.6	Develop Operational Plans	4.8.6.6																																										
83	1.6.4.7	Develop User Documentation	4.8.6.7																																										
84	1.6.4.8	Develop Technical Documentation	4.8.6.8																																										
85	1.6.4.9	Establish the Five Server Environments	4.8.6.9																																										
86	1.6.4.10	Update Project Management Documents	4.8.6.10																																										
87	1.6.4.11	Develop Transfer & Modification Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.6.11																																										
88	1.6.4.12	Attain FL WIC Approval to Start Next Phase	4.8.6.12																																										
89	1.6.5	Transfer & Modification Phase Completed																																											
90																																													
91	1.6.6	Provide Ongoing System Support		[Gantt bar for 1.6.6 from Feb 22 to Aug 29]																																									
92	1.6.6.1	Provide WIC Technical Support Services (ongoing)		WIC Database Analyst[50%],WIC System Support Technici																																									
93	1.6.6.2	Provide Data Center Services																																											
94	1.6.6.2.1	Provide Data Center Services 1																																											
95	1.6.6.2.2	Provide Data Center Services 2																																											
96	1.6.6.2.3	Provide Data Center Services 3																																											
97	1.6.6.2.4	Provide Data Center Services 4																																											
98	1.6.6.2.5	Provide Data Center Services 5																																											
99	1.6.6.2.6	Provide Data Center Services 6																																											
100	1.6.6.2.7	Provide Data Center Services 7																																											
101	1.6.6.2.8	Provide Data Center Services 8																																											
102	1.6.6.2.9	Provide Data Center Services 9																																											
103	1.6.6.2.10	Provide Data Center Services 10																																											
104	1.6.6.2.11	Provide Data Center Services 11																																											
105	1.6.6.2.12	Provide Data Center Services 12																																											
106	1.6.6.2.13	Provide Data Center Services 13																																											
107	1.6.6.2.14	Provide Data Center Services 14																																											
108	1.6.6.2.15	Provide Data Center Services 15																																											
109	1.6.6.2.16	Provide Data Center Services 16																																											
110	1.6.6.3	Provide Integration Services																																											
111	1.6.6.3.1	Provide Integration Services 1																																											
112	1.6.6.3.2	Provide Integration Services 2																																											
113	1.6.6.3.3	Provide Integration Services 3																																											

ID	WBS	Task Name	Deliverable #	Feb '12		Mar '12			Apr '12			May '12			Jun '12			Jul '12			Aug '12			Sep '12			Oct '12			Nov '12			De												
				22	29	5	12	19	26	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	14	21	28	4
168	1.8	System Pilot Phase	4.8.8																																										
169	1.8.1	Provide Project Support - Pilot		BA[50%]																																									
170	1.8.2	Vendor Project Execution - Pilot																																											
171	1.8.2.1	Complete Hardware Installation at Pilot Sites	4.8.8.1																																										
172	1.8.2.2	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #1	4.8.8.2																																										
173	1.8.2.3	Develop Help Desk Preparations / Provide Pilot Test Support - Pilot Site #2	4.8.8.2																																										
174	1.8.2.4	Complete Pilot Test Data Migration	4.8.8.3																																										
175	1.8.2.5	Evaluate Pilot Test Results	4.8.8.4																																										
176	1.8.2.6	Develop Pilot Test Defect / Deficiency Corrections & Retests	4.8.8.5																																										
177	1.8.2.7	Complete Pilot Test Security & ADA Scans	4.8.8.6																																										
178	1.8.2.8	Develop Pilot Test User & Technical Documentation Updates	4.8.8.7																																										
179	1.8.2.9	Develop Pilot Test Update of Project Management Documents	4.8.8.8																																										
180	1.8.2.10	Develop Pilot Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.8.9																																										
181	1.8.2.11	Attain FL WIC Approval to Start Next Phase	4.8.8.10	dor Proj Exec-Pilot[1]																																									
182	1.8.3	Procure Equipment for Next Phase																																											
183	1.8.3.1	Purchase Equipment for Rollout		nature Pads[1,163 ea.],WIC Sponsor[5%]																																									
184	1.8.4	Pilot Phase Completed																																											
185	1.8.5	Payment - Pilot																																											
186	1.8.5.1	Present Invoice																																											
187	1.8.5.2	Review / Approve Invoice		ntract Manager[20%],WIC Sponsor[20%]																																									
188	1.8.5.3	Invoice paid																																											
189																																													

ID	WBS	Task Name	Deliverable #	Feb '12		Mar '12		Apr '12		May '12		Jun '12		Jul '12		Aug '12		Sep '12		Oct '12		Nov '12		De																					
				22	29	5	12	19	26	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	14	21	28	4
190	1.9	System Rollout Phase	4.8.9																																										
191	1.9.1	Provide Project Support - Rollout - PM																																											
192	1.9.2	Provide Project Support - Rollout - BA																																											
193	1.9.3	Vendor Project Execution - Rollout																																											
194	1.9.3.1	Complete Rollout Data Migration	4.8.9.1																																										
195	1.9.3.2	Provide Implementation Support	4.8.9.2																																										
196	1.9.3.3	Develop Rollout Defect / Deficiency Corrections & Retests	4.8.9.3																																										
197	1.9.3.4	Develop Production Readiness Plan	4.8.9.4																																										
198	1.9.3.5	Develop Rollout User & Technical Documentation Updates	4.8.9.5																																										
199	1.9.3.6	Develop Rollout Update of Project Management Documents	4.8.9.6																																										
200	1.9.3.7	Develop Rollout Phase Completion Checklist / Readiness Certificate for Next Phase	4.8.9.7																																										
201	1.9.3.8	Attain FL WIC Approval to Start Next Phase	4.8.9.8																																										
202	1.9.4	Rollout Phase Completed																																											
203	1.9.5	Payment - Rollout																																											
204	1.9.5.1	Present Invoice																																											
205	1.9.5.2	Review / Approve Invoice																																											
206	1.9.5.3	Invoice paid																																											
207																																													

Project: G - ProjectGantt_20090827a
Date: Sep 14 '09

Task
Split



Progress

Milestone



Summary

Project Summary



External Tasks

External Milestone



Deadline



1 WIC Data System Project - Implementation Phase

Assumptions:

- Deliverable review process will include steps and timeframes appropriate to the type of deliverable (document, software, decision) and the complexity of the deliverable. Review/revision timeframes for deliverables will be proposed and agreed upon through the Project Management Plan. Both the contractor and FL WIC are expected to collaborate and promptly handle these tasks.

5 Participate in Planning/Status/Action Meetings (ongoing)

This includes, but is not limited to:

- Status - Sponsor, Vendor, TRW
- Planning
- Action

6 Planning/Action/Status Meetings - PM

08-21-09: added <18.96> material cost to capture full cost.

7 Planning/Action/Status Meetings - BA

08-21-09: added 11,964.96 prorated material cost to capture full cost.

8 Provide Status Reports to Stakeholders (ongoing)

This includes, but is not limited to:

- Weekly - Sponsor, PMO
- Monthly - TRW, Tier 3
- Quarterly - USDA/FNS

10 Project Planning & Definition Phase

The Contractor and Florida WIC will jointly complete the key project management deliverables as described in Section 4.8.4.1. Florida WIC will furnish the templates for these items; the templates will define the content of the project management deliverables. The project management deliverables will provide the control mechanisms to plan, guide, and track the project's progress.

The Contractor will participate in a project kickoff meeting conducted with Florida WIC in Tallahassee and begin the ongoing process of weekly status reporting.

The Contractor will develop a Requirements Confirmation Plan to validate the Florida WIC requirements with the functionality of the transfer system. The foundation of this Plan will be the requirements confirmation sessions that will be conducted with Florida WIC subject matter experts and management. The Contractor will also develop a System Modification and Transfer Plan that describes the approach to system transfer, modification, and implementation.

The Contractor will develop the Next Phase document deliverable templates and submit its Phase Completion Checklist with a request for approval to move to the next phase.

Florida WIC will review and approve all deliverables and decide on moving to the requirements confirmation and design of system modifications phase.

11 Provide Project Support - Planning & Definition

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

12 Vendor Project Execution - Planning & Definition

08-20-09: added material cost for 5% of expense paid to system contractor for transfer, modification, rollout.

45 Requirements Confirmation & Design of System Modifications Phase

The Contractor and Florida WIC will jointly complete requirements confirmation sessions with Florida WIC subject matter experts and management. The number and duration of the sessions will be sufficient to cover all of the Florida WIC process areas and the corresponding functional and non-functional requirements. The Contractor will lead the sessions, accurately document the proceedings and decisions, and summarize all in an updated Requirements Traceability Matrix.

Based on the requirements confirmation sessions, the Contractor will develop a functional design document and a system transfer and modification specification. The functional design document will describe the functional specifications for all inputs, processes, and outputs of the system. The system transfer and modification specification will describe the technical specifications for the structure, components, interfaces, data, and hardware to support the system functions, including a walkthrough with key Florida WIC technical staff.

The Contractor and Florida WIC will jointly develop plans for data migration, external system interfaces, and security.

The Contractor will deliver a configuration management plan, test plans and test cases for all tests except user acceptance, and an updated requirements traceability matrix. The Contractor will update the Training/Implementation Plan drafted by Florida WIC and the Requirements Traceability Matrix based on the deliverables of this phase.

Florida WIC will procure the equipment for the next phase.

The Contractor and Florida WIC will jointly update the project management deliverables.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase.

46 Provide Project Support - Requirements & Design

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

47 Vendor Project Execution - Requirements & Design

08-20-09: added material cost for 10% of expense paid to system contractor for transfer, modification, rollout.

69 System Transfer & Modification Phase

The Contractor will transfer and modify the base system, develop the external system interfaces and data migration routines, test and report the test results, and correct any deficiencies.

The Contractor will arrange pre and post-construction security and ADA scans of the system, test and report the scan results, and correct any deficiencies. The Contractor will also provide recommended test cases and scripts for user acceptance testing.

The Contractor and Florida WIC will jointly develop the operational plans, the user training materials and documentation.

The Contractor will conduct and report on surveys of the pilot sites and develop the system technical documentation.

Florida WIC will hire its system support staff.

The Contractor and Florida WIC will jointly install servers in the five system environments and load all needed software.

Florida WIC will develop the user acceptance test plan and cases and procure the equipment for the next phase.

The Contractor and Florida WIC will jointly update the project management documents.

The Contractor will update the requirements traceability matrix, complete the phase checklist, and demonstrate the readiness of the system for user acceptance testing.

Florida WIC will review and approve all deliverables and decide on moving to the user acceptance phase.

70 Provide Project Support - Transfer & Modification

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

73 On-board/Train System Support Staff

08-21-09: added \$3,840 material cost to capture full cost.

76 Vendor Project Execution - Transfer & Modification

08-20-09: added material cost for 20% of expense paid to system contractor for transfer, modification, rollout.

94 Provide Data Center Services 1

08-21-09: added \$626.72 material cost to capture full cost

111 Provide Integration Services 1

08-21-09: added \$1,666.72 material cost to capture full cost

128 Interface Development Support 1

08-21-09: added .04 material cost to capture full cost

146 User Acceptance Testing Phase

The Contractor and Florida WIC will jointly conduct a user acceptance phase kick-off meeting.

The Contractor will conduct a functional walkthrough of the system and train user acceptance participants, technical, and training staff.

Florida WIC will conduct two rounds of UAT, covering the full range of requirements, and provide time in between rounds for the Contractor to correct defects / deficiencies, retest, and promote changes to the Test environment. The Contractor will coordinate stress / performance testing with Florida DOH Information Technology.

The Contractor will provide dedicated business and technical support during the testing, including on-site presence and access to an automated testing tool for the Department to document and manage test results.

Florida WIC and the Contractor will develop a pilot plan which will describe how the pilot test will be conducted in at least two sites under live operational conditions.

The Contractor will update the user and technical documentation.

Florida WIC will procure the equipment for the pilot phase.

Florida WIC and the Contractor will evaluate the user acceptance test results, confirm the readiness of the system for pilot testing, and update the project management documents.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase.

147 Provide Project Support - UAT

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

148 Vendor Project Execution - UAT

08-20-09: added material cost for 15% of expense paid to system contractor for transfer, modification, rollout.

168 System Pilot Phase

The Contractor will assist Florida WIC with the installation and testing of scanners, signature pads and any other hardware needed for the Pilot.

The Contractor will complete Help Desk function preparations for the Florida WIC staff and its own help desk, including training Florida WIC staff in call and diagnostic procedures, reporting, and knowledge management.

The Contractor will complete the data migration for each Pilot site.

Florida WIC will conduct the Pilot at two sites for a full month each under live operational conditions. Florida WIC will train the staff at each site. The start date of the Pilot at the second site will be staggered to allow for possible adjustments in the approach or procedures.

The Contractor will provide business and technical support for the Pilot through second level client services, business process recommendations, and preventative and performance maintenance services.

The Contractor will correct defects / deficiencies, retest, and promote changes to the appropriate environment at agreed upon intervals. ADA and security scans will be included in the test cycle.

The Contractor will complete needed updates to the user and technical documentation.

Florida WIC and the Contractor will evaluate the Pilot test results, confirm the readiness of the system for rollout, and update the project management documents.

Florida will procure the equipment for the next phase.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase.

169 Provide Project Support - Pilot

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

170 Vendor Project Execution - Pilot

08-20-09: added material cost for 10% of expense paid to system contractor for transfer, modification, rollout.

171 Complete Hardware Installation at Pilot Sites

08-20-09: added \$7,500 to material cost for WIC travel expense for pilot phase travel

190 System Rollout Phase

The Contractor will migrate data to support the phased rollout, provide implementation support through its Help Desk and technical staff, and transition responsibility for support to Florida WIC resources in an agreed upon timeframe after implementation.

The Contractor will correct defects and deficiencies to the satisfaction of Florida WIC and complete a production readiness plan.

Florida WIC and the Contractor will conduct Implementation Review meetings after each major rollout milestone to determine if possible adjustments in the approach or procedures are required.

The Contractor will complete needed updates to the user and technical documentation.

The Contractor and Florida WIC will conduct a post-implementation review and update the project management documents.

The Contractor will complete the phase checklist and successfully demonstrate completion of the phase. Florida WIC will review and approve all deliverables and decide on moving to the next phase and provide a status to USDA/FNS.

191 Provide Project Support - Rollout - PM

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

192 Provide Project Support - Rollout - BA

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

08-21-09: added 12.32 fixed cost to capture full cost

193 Vendor Project Execution - Rollout

08-20-09: added fixed cost for 20% of expense paid to system contractor for transfer, modification, rollout.

195 Provide Implementation Support

08-20-09: Added \$161,920 to fixed cost for WIC travel expense for training in support of the system rollout.

208 Project Closure / Transition to Operations & Maintenance Phase

The Contractor will provide the final versions of the software, user and technical documentation, and remaining configurable items, including a proposed service level agreement.

The Contractor and Florida WIC will jointly complete the Operations and Maintenance Service Level Agreement.

The Contractor will complete the phase checklist, successfully demonstrate completion of the phase, and review its final project invoice with Florida WIC.

Florida WIC will review and approve the remaining final version deliverables, accept the system, approve the final project invoice.

Florida WIC will provide written approval to start the Operations and Maintenance phase and provide a status to USDA/FNS.

209 Provide Project Support - Closure

This includes, but is not limited to:

- Deliverable review
- Communication/Coordination/Facilitation
- Test Management
- Training/Implementation Management

210 Vendor Project Execution - Closure

08-20-09: added material cost for 20% of expense paid to system contractor for transfer, modification, rollout.

Project Costs for: WIC Data System - Implementation Phase																				
Produced: 26-Aug-09 Bureau of WIC & Nutrition Services By: P. Kidder SFY 2009-10																				
PROJECT BUDGET WORKSHEET 1 (Captures All Major Direct & Indirect Costs associated with Development, Implementation, and Transition)																				
Project Cost	Quarter	Jul '09 Planned	Aug '09 Planned	Sep '09 Planned	Jul-Sep '09 Planned	Oct '09 Planned	Nov '09 Planned	Dec '09 Planned	Oct-Dec '09 Planned	Jan '10 Planned	Feb '10 Planned	Mar '10 Planned	Jan-Mar '10 Planned	Apr '10 Planned	May '10 Planned	Jun '10 Planned	Apr-Jun '10 Planned	Budget to Date	Actual to Date	Variance to Date
A-1. State Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3. Subcontractors		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,745	\$40,440	\$77,186	\$77,186	\$0	\$77,186
<u>WIC Project Staff</u>																				
Project Manager (starts 5-10, @ 100/hr+adj for O/T)					0				0				0		19,800	21,801	41,601	41,601	0	\$41,601
Business Analyst (starts 5-10, @ 90/hr+adj for O/T)					0				0				0		16,945	18,639	35,584	35,584	0	\$35,584
<u>WIC System Support Staff</u>																				
System Support (starts 1-11, 1/2 time @ \$80/hr)					0				0				0				0	0	0	\$0
Database Analyst (starts 1-11, 1/2 time @ \$80/hr)					0				0				0				0	0	0	\$0
B-1. Hardware		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Local Agency Hardware & Equipment</u>																				
Laptops (50 @ \$1615)					0				0				0				0	0	0	\$0
Scanners (220 @ \$150)					0				0				0				0	0	0	\$0
Signature Pads (1,200 @ \$475)					0				0				0				0	0	0	\$0
<u>Server environments - DOH, State Data Center (TBD)</u>																				
Production - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
Development - Application/Web, Database servers					0				0				0				0	0	0	\$0
Test - Application/Web, Database servers					0				0				0				0	0	0	\$0
Training - Application/Web, Database servers					0				0				0				0	0	0	\$0
Disaster Recovery - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
B-2. Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Server environments - DOH, State Data Center (TBD)</u>																				
Production					0				0				0				0	0	0	\$0
Development					0				0				0				0	0	0	\$0
Test					0				0				0				0	0	0	\$0
Training					0				0				0				0	0	0	\$0
Disaster Recovery					0				0				0				0	0	0	\$0
<u>State Office</u>																				
Test Tracking					0				0				0				0	0	0	\$0
B-3. Misc Equipment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
					0				0				0				0	0	0	\$0
Other Costs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$185,000	\$0	\$185,000	\$185,000	\$0	\$185,000
<u>C-1. Vendor Project Execution</u>																				
Deliverables - Planning & Definition (May 2010)					0				0				0		185,000		185,000	185,000	0	\$185,000
Deliverables - Requirements & Design of Modifications (Jun - Nov 2010)					0				0				0				0	0	0	\$0
Deliverables - Transfer & Modification (Nov 2010 - Jun 2011)					0				0				0				0	0	0	\$0
Deliverables - System UAT (Jun - Sep 2011)					0				0				0				0	0	0	\$0
Deliverables - System Pilot (Sep 2011 - Dec 2012)					0				0				0				0	0	0	\$0
Deliverables - System Rollout (Dec 2011 - Jul 2012)					0				0				0				0	0	0	\$0
Deliverables - Project Closure / Transition to Operations & Maintenance (Jul - Aug 2012)					0				0				0				0	0	0	\$0
<u>Contract Services - DOH, State Data Center (TBD)</u>																				
C-3. Data Center Services					0				0				0				0	0	0	\$0
C-2. Integration Development					0				0				0				0	0	0	\$0
C-2. Integration Support Services					0				0				0				0	0	0	\$0
E-1. WIC Training Travel					0				0				0				0	0	0	\$0
Total Costs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$221,745	\$40,440	\$262,186	\$262,186	\$0	\$262,186
Progress Payments																				

Project Costs for: WIC Data System - Implementation Phase																				
Produced: 26-Aug-09												Bureau of WIC & Nutrition Services			By: P. Kidder			SFY 2010-11		
PROJECT BUDGET WORKSHEET 1 (Captures All Major Direct & Indirect Costs associated with Development, Implementation, and Transition)																				
Project Cost	Quarter	Jul '10 Planned	Aug '10 Planned	Sep '10 Planned	Jul-Sep '10 Planned	Oct '10 Planned	Nov '10 Planned	Dec '10 Planned	Oct-Dec '10 Planned	Jan '11 Planned	Feb '11 Planned	Mar '11 Planned	Jan-Mar '11 Planned	Apr '11 Planned	May '11 Planned	Jun '11 Planned	Apr-Jun '11 Planned	Budget to Date	Actual to Date	Variance to Date
A-1. State Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3. Subcontractors		\$38,602	\$40,440	\$38,602	\$117,645	\$38,602	\$33,088	\$23,897	\$95,586	\$45,212	\$51,996	\$56,999	\$154,207	\$52,042	\$52,042	\$54,520	\$158,605	\$526,043	\$0	\$526,043
WIC Project Staff																				
Project Manager (starts 5-10, @ 100/hr+adj for O/T)		20,810	21,801	20,810	63,421	20,810	17,837	12,882	51,530	19,819	19,819	22,792	62,430	20,810	20,810	21,801	63,421	240,803	0	240,803
Business Analyst (starts 5-10, @ 90/hr+adj for O/T)		17,792	18,639	17,792	54,223	17,792	15,250	11,014	44,057	16,945	16,945	19,487	53,376	17,792	17,792	18,639	54,223	205,880	0	205,880
WIC System Support Staff																				
System Support (starts 1-11, 1/2 time @ \$80/hr)					0				0	4,224	7,616	7,360	19,200	6,720	6,720	7,040	20,480	39,680	0	39,680
Database Analyst (starts 1-11, 1/2 time @ \$80/hr)					0				0	4,224	7,616	7,360	19,200	6,720	6,720	7,040	20,480	39,680	0	39,680
B-1. Hardware		\$4,480	\$0	\$0	\$4,480	\$0	\$0	\$0	\$0	\$0	\$247,428	\$0	\$247,428	\$0	\$0	\$0	\$0	\$251,908	\$0	\$251,908
Local Agency Hardware & Equipment																				
Laptops (50 @ \$1615)		3,230			3,230				0		8,075		8,075				0	11,305	0	11,305
Scanners (220 @ \$150)		300			300				0		750		750				0	1,050	0	1,050
Signature Pads (1,200 @ \$475)		950			950				0		11,875		11,875				0	12,825	0	12,825
Server environments - DOH, State Data Center (TBD)																				
Production - Application/Web, Database servers, Storage					0				0		84,600		84,600				0	84,600	0	84,600
Development - Application/Web, Database servers					0				0		19,176		19,176				0	19,176	0	19,176
Test - Application/Web, Database servers					0				0		19,176		19,176				0	19,176	0	19,176
Training - Application/Web, Database servers					0				0		19,176		19,176				0	19,176	0	19,176
Disaster Recovery - Application/Web, Database servers, Storage					0				0		84,600		84,600				0	84,600	0	84,600
B-2. Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200,269	\$0	\$200,269	\$0	\$0	\$0	\$0	\$200,269	\$0	\$200,269
Server environments - DOH, State Data Center (TBD)																				
Production					0				0		72,998		72,998				0	72,998	0	72,998
Development					0				0		16,491		16,491				0	16,491	0	16,491
Test					0				0		16,491		16,491				0	16,491	0	16,491
Training					0				0		16,491		16,491				0	16,491	0	16,491
Disaster Recovery					0				0		72,998		72,998				0	72,998	0	72,998
State Office																				
Test Tracking					0				0		4,800		4,800				0	4,800	0	4,800
B-3. Misc Equipment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs		\$0	\$0	\$0	\$0	\$8,333	\$378,333	\$0	\$386,667	\$16,667	\$8,333	\$8,333	\$33,333	\$11,773	\$9,479	\$749,479	\$770,732	\$1,190,732	\$0	\$1,190,732
C-1. Vendor Project Execution																				
Deliverables - Planning & Definition (May 2010)					0				0				0				0	0	0	0
Deliverables - Requirements & Design of Modifications (Jun - Nov 2010)					0		370,000		370,000				0				0	370,000	0	370,000
Deliverables - Transfer & Modification (Nov 2010 - Jun 2011)					0				0				0			740,000	740,000	740,000	0	740,000
Deliverables - System UAT (Jun - Sep 2011)					0				0				0				0	0	0	0
Deliverables - System Pilot (Sep 2011 - Dec 2012)					0				0				0				0	0	0	0
Deliverables - System Rollout (Dec 2011 - Jul 2012)					0				0				0				0	0	0	0
Deliverables - Project Closure / Transition to Operations & Maintenance (Jul - Aug 2012)					0				0				0				0	0	0	0
Contract Services - DOH, State Data Center (TBD)																				
C-3. Data Center Services					0				0				0	940	313	313	1,565	1,565	0	1,565
C-2. Integration Development					0	8,333	8,333		16,667	16,667	8,333	8,333	33,333	8,333	8,333	8,333	25,000	75,000	0	75,000
C-2. Integration Support Services					0	0			0				0	2,500	833	833	4,167	4,167	0	4,167
E-1. WIC Training Travel					0				0				0				0	0	0	0
Total Costs		\$43,082	\$40,440	\$38,602	\$122,125	\$46,936	\$411,421	\$23,897	\$482,253	\$61,879	\$508,026	\$65,332	\$635,237	\$63,815	\$61,522	\$804,000	\$929,337	\$2,168,952	\$0	\$2,168,952
Progress Payments																				

Project Costs for: WIC Data System - Implementation Phase																				
Produced: 26-Aug-09 Bureau of WIC & Nutrition Services By: P. Kidder SFY 20011-12																				
PROJECT BUDGET WORKSHEET 1 (Captures All Major Direct & Indirect Costs associated with Development, Implementation, and Transition)																				
Project Cost	Quarter	Jul '11 Planned	Aug '11 Planned	Sep '11 Planned	Jul-Sep '11 Planned	Oct '11 Planned	Nov '11 Planned	Dec '11 Planned	Oct-Dec '11 Planned	Jan '12 Planned	Feb '12 Planned	Mar '12 Planned	Jan-Mar '12 Planned	Apr '12 Planned	May '12 Planned	Jun '12 Planned	Apr-Jun '12 Planned	Budget to Date	Actual to Date	Variance to Date
A-1. State Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3. Subcontractors		\$49,564	\$56,999	\$52,042	\$158,605	\$52,042	\$44,608	\$29,738	\$126,388	\$49,564	\$52,042	\$54,520	\$156,127	\$52,042	\$54,520	\$47,806	\$154,369	\$595,489	\$0	\$595,489
<u>WIC Project Staff</u>																				
Project Manager (starts 5-10, @ 100/hr+adj for O/T)		19,819	22,792	20,810	63,421	20,810	17,837	11,892	50,539	19,819	20,810	21,801	62,430	20,810	21,801	20,810	63,421	239,812	0	239,812
Business Analyst (starts 5-10, @ 90/hr+adj for O/T)		16,945	19,487	17,792	54,223	17,792	15,250	10,167	43,209	16,945	17,792	18,639	53,376	17,792	18,639	13,556	49,987	200,796	0	200,796
<u>WIC System Support Staff</u>																				
System Support (starts 1-11, 1/2 time @ \$80/hr)		6,400	7,360	6,720	20,480	6,720	5,760	3,840	16,320	6,400	6,720	7,040	20,160	6,720	7,040	6,720	20,480	77,440	0	77,440
Database Analyst (starts 1-11, 1/2 time @ \$80/hr)		6,400	7,360	6,720	20,480	6,720	5,760	3,840	16,320	6,400	6,720	7,040	20,160	6,720	7,040	6,720	20,480	77,440	0	77,440
B-1. Hardware		\$4,750	\$0	\$0	\$4,750	\$0	\$653,820	\$0	\$653,820	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$658,570	\$0	\$658,570
<u>Local Agency Hardware & Equipment</u>																				
Laptops (50 @ \$1615)					0		69,445		69,445				0				0	69,445	0	69,445
Scanners (220 @ \$150)					0		31,950		31,950				0				0	31,950	0	31,950
Signature Pads (1,200 @ \$475)		4,750			4,750		552,425		552,425				0				0	557,175	0	557,175
<u>Server environments - DOH, State Data Center (TBD)</u>																				
Production - Application/Web, Database servers, Storage					0				0				0				0	0	0	0
Development - Application/Web, Database servers					0				0				0				0	0	0	0
Test - Application/Web, Database servers					0				0				0				0	0	0	0
Training - Application/Web, Database servers					0				0				0				0	0	0	0
Disaster Recovery - Application/Web, Database servers, Storage					0				0				0				0	0	0	0
B-2. Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Server environments - DOH, State Data Center (TBD)</u>																				
Production					0				0				0				0	0	0	\$0
Development					0				0				0				0	0	0	\$0
Test					0				0				0				0	0	0	\$0
Training					0				0				0				0	0	0	\$0
Disaster Recovery					0				0				0				0	0	0	\$0
<u>State Office</u>																				
Test Tracking					0				0				0				0	0	0	\$0
B-3. Misc Equipment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs		\$9,479	\$9,479	\$571,979	\$590,938	\$1,146	\$1,146	\$372,591	\$374,883	\$28,200	\$28,349	\$29,644	\$86,192	\$28,349	\$29,644	\$23,167	\$81,160	\$1,133,174	\$0	\$1,133,174
<u>C-1. Vendor Project Execution</u>																				
Deliverables - Planning & Definition (May 2010)					0				0				0				0	0	0	0
Deliverables - Requirements & Design of Modifications (Jun - Nov 2010)					0				0				0				0	0	0	0
Deliverables - Transfer & Modification (Nov 2010 - Jun 2011)					0				0				0				0	0	0	0
Deliverables - System UAT (Jun - Sep 2011)				555,000	555,000				0				0				555,000	0	555,000	0
Deliverables - System Pilot (Sep 2011 - Dec 2012)					0			370,000	370,000				0				0	370,000	0	370,000
Deliverables - System Rollout (Dec 2011 - Jul 2012)					0				0				0				0	0	0	0
Deliverables - Project Closure / Transition to Operations & Maintenance (Jul - Aug 2012)					0				0				0				0	0	0	0
<u>Contract Services - DOH, State Data Center (TBD)</u>																				
C-3. Data Center Services		313	313	313	938	313	313		626	626	313	313	1,251	313	313	313	938	3,754	0	3,754
C-2. Integration Development		8,333	8,333	8,333	25,000				0				0				0	25,000	0	25,000
C-2. Integration Support Services		833	833	833	2,500	833	833		1,667	1,667	833	833	3,333	833	833	833	2,500	10,000	0	10,000
E-1. WIC Training Travel				7,500	7,500			2,591	2,591	25,907	27,203	28,498	81,608	27,203	28,498	22,021	77,722	169,420	0	169,420
Total Costs		\$63,794	\$66,478	\$624,022	\$754,293	\$53,188	\$699,574	\$402,329	\$1,155,091	\$77,764	\$80,391	\$84,165	\$242,319	\$80,391	\$84,164	\$70,973	\$235,529	\$2,387,232	\$0	\$2,387,232
Progress Payments																				

Project Costs for: WIC Data System - Implementation Phase																				
Produced: 26-Aug-09 Bureau of WIC & Nutrition Services By: P. Kidder SFY 20012-13																				
PROJECT BUDGET WORKSHEET 1 (Captures All Major Direct & Indirect Costs associated with Development, Implementation, and Transition)																				
Project Cost	Quarter	Jul '12 Planned	Aug '12 Planned	Sep '12 Planned	Jul-Sep '12 Planned	Oct '12 Planned	Nov '12 Planned	Dec '12 Planned	Oct-Dec '12 Planned	Jan '13 Planned	Feb '13 Planned	Mar '13 Planned	Jan-Mar '13 Planned	Apr '13 Planned	May '13 Planned	Jun '13 Planned	Apr-Jun '13 Planned	Budget to Date	Actual to Date	Variance to Date
A-1. State Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3. Subcontractors		\$34,250	\$4,893	\$0	\$39,143	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,143	\$0	\$39,143
WIC Project Staff																				
Project Manager (starts 5-10, @ 100/hr+adj for O/T)		20,810	2,973		23,783				0				0				0	23,783	0	23,783
Business Analyst (starts 5-10, @ 90/hr+adj for O/T)					0				0				0				0	0	0	0
WIC System Support Staff																				
System Support (starts 1-11, 1/2 time @ \$80/hr)		6,720	960		7,680				0				0				0	7,680	0	7,680
Database Analyst (starts 1-11, 1/2 time @ \$80/hr)		6,720	960		7,680				0				0				0	7,680	0	7,680
B-1. Hardware		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Local Agency Hardware & Equipment																				
Laptops (50 @ \$1615)					0				0				0				0	0	0	\$0
Scanners (220 @ \$150)					0				0				0				0	0	0	\$0
Signature Pads (1,200 @ \$475)					0				0				0				0	0	0	\$0
Server environments - DOH, State Data Center (TBD)																				
Production - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
Development - Application/Web, Database servers					0				0				0				0	0	0	\$0
Test - Application/Web, Database servers					0				0				0				0	0	0	\$0
Training - Application/Web, Database servers					0				0				0				0	0	0	\$0
Disaster Recovery - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
B-2. Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Server environments - DOH, State Data Center (TBD)																				
Production					0				0				0				0	0	0	\$0
Development					0				0				0				0	0	0	\$0
Test					0				0				0				0	0	0	\$0
Training					0				0				0				0	0	0	\$0
Disaster Recovery					0				0				0				0	0	0	\$0
State Office																				
Test Tracking					0				0				0				0	0	0	\$0
B-3. Misc Equipment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
					0				0				0				0	0	0	\$0
Other Costs		\$741,146	\$740,000	\$0	\$1,481,146	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,481,146	\$0	\$1,481,146
C-1. Vendor Project Execution																				
Deliverables - Planning & Definition (May 2010)					0				0				0				0	0	0	0
Deliverables - Requirements & Design of Modifications (Jun - Nov 2010)					0				0				0				0	0	0	0
Deliverables - Transfer & Modification (Nov 2010 - Jun 2011)					0				0				0				0	0	0	0
Deliverables - System UAT (Jun - Sep 2011)					0				0				0				0	0	0	0
Deliverables - System Pilot (Sep 2011 - Dec 2012)					0				0				0				0	0	0	0
Deliverables - System Rollout (Dec 2011 - Jul 2012)		740,000			740,000				0				0				0	740,000	0	740,000
Deliverables - Project Closure / Transition to Operations & Maintenance (Jul - Aug 2012)			740,000		740,000				0				0				0	740,000	0	740,000
Contract Services - DOH, State Data Center (TBD)																				
C-3. Data Center Services		313			313				0				0				0	313	0	313
C-2. Integration Development					0				0				0				0	0	0	0
C-2. Integration Support Services		833			833				0				0				0	833	0	833
E-1. WIC Training Travel					0				0				0				0	0	0	0
Total Costs		\$775,396	\$744,893	\$0	\$1,520,289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,520,289	\$0	\$1,520,289
Progress Payments																				

\$6,338,659
\$6,076,473
\$262,186

Project Costs for: WIC Data System - Implementation Phase																				
Produced: 26-Aug-09 Bureau of WIC & Nutrition Services By: P. Kidder SFY 20013-14																				
PROJECT BUDGET WORKSHEET 1 (Captures All Major Direct & Indirect Costs associated with Development, Implementation, and Transition)																				
Project Cost	Quarter	Jul '13 Planned	Aug '13 Planned	Sep '13 Planned	Jul-Sep '13 Planned	Oct '13 Planned	Nov '13 Planned	Dec '13 Planned	Oct-Dec '13 Planned	Jan '14 Planned	Feb '14 Planned	Mar '14 Planned	Jan-Mar '14 Planned	Apr '14 Planned	May '14 Planned	Jun '14 Planned	Apr-Jun '14 Planned	Budget to Date	Actual to Date	Variance to Date
A-1. State Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3. Subcontractors		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>WIC Project Staff</u>																				
Project Manager (starts 5-10, @ 100/hr+adj for O/T)					0				0				0				0	0	0	\$0
Business Analyst (starts 5-10, @ 90/hr+adj for O/T)					0				0				0				0	0	0	\$0
<u>WIC System Support Staff</u>																				
System Support (starts 1-11, 1/2 time @ \$80/hr)					0				0				0				0	0	0	\$0
Database Analyst (starts 1-11, 1/2 time @ \$80/hr)					0				0				0				0	0	0	\$0
B-1. Hardware		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Local Agency Hardware & Equipment</u>																				
Laptops (50 @ \$1615)					0				0				0				0	0	0	\$0
Scanners (220 @ \$150)					0				0				0				0	0	0	\$0
Signature Pads (1,200 @ \$475)					0				0				0				0	0	0	\$0
<u>Server environments - DOH, State Data Center (TBD)</u>																				
Production - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
Development - Application/Web, Database servers					0				0				0				0	0	0	\$0
Test - Application/Web, Database servers					0				0				0				0	0	0	\$0
Training - Application/Web, Database servers					0				0				0				0	0	0	\$0
Disaster Recovery - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
B-2. Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Server environments - DOH, State Data Center (TBD)</u>																				
Production					0				0				0				0	0	0	\$0
Development					0				0				0				0	0	0	\$0
Test					0				0				0				0	0	0	\$0
Training					0				0				0				0	0	0	\$0
Disaster Recovery					0				0				0				0	0	0	\$0
<u>State Office</u>																				
Test Tracking					0				0				0				0	0	0	\$0
B-3. Misc Equipment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
					0				0				0				0	0	0	\$0
Other Costs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>C-1. Vendor Project Execution</u>																				
Deliverables - Planning & Definition (May 2010)					0				0				0				0	0	0	\$0
Deliverables - Requirements & Design of Modifications (Jun - Nov 2010)					0				0				0				0	0	0	\$0
Deliverables - Transfer & Modification (Nov 2010 - Jun 2011)					0				0				0				0	0	0	\$0
Deliverables - System UAT (Jun - Sep 2011)					0				0				0				0	0	0	\$0
Deliverables - System Pilot (Sep 2011 - Dec 2012)					0				0				0				0	0	0	\$0
Deliverables - System Rollout (Dec 2011 - Jul 2012)					0				0				0				0	0	0	\$0
Deliverables - Project Closure / Transition to Operations & Maintenance (Jul - Aug 2012)					0				0				0				0	0	0	\$0
<u>Contract Services - DOH, State Data Center (TBD)</u>																				
C-3. Data Center Services					0				0				0				0	0	0	\$0
C-2. Integration Development					0				0				0				0	0	0	\$0
C-2. Integration Support Services					0				0				0				0	0	0	\$0
E-1. WIC Training Travel					0				0				0				0	0	0	\$0
Total Costs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Progress Payments																				

Project Costs for: WIC Data System - Implementation Phase																				
Produced: 26-Aug-09												Bureau of WIC & Nutrition Services			By: P. Kidder		SFY 2014-15			
PROJECT BUDGET WORKSHEET 1 (Captures All Major Direct & Indirect Costs associated with Development, Implementation, and Transition)																				
Project Cost	Quarter	Jul '14 Planned	Aug '14 Planned	Sep '14 Planned	Jul-Sep '14 Planned	Oct '14 Planned	Nov '14 Planned	Dec '14 Planned	Oct-Dec '14 Planned	Jan '15 Planned	Feb '15 Planned	Mar '15 Planned	Jan-Mar '15 Planned	Apr '15 Planned	May '15 Planned	Jun '15 Planned	Apr-Jun '15 Planned	Budget to Date	Actual to Date	Variance to Date
A-1. State Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0				\$0	\$0	\$0	\$0
A-3. Subcontractors		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0				\$0	\$0	\$0	\$0
WIC Project Staff																				
Project Manager (starts 5-10, @ 100/hr+adj for O/T)					0				0				0				0	0	0	\$0
Business Analyst (starts 5-10, @ 90/hr+adj for O/T)					0				0				0				0	0	0	\$0
WIC System Support Staff																				
System Support (starts 1-11, 1/2 time @ \$80/hr)					0				0				0				0	0	0	\$0
Database Analyst (starts 1-11, 1/2 time @ \$80/hr)					0				0				0				0	0	0	\$0
B-1. Hardware		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0				\$0	\$0	\$0	\$0
Local Agency Hardware & Equipment																				
Laptops (50 @ \$1615)					0				0				0				0	0	0	\$0
Scanners (220 @ \$150)					0				0				0				0	0	0	\$0
Signature Pads (1,200 @ \$475)					0				0				0				0	0	0	\$0
Server environments - DOH, State Data Center (TBD)																				
Production - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
Development - Application/Web, Database servers					0				0				0				0	0	0	\$0
Test - Application/Web, Database servers					0				0				0				0	0	0	\$0
Training - Application/Web, Database servers					0				0				0				0	0	0	\$0
Disaster Recovery - Application/Web, Database servers, Storage					0				0				0				0	0	0	\$0
B-2. Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0				\$0	\$0	\$0	\$0
Server environments - DOH, State Data Center (TBD)																				
Production					0				0				0				0	0	0	\$0
Development					0				0				0				0	0	0	\$0
Test					0				0				0				0	0	0	\$0
Training					0				0				0				0	0	0	\$0
Disaster Recovery					0				0				0				0	0	0	\$0
State Office																				
Test Tracking					0				0				0				0	0	0	\$0
B-3. Misc Equipment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0				\$0	\$0	\$0	\$0
					0				0				0				0	0	0	\$0
Other Costs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0				\$0	\$0	\$0	\$0
C-1. Vendor Project Execution																				
Deliverables - Planning & Definition (May 2010)					0				0				0				0	0	0	\$0
Deliverables - Requirements & Design of Modifications (Jun - Nov 2010)					0				0				0				0	0	0	\$0
Deliverables - Transfer & Modification (Nov 2010 - Jun 2011)					0				0				0				0	0	0	\$0
Deliverables - System UAT (Jun - Sep 2011)					0				0				0				0	0	0	\$0
Deliverables - System Pilot (Sep 2011 - Dec 2012)					0				0				0				0	0	0	\$0
Deliverables - System Rollout (Dec 2011 - Jul 2012)					0				0				0				0	0	0	\$0
Deliverables - Project Closure / Transition to Operations & Maintenance (Jul - Aug 2012)					0				0				0				0	0	0	\$0
Contract Services - DOH, State Data Center (TBD)																				
C-3. Data Center Services					0				0				0				0	0	0	\$0
C-2. Integration Development					0				0				0				0	0	0	\$0
C-2. Integration Support Services					0				0				0				0	0	0	\$0
E-1. WIC Training Travel					0				0				0				0	0	0	\$0
Total Costs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Progress Payments																				

SFY 2010-11 Schedule IV-B
Attachment H

Project Costs for:			WIC Data System - Implementation							
Produced: 08/26/09			Bureau of WIC & Nutrition Services				By: P. Kidder			
PROJECT BUDGET WORKSHEET 2 - OPERATIONAL COST IMPACT INCURRED AFTER ROLLOUT (Completed 08-03-2012)										
	SFY 2012-13			FY 2013-14			FY 2014-15			Total Impact
	(a) Current	(b) Project	(c) = (b)-(a) Incremental Effect of Project	(a) Current	(b) Project	(c) = (b)-(a) Incremental Effect of Project	(a) Current	(b) Project	(c) = (b)-(a) Incremental Effect of Project	Incremental Effect of Project
OPERATIONAL COSTS										
Salaries and Wages	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pensions and Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other Personal Services (overhead)	\$113,000	\$18,583	(\$94,417)	\$113,000	\$10,000	(\$103,000)	\$113,000	\$10,000	(\$103,000)	(\$300,417)
A-3. Staff Augmentation	\$347,000	\$181,450	(\$165,550)	\$347,000	\$166,400	(\$180,600)	\$347,000	\$166,400	(\$180,600)	(\$526,750)
B-1. Hardware	\$10,200	\$850	(\$9,350)	\$10,200	\$0	(\$10,200)	\$10,200	\$0	(\$10,200)	(\$29,750)
B-2. Software	\$15,500	\$1,292	(\$14,208)	\$15,500	\$0	(\$15,500)	\$15,500	\$0	(\$15,500)	(\$45,208)
B-3. Data Processing	\$2,949,971	\$982,605	(\$1,967,366)	\$3,117,122	\$803,754	(\$2,313,368)	\$3,295,283	\$803,754	(\$2,491,529)	(\$6,772,263)
B-3. Data Processing Supplies	\$257,745	\$26,666	(\$231,079)	\$257,745	\$5,659	(\$252,086)	\$257,745	\$5,659	(\$252,086)	(\$735,251)
Data Processing Communications	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATIONAL COSTS	\$3,693,416	\$1,211,447	(\$2,481,970)	\$3,860,567	\$985,813	(\$2,874,754)	\$4,038,728	\$985,813	(\$3,052,915)	(\$8,409,638)
FTE's	\$0	0	0	0	0	0	0	0	0	

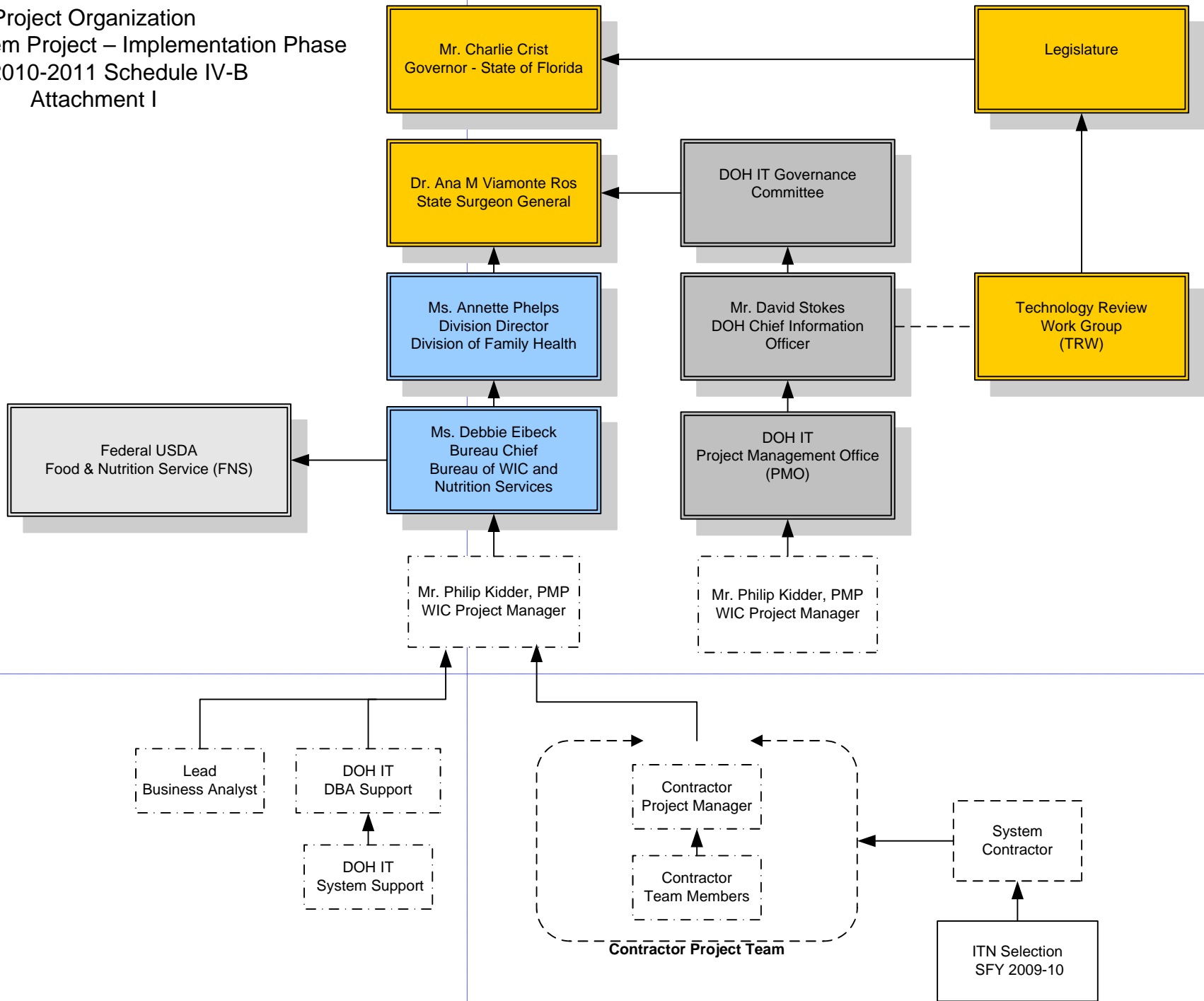
Notes:

1. The project is expected to close 08-03-12; therefore, (b) Project (operational) costs in SFY 2012-13 will be comprised of 1 month expense for the old system plus 11 months expense for the new system.

2. This version contains an additional \$ 218,745 in Data Processing Supplies for printed forms, storage, and destruction costs under the Current expense. The new total cost for these forms and services will be \$ 5,659 starting 08-01-12.

B-3 Data Processing + DP Supplies	<u>Current</u> \$3,207,716	<u>Incr Effect</u> (\$2,198,445)	<u>Current</u> \$3,374,867	<u>Incr Effect</u> (\$2,565,454)	<u>Current</u> \$3,553,028	<u>Incr Effect</u> (\$2,743,615)
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Project Organization
WIC Data System Project – Implementation Phase
SFY 2010-2011 Schedule IV-B
Attachment I





WIC Data System – Implementation Phase

State of Florida ♦

Bureau of WIC & Nutrition Services

Risk Management Plan

Trademarks

Trademarked names may appear throughout this document. Rather than list the names and entities that own the trademarks or insert a trademark symbol with each mention of the trademarked name, the names are used only for editorial purposes and to the benefit of the trademark owner with no intention of infringing upon that trademark.

Contact Information

To request copies, suggest changes, or submit corrections, contact:

Department of Health, Bureau of WIC & Nutrition Services
Attention: Philip Kidder, PMP, Project Manager
Phone: 850-245-4202, email: philip_kidder@doh.state.fl.us

Revision History

Date	Version	Revised By	Description
09/04/07	1.0	Philip Kidder	Final
10/03/07	1.1	Philip Kidder	Format, update footer
09/14/08	1.2	Philip Kidder	Updated footers for SFY 2009-10 IV-B
09/09/09	1.3	Philip Kidder	Updated footers for SFY 2010-11 IV-B

Risk Management Plan

1.1. PROJECT RISKS AND RISK MITIGATION						
#	Risk Description	Consequence	Probability of Occurrence (high, medium, low)	Tolerance Level (high, medium, low)	Mitigation Strategy	Comments
1	Number and geographic dispersion of WIC sites across the state presents challenges for training and rollout	Complicates training approach, training schedule, data migration, and rollout schedule	High	Medium	Start planning training approach and data migration/rollout prior to contract signing	Statewide training and system rollout have been done before
2	WIC requirements may change with the completion of enhancements to the current system during the project	Requires change to ITN or contract, increases costs, extends schedule	Low	Medium	Reserve contingency funds	Contingency reserve should be standard practice
3	Interface requirements to other DOH & related social service systems depend on the cooperation and commitment of other organizational units	Interface development delayed, increases costs, extends schedule, or changes scope	Low	Medium	Gain support for interface from other organizational units prior to contract signing, reserve contingency, scope change	Data sharing is part of the strategic direction of DOH IT
4	Users acceptance test participation by Local Agency users may be limited due to the time commitment required	Local Agency input reduced, reliance on State Office input	Medium	Low	Discuss UAT needs and schedule with Local Agencies from the beginning of the project	

1.1. PROJECT RISKS AND RISK MITIGATION

#	Risk Description	Consequence	Probability of Occurrence (high, medium, low)	Tolerance Level (high, medium, low)	Mitigation Strategy	Comments
5	Transition time needed to acquire and start project staff could delay the start of critical path tasks	Delay start of certain project activities	Medium	Low	Start hiring process early per project schedule; hire project manager prior to the start of the project	
6	Technical skills and/or WIC knowledge on the project team could be lacking	Extend project schedule, increase costs, affect morale	Low	Low	Hire experience	
7	WIC, DOH IT, DOH IT PMO staff may not be available when needed for project activities	Extend project schedule, provide wrong information to vendor, require rework, increase costs	Medium	Low	Involve stakeholders in project orientation prior to contract signing, maintain regular communication with stakeholders, escalate availability issues promptly	
8	The availability of the project champion may be limited due to other position responsibilities.	Delays in key decisions, reviews, and approvals of the project deliverables	Low	Medium	Arrange walk-throughs in lieu of sending deliverables for sponsor review	

1.1. PROJECT RISKS AND RISK MITIGATION						
#	Risk Description	Consequence	Probability of Occurrence (high, medium, low)	Tolerance Level (high, medium, low)	Mitigation Strategy	Comments
9	The availability of the WIC Subject Matter Experts (SME's) may be limited due to other staff responsibilities	Delay in review/approval of deliverables, extend schedule, increase costs	Medium	Low	Select members of workgroups carefully for knowledge as well as availability, review schedule and commitment with each member, escalate availability issues promptly	
10	A gap in the technical skills of the project team	Delay schedule	Low	Medium	Hire suitably skilled project staff via input from the DOH IT, Project team will draw on professional associates, mentors, and SME's for guidance.	Vendor technical knowledge is more of a concern
11	Management change could occur affecting the project sponsor, executive sponsor, or other key stakeholder	Delay schedule	Low	Medium	Prepare orientation for key stakeholders, brief in new stakeholders promptly	
12	Contract negotiations could be longer than anticipated	Delay the start of the project, extend the schedule, increase costs	Medium	Low	Make appropriate staff available to answer questions, resolve issues related to the ITN	

1.1. PROJECT RISKS AND RISK MITIGATION

#	Risk Description	Consequence	Probability of Occurrence (high, medium, low)	Tolerance Level (high, medium, low)	Mitigation Strategy	Comments
13	Due to political considerations, the project may have to coordinate scheduling with the development of WIC Electronics Benefits Transfer (EBT)	Delay the start of the project, extend the schedule, increase costs, the complexity of project management, and risk for both projects	Medium	Low	Develop a legislative strategy with DOH executive management.	A WIC EBT initiative could be enacted into law by the Florida Legislature.

1.1. PROJECT RISKS AND RISK MITIGATION

#	Risk Description	Consequence	Probability of Occurrence (high, medium, low)	Tolerance Level (high, medium, low)	Mitigation Strategy	Comments
14	Hurricane	<p>Depending on the path and severity, a hurricane could result in the suspension of project activities as DOH offices are closed and/or DOH staff assigned to emergency service.</p> <p><u>Note:</u> 1st priority for WIC staff in a recovery situation is to reestablish WIC operations in the affected area(s). Assignment to emergency service; i.e., shelter duty, would be secondary and quite possibly handled by other state staff. However, once WIC operations are restored, WIC staff is free to volunteer for emergency service. Project contract staff would be considered third tier choices for emergency service.</p>	Medium	Low	<p>It is highly unlikely that project staff would be reassigned to emergency service. Recovery situations would not affect the project staff and have minimal impact on the project team.</p> <p>If DOH offices are closed due to hurricane, project staff will work from their home offices. Needed files will be downloaded to portable devices for use on home office computers.</p>	

Signature and Acceptance Page

We have reviewed the **WIC System** Risk Management Plan and agree that the content of the document is accurate, as of this point in the project, and clearly delineate the work to be done for the project. This document serves as the source of project information and will be updated as required.

Philip Kidder, PMP
WIC System Project Manager

Date

System Contractor Project Manager

Date

System Contractor Executive

Date

John Harrison
Contract Manager

Date

Debbie Eibeck
Project Sponsor
Chief, Bureau of WIC & Nutrition Services

Date



WIC Data System – Implementation Phase

State of Florida ♦

Bureau of WIC & Nutrition Services

Communications Plan

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Attention: Philip Kidder, PMP, Project Manager
Phone: 850-245-4202, email: philip_kidder@doh.state.fl.us

Revision History

Date	Version	Revised By	Description
09/05/07	1.0	Sharlene Turner	Original Version
10/03/07	1.1	Philip Kidder	Format, footer
09/10/08	1.2	Philip Kidder	Various updates, footer
09/09/09	1.3	Philip Kidder	Various updates, footer

Table of Contents

1. Purpose of Document.....	4
2. Communications Plan	5
3. Signature and Acceptance Page	12

1. Purpose of Document

The purpose of this communication plan is to ensure that effective communication processes are in place to disseminate information and receive feedback from users, participants, and other project stakeholders to facilitate project success. A communication plan helps to document and manage expectations, reduce uncertainty, and increase understanding among all users, participants, and stakeholders of the goals, status and timeframes of the project.

The communications plan defines the title, purpose, recipient(s), method, frequency and owner of the meeting/report or deliverable.

2. Communications Plan

Reports					
WHAT Title of Communication	WHY Purpose of Communication	WHO Recipient of communication (person or organization)	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible for communication
WIC Weekly Status Report	Provide documented updates on WIC project activity and issues	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ DOH IT PMO ▪ Project Stakeholders ▪ Other distribution as needed 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, ▪ Share Point for distribution, archive and reading 	Weekly - Wednesdays	Philip Kidder, WIC PM
System Contractor Weekly Status Report	Provide documented updates on System Contractor project activity and issues	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ WIC PM ▪ Other distribution as directed 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, ▪ Share Point for distribution, archive and reading 	Weekly - Mondays	System Contractor Project Manager

Reports					
WHAT Title of Communication	WHY Purpose of Communication	WHO Recipient of communication (person or organization)	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible for communication
WIC Monthly Status Report, plus updates to Spend Plan and Schedule	Provide a recap of all project activities for the month	<ul style="list-style-type: none"> ▪ IT_ProjectMgtOffice, Subject: Internal WIC Data System – {Month Name YYYY} ▪ Debbie Eibeck, Project Sponsor ▪ Other distribution as needed 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Monthly - 1 st Wednesday	Philip Kidder, WIC PM
Contractor Monthly Status Report, plus updates to Budget and Schedule	Provide a recap of all project activities for the month	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ WIC PM ▪ Other distribution as directed 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Monthly – last Friday	System Contractor Project Manager
Advance Planning Document Update (APDU)	Report the project status and formal acceptance of contracted services	<ul style="list-style-type: none"> ▪ USDA/Food & Nutrition Service (FNS) representatives ▪ Debbie Eibeck, Project Sponsor 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	<ul style="list-style-type: none"> ▪ Annual ▪ as needed 	Philip Kidder, WIC PM

Meetings					
WHAT Title of Communication	WHY Purpose of Communication	WHO Recipient of communication (person or organization)	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible for communication
Contractor Meeting	Present project status, discuss issues, risks, plans	<ul style="list-style-type: none"> ▪ Philip Kidder, WIC PM ▪ Debbie Eibeck, Project Sponsor 	<ul style="list-style-type: none"> ▪ In-person ▪ Phone 	Weekly	System Contractor Project Manager
Core Team Meeting	Present project status, discuss issues, risks, plans	<ul style="list-style-type: none"> ▪ Project team ▪ Others as needed 	<ul style="list-style-type: none"> ▪ In-person ▪ Phone 	Weekly	Philip Kidder, WIC PM
Executive Team Meeting	Present project status, discuss issues, risks, plans	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ Sue Wilson ▪ Jane Menges ▪ John Harrison 	<ul style="list-style-type: none"> ▪ In-person ▪ Phone 	Monthly	Philip Kidder, WIC PM
Work Groups	Report status, discuss issues, deliverables, plans	<ul style="list-style-type: none"> ▪ Group members ▪ Philip Kidder, WIC PM ▪ System Contractor PM as needed 	<ul style="list-style-type: none"> ▪ In-person ▪ Phone 	<ul style="list-style-type: none"> ▪ Weekly ▪ As needed 	Lead Business Analyst
Phase Kick-Off Meetings	Explain the purpose of the project, review schedule and assign responsibilities	<ul style="list-style-type: none"> ▪ All team members ▪ Debbie Eibeck, Project Sponsor ▪ Project Stakeholders ▪ System Contractor team ▪ Others as needed 	<ul style="list-style-type: none"> ▪ In-person ▪ Phone 	As needed	Philip Kidder, WIC PM

Meetings					
WHAT Title of Communication	WHY Purpose of Communication	WHO Recipient of communication (person or organization)	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible for communication
Change Control Board (CCB)	Review the requested change and expected impact on the project scope, time, quality, and budget.	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ Philip Kidder, WIC PM ▪ Jane Menges ▪ Lead Business Analyst 	<ul style="list-style-type: none"> ▪ In-person ▪ Phone 	As needed	Philip Kidder, WIC PM
Miscellaneous Communications	Varies – generally to inform, obtain support and guidance	Varies	<ul style="list-style-type: none"> ▪ In-person ▪ Phone ▪ E-Mail 	As needed	Philip Kidder, WIC PM
DOH IT Governance Committee	Present project status	DOH IT Governance Committee	<ul style="list-style-type: none"> ▪ In-person ▪ E-Mail 	Monthly	<ul style="list-style-type: none"> ▪ Philip Kidder, WIC PM ▪ Debbie Eibeck, Project Sponsor
Local Agency Conference Call	Inform Local Agency managers, obtain support and guidance	<ul style="list-style-type: none"> ▪ Local Agency Coordinators ▪ WIC PM 	Conference Call	Monthly - 3 rd Tuesday	Debbie Eibeck, Project Sponsor

Deliverables					
WHAT	WHY	WHO	HOW	WHEN	OWNER
Title of Communication	Purpose of Communication	Recipient of communication (person or organization)	Method of communicating	Daily, Weekly, Monthly, Quarterly	Person Responsible
Project Management Plan and Documents	Defines how the project will be managed, including the schedule, budget, issues, and risks	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ WIC Project Team ▪ WIC Work Groups ▪ DOH IT PMO ▪ System Contractor PM 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	Philip Kidder, WIC PM
Design and Requirement Documents	Defines the final requirements, functional design, data migration, training, implementation, and security plans.	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ Philip Kidder, WIC PM ▪ WIC Project Team ▪ WIC Work Groups ▪ System Contractor Team 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	System Contractor PM
System Design Specifications and Test Plan Results	Defines the system design and reports test results	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ Philip Kidder, WIC PM ▪ WIC Project Team ▪ WIC Work Groups ▪ System Contractor Team 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	System Contractor PM

Deliverables					
WHAT	WHY	WHO	HOW	WHEN	OWNER
Title of Communication	Purpose of Communication	Recipient of communication (person or organization)	Method of communicating	Daily, Weekly, Monthly, Quarterly	Person Responsible
Operational Plans, Training Materials and Plan and Manuals	Defines hardware needs, plans for Help Desk and system transition, user training and operational documents	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ Philip Kidder, WIC PM ▪ WIC Project Team ▪ WIC Work Groups ▪ System Contractor Team 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	System Contractor PM
Testing Plans and Signoff	Defines testing approach, test case scenarios, and expected outcomes.	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ Philip Kidder, WIC PM ▪ WIC Project Team ▪ WIC Work Groups ▪ System Contractor Team 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	System Contractor PM
Implementation Plan and Signoff (Install DOH environments)	Defines the rollout of the system in Local Agency sites	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ WIC Project Team ▪ WIC Work Groups ▪ Local Agencies ▪ DOH IT PMO ▪ USDA/FNS ▪ System Contractor Team 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	Philip Kidder, WIC PM

Deliverables					
WHAT	WHY	WHO	HOW	WHEN	OWNER
Title of Communication	Purpose of Communication	Recipient of communication (person or organization)	Method of communicating	Daily, Weekly, Monthly, Quarterly	Person Responsible
Training Plan and Signoff	Defines the training approach and schedule.	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ WIC Project Team ▪ WIC Work Groups ▪ Local Agencies ▪ System Contractor Team 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	Philip Kidder, WIC PM
Implementation and System Transition Plans and Signoffs	The Implementation Plan defines the rollout to the state office and local agencies. The System Transition Plan defines the transition and decommission of the current WIC Data System and hosting arrangement.	<ul style="list-style-type: none"> ▪ Debbie Eibeck, Project Sponsor ▪ Philip Kidder, WIC PM ▪ WIC Project Team ▪ WIC Work Groups ▪ Local Agencies ▪ DCF ▪ System Contractor Team 	<ul style="list-style-type: none"> ▪ E-mail ▪ Stored on WIC network drives, PMO drives, Share Point 	Per project schedule, revisions as needed	Philip Kidder, WIC PM

3. Signature and Acceptance Page

We have reviewed the **WIC Data System – Implementation Phase Communications Plan** and agree that the content of the document is accurate, as of this point in the project, and clearly delineate the work to be done for the project. This document serves as the source of project information and will be updated as required.

Philip Kidder, PMP
WIC System Project Manager

Date

System Contractor Project Manager

Date

System Contractor Executive

Date

John Harrison
Contract Manager

Date

Debbie Eibeck
Project Sponsor
Chief, Bureau of WIC & Nutrition Services

Date



**United States
Department of
Agriculture**

May 6, 2008

**Food and
Nutrition
Service**

Southeast Region

**61 Forsyth St. S.W.
Room 8T36
Atlanta, GA
30303-3415**

Ms. Jean L. Kline, R.N., B.S.N., M.P.H.
Deputy Secretary for Health
Bureau of WIC & Nutrition Services
4052 Bald Cypress Way, Bin #A16 – HSFW
Tallahassee, Florida 32399-1726

Dear Ms. Kline:

The Food and Nutrition Service (FNS) has completed its review of the Implementation Advance Planning Document (IAPD) for the Florida Special Supplemental Nutrition program for Women, Infants and Children (WIC) Data System Development Project submitted on February 28, 2008.

I extend my compliments to the State Agency (SA) on the quality of the IAPD submitted. Its content, format, and details, along with supplemental information received via electronic mail, enabled us to conduct a thorough review. We are approving the IAPD and the SA's request to use \$7,033,125 of its NSA grant for the project depending upon availability of funds.

The IAPD demonstrated that a transfer system was the most viable alternative for the SA. The selection of the specific transfer system will be determined using the State's Invitation to Negotiate (ITN) process. The ITN must be approved by FNS prior to its posting for bids. The resulting contract must also be approved by FNS prior to its signing and enactment.

The SA must provide FNS with IAPD Updates (APDUs) annually (within 90 days of the anniversary date of this letter) or on an as-needed basis in accordance with guidance found in FNS Handbook 901.

Kathy Tankersley, Management Analyst, FNS States Systems Unit, is available at (617) 565-6467 or Sandra Benton-Davis, Regional Director, Supplemental Nutrition Programs, is available at (404) 562-7111 to answer questions.

Sincerely,

DONALD E. ARNETTE
Regional Administrator

cc: Debbie Eibeck, FL WIC
Phillip Kidder, FL WIC

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200300

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-141	June 30, 2008	Division of Family Health Services	DOH policies were not sufficient to ensure that user access to the Management Information and Payment System (MIPS) and changes to the MIPS application program files were appropriate. Additionally, user access to MIPS did not automatically expire after a specific period of inactivity. <i>We recommend DOH enhance its information security and privacy policies to ensure that access granted to the system is compatible with assigned job duties. Additionally, DOH should ensure that procedures established in September 2006 to timely remove user access are applied to all</i>	Completed. Current Security/Privacy Policies are sufficient with ongoing updated procedures and training as indicated. User access is automatically terminated when a contractor is terminated from the Child Care Food Program.	

Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Department of Health / Family Health Outpatient and Nutrition Services

Agency Budget Officer/OPB Analyst Name: Terry Walter / Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)		
Action			64200300

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y
1.4 Has security been set correctly? (CSDR, CSA)			Y
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.			

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y
--	--	--	---

Action	Program or Service (Budget Entity Codes)		
			64200300

AUDITS:			
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")		Y
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")		Y
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.		
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.		
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.		
4. EXHIBIT D (EADR, EXD)			
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?		Y
4.2	Is the program component code and title used correct?		Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.		
5. EXHIBIT D-1 (ED1R, EXD1)			
5.1	Are all object of expenditures positive amounts? (This is a manual check.)		Y
AUDITS:			
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")		Y
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)		
	<i>Please note that the LBR Instructions reference the wrong B column.</i>		Y

Action		Program or Service (Budget Entity Codes)			
				64200300	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?			Y	
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y	
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y	
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y	
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y	
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y	

Action		Program or Service (Budget Entity Codes)			
				64200300	
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y	
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y	
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			N	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			N/A	
7.14	Do the amounts reflect appropriate FSI assignments?			Y	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			N/A	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			N/A	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			N/A	

Action		Program or Service (Budget Entity Codes)			
				64200300	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y	

Action		Program or Service (Budget Entity Codes)		
				64200300
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			N/A
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			N/A
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y
8.10	Are the statutory authority references correct?			Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y

Action		Program or Service (Budget Entity Codes)			
				64200300	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Y	
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	

		Program or Service (Budget Entity Codes)			
Action				64200300	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y	
13. SCHEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	

		Program or Service (Budget Entity Codes)			
Action				64200300	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	

DEPARTMENT OF HEALTH
INFECTIOUS DISEASE CONTROL EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
INFECTIOUS DISEASE CONTROL SCHEDULE I SERIES

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department:	64	DEPARTMENT OF HEALTH
Budget Entity:	64200400	Community Public Health - Infectious Disease Prevention/Control
Fund:	2122	Tobacco Settlement Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Tobacco Settlement Proceeds	-	-	-
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	-	-	-

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department:	64	DEPARTMENT OF HEATLH
Budget Entity:	64200400	Community Public Health - Infectious Disease Prevention/Control
Fund:	2516	Operations and Maintenance Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Reimbursement/Client Custodial Care	2,755,402	2,423,436	995,356
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	2,755,402	2,423,436	995,356

*Must agree to amounts on Schedule I, Section IV, Line I.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Tobacco Settlement Trust Fund

Budget Entity:

64200400 Community Public Health - Infectious Disease Prevention/Control

LAS/PBS Fund Number:

2122

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,107.00 (A)		1,107.00
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable			0.00
ADD: Transfer From 20-2-122001 64100200	0.00 (E)		0.00
Total Cash plus Accounts Receivable	1,107.00 (F)	0.00	1,107.00
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards			0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Transfers Within The Fund	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	1,107.00 (K)	0.00	1,107.00 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64200400 Community Public Health - Infectious Disease Prevention/Control
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,792,614.14 (A)		2,792,614.14
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	5,645,164.01 (D)		5,645,164.01
ADD:			0.00
Total Cash plus Accounts Receivable	8,437,778.15 (F)	0.00	8,437,778.15
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-4,624,978.40 (H)		-4,624,978.40
Approved "B" Certified Forwards	-41,111.70 (H)		-41,111.70
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Deferred Revenue	0.00 (J)		0.00
LESS:	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	3,771,688.05 (K)	0.00	3,771,688.05 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	64200400
	2339

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	142,068.34 (A)		142,068.34
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: Due From Other Departments	0.00 (E)		0.00
Total Cash plus Accounts Receivable	142,068.34 (F)	0.00	142,068.34
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-11,502.00 (H)		-11,502.00
Approved "B" Certified Forwards	-10,995.00 (H)		-10,995.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	-3,117.33 (I)		-3,117.33
LESS:			0.00
Unreserved Fund Balance, 07/01/09	116,454.01 (K)	0.00	116,454.01 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Operations and Maintenance Trust Fund

Budget Entity:

64200400 Community Public Health - Infectious Disease Prevention/Control

LAS/PBS Fund Number:

2516

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,653,249.75 (A)		2,653,249.75
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	168,380.06 (D)		168,380.06
ADD:			0.00
Total Cash plus Accounts Receivable	2,821,629.81 (F)	0.00	2,821,629.81
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-65,717.77 (H)		-65,717.77
Approved "B" Certified Forwards	-510.11 (H)		-510.11
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	2,755,401.93 (K)	0.00	2,755,401.93 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Federal Grants Trust Fund
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(5,471,547.73)"/>	(A)
Add/Subtract:		
BE Not Balanced - See BE	<input type="text" value="0.00"/>	(B)
Other Adjustment(s):		
Accounts Payable Not Certified Forward	<input type="text" value="(4,580.56)"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
Fund Out of Balance	<input type="text" value="1,704,440.24"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="(3,771,688.05)"/>	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="3,771,688.05"/>	(E)
DIFFERENCE:	<input type="text" value="0.00"/>	(F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Grants & Donations Trust Fund
LAS/PBS Fund Number: 20-2-339060

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 116,454.01 (A)

Add/Subtract:

0.00 (B)

Other Adjustment(s):

Accounts Payable - Not Certified Forward 0.00 (C)

Compensated Absences 0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 116,454.01 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 116,454.01 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Operations and Maintenance Trust Fund
LAS/PBS Fund Number: 10-2-516004 B/E 64200400

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 (2,755,397.12) (A)

Add/Subtract: 0.00 (B)

Other Adjustment(s): 0.00 (C)

Accounts Payable Not Certified Forward (4.81) (C)

(C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: (2,755,401.93) (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 2,755,401.93 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200400

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-015	June 30, 2008	Division of Disease Control	We noted instances where the Florida Department of Health (DOH) could not provide documentation supporting that State Health On-line Tracking System (SHOTS) program changes had been reviewed and approved prior to implementation of the changes. <i>DOH should ensure that there is adequate review and approval of all program change requests and</i>	Completed. Future Change Management Trackers will include the release number with appropriate reference to documentation that details the specific change requests included.	
08-015	June 30, 2008	Division of Disease Control	Health care practitioners' data within SHOTS did not always contain accurate license expiration dates for practitioners. Additionally, we noted instances where practitioners with expired licenses retained SHOTS access privileges, contrary to Florida law. <i>To provide for more current and accurate information within SHOTS, DOH should consider automating the comparison of health care practitioner license expiration dates between SHOTS and the Medical Quality Assurance (MQA) system. Further, DOH should remove</i>	Completed. A list of medical licenses due to expire one month in the future is now produced each week and enrollment desk staff is pro-active in ensuring that medical licenses are checked and updated. Accounts where contact with the health care provider.	
08-015	June 30, 2008	Division of Disease Control	Instances were noted where DOH did not uniquely identify and authenticate system users for purposes of granting access to the SHOTS database and the production environment where SHOTS resided. <i>DOH should enforce the use of unique user ID codes and passwords so that system activity can be timely traced to the</i>	Completed. Unique log-on and required passwords are now in place for access to the database via Structured Query Language (SQL). All future access will be approved by the business office.	

08-015	June 30, 2008	Division of Disease Control	We noted instances where DOH's access controls did not enforce an appropriate separation of incompatible duties for certain personnel. <i>DOH should periodically review the ongoing appropriateness of access capabilities for SHOTS programs and data and remove, as appropriate, access capabilities that are no longer necessary for the performance of</i>	Completed. A procedure has been implemented whereby the roles of developers and system administrators are more clearly delineated. Access to the production database for developers is allowed only on a temporary basis and is based on need to complete assignments as approved by the	
08-015	June 30, 2008	Division of Disease Control	Improvements were needed in certain security controls protecting the SHOTS system, in addition to the matters discussed in Findings Nos. 3 and 4. <i>DOH should implement appropriate action to strengthen its security control features to enhance the safeguarding of</i>	The Cache upgrade has been delayed due to resource issues and will not be complete until late August 2009.	
08-015	June 30, 2008	Division of Disease Control	DOH's testing of its IT disaster recovery plan indicated a lack of sufficient alternate processing capacity to provide adequate service levels in the event of a disaster. <i>DOH should continue to review the results of its disaster plan recovery testing and establish alternate processing facilities that would allow DOH to ensure a minimum application service level in the event of a disaster.</i>	Completed. A full back-up of the Florida SHOTS database is updated to a remote server at the Pinellas County Health Department on a daily basis. Web access will be set up according to the priority of the Florida SHOTS application for critical application recovery. This recovery would be dependent upon IT resources and the	

08-141		Division of Disease Control	DOH had not fully implemented procedures to document the basis for the allocation of employee salaries to multiple programs or cost objectives in accordance with Federal regulations or to obtain a certification for employees working solely on one Federal program. <i>Effective with the 2007-08 fiscal year, DOH implemented timekeeping procedures to document employee time and effort as a basis for allocating salaries and benefits to multiple Federal programs or cost objectives. We recommend that DOH monitor the implementation of the new procedures to ensure that salaries and benefits are properly allocated based on time and effort records. Additionally, DOH should ensure that all certifications are obtained.</i>	Completed. The Bureau of HIV/AIDS (The Bureau) will continue to ensure that the required certifications are obtained every 6 months. The Bureau tracks the receipt of certifications to ensure 100% compliance. The Bureau will continue to track timekeeping compliance by employees funded by multiple grants. The Bureau has assigned oversight of timekeeping to a staff person who monitors the process on a biweekly basis. The Bureau budget staff will continue to pull quarterly reports from the Financial Information System to show where county health departments are charging salary costs. Bureau staff will work with county health department budget staff to make any necessary corrections. As part of the Quality Improvement (QI) process, the bureau will review county documentation supporting salary costs charged to the grant. Prior to visiting a county health department, Bureau QI staff will obtain Employee Activity activities. (The ongoing items are now <u>internal operating procedures.</u>)	
08-141	June 30, 2008	Division of Disease Control	DOH did not consistently maintain adequate documentation of client eligibility. <i>We recommend that DOH monitor its procedures to ensure that required documentation for eligibility determinations is obtained and properly maintained. We also recommend DOH reimburse the HIV Program for the cost of the drugs received by the clients determined</i>	Completed. The Bureau implemented administrative rules on eligibility, including requirements on appropriate documentation. The Bureau has trained staff on the new rule and on appropriate documentation. The ongoing training is an internal operating procedure.	

08-141	June 30, 2008	Division of Disease Control	As of June 30, 2007, DOH had not fully implemented automated controls in the Aids Drug Assistance Program (ADAP) database to prevent the distribution of drugs to individuals whose eligibility periods had expired. <i>DOH personnel indicated that an automatic closing edit was added to the database on September 1, 2007. In addition, DOH personnel indicated that as of October 23, 2007, for the 287 clients, their cases had either been closed or the clients re-enrolled. We recommend that DOH continue monitoring the number of clients that remain active after the end of their eligibility periods and ensure that prompt actions are taken to re-</i>	Completed. Controls were developed in 2007 and implemented in May 2008. The regular monitoring of automated controls is now an internal operating procedure.	
09-144	June 30, 2009	Division of Disease Control	As reported on the Summary Schedule of Prior Audit Findings, DOH conducted technical assistance training and revised training materials to improve efforts to maintain adequate documentation of client eligibility. However, our tests disclosed one instance where client income documentation could not be provided. <i>We recommend that DOH continue its efforts to obtain and properly maintain documentation</i>	DOH will continue to provide regular training venues and technical assistance concerning client eligibility determinations. These activities have been completed and are on a recurring basis. The trainings are conducted on a quarterly basis and as requested from the field as needed.	
09-144	June 30, 2009	Division of Disease Control	DOH had established procedures to document employee time and effort as a basis for allocating salaries and benefits to multiple Federal programs or cost objectives. However, the procedures were not consistently applied to pharmacy employees, nor was an approved alternative method implemented for such employees. <i>We recommend that DOH maintain time and effort records as required by Office of Management and Budget (OMB) Circular A-87 or if deemed appropriate, seek DHHS approval</i>	Completed. The Bureau of HIV/AIDS contacts the pharmacy on a quarterly basis to confirm that staff partially funded by the Ryan White Grant are completing timesheets to document the amount of time spent on Ryan White related activities.	

09-144	June 30, 2009	Division of Disease Control	<p>Certain access security controls were not in place to prevent and timely detect any unauthorized changes to the database and data files of SHOTS. <i>We recommend that DOH management enforce the use of unique user IDs and passwords. We also recommend that DOH management continue to pursue updating outdated Cache software and implementing appropriate actions to strengthen its security control features. DOH should periodically review the ongoing appropriateness of access capabilities for SHOTS programs and data to ensure that there is appropriate separation of</i></p>	<p>Cache upgrade delayed due to priority placed on H1N1 activities. All Florida SHOTS resources are currently working on H1N1 functionality to allow vaccine ordering via Florida SHOTS.</p>	
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Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Infectious Disease Control

Agency Budget Officer/OPB Analyst Name: Terry Walters / Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)		
			64200400

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y	
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y	

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y	
1.4 Has security been set correctly? (CSDR, CSA)			Y	
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y	
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y	
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y	

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y	
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		Program or Service (Budget Entity Codes)			
Action				64200400	
AUDITS:					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y	
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)			Y	
<i>Please note that the LBR Instructions reference the wrong B column.</i>					

Action		Program or Service (Budget Entity Codes)			
				64200400	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	There are instances where A01 does not equal B08 because B08 is greater than B04			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?			Y	
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y	
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y	
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y	
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y	
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y	

Action		Program or Service (Budget Entity Codes)			
				64200400	
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y	
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y	
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			N	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			NA	
7.14	Do the amounts reflect appropriate FSI assignments?			Y	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			NA	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			NA	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			NA	

Action		Program or Service (Budget Entity Codes)			
				64200400	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y	

Action		Program or Service (Budget Entity Codes)			
				64200400	
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y	
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			NA	
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			NA	
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y	
8.10	Are the statutory authority references correct?			Y	
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y	
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y	
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y	
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y	
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y	
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y	
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y	
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y	
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y	
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y	
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y	

Action		Program or Service (Budget Entity Codes)			
				64200400	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	Amounts other than pay grade minimums are justified.			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	

		Program or Service (Budget Entity Codes)			
Action				64200400	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y	
13. SCHEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	

Action		Program or Service (Budget Entity Codes)			
				64200400	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF
Specific Authority: 381.066
Purpose of Fees Collected: Transfer from DACS to cover the costs of epidemiological investigations.
DACs for Investigations 15000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
DACS Transfer	391,930	391,930	391,930
Copies	229		
Copies/Records	293		
Expenditure refund	2,650		
Total Fee Collection to Line (A) - Section III	395,102	391,930	391,930

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	289,543	298,229	307,176
Other Personal Services			
Expenses	41,922	40,000	41,200
Operating Capital Outlay			
Aid to Local Government			
Transfer to DMS/HR	1,860	1,860	1,860
Service Charge to GR	21		
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	333,347	340,089	350,236

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	395,102	391,930
TOTAL SECTION II	(B)	333,347	350,236
TOTAL - Surplus/Deficit	(C)	61,755	41,694

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF
Specific Authority: 403.709
Purpose of Fees Collected: DEP transfer used to provide training, technical support, and to monitor program BU000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Transfer from DEP	880,000	880,000	880,000
Video Sales	10,846	11,081	11,413
Total Fee Collection to Line (A) - Section III	890,846	891,081	891,413

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	205,874	212,050	218,412
Other Personal Services		-	-
Expenses	30,676	31,596	32,544
Operating Capital Outlay		-	-
Aid to Local Government	600,000	600,000	600,000
Transfer to DMS/HR	1,288	1,500	1,800
Service Charge to GR	797	886	913
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	838,634	846,033	853,669

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	890,846	891,081	891,413
TOTAL SECTION II	(B)	838,634	846,033	853,669
TOTAL - Surplus/Deficit	(C)	52,212	45,048	37,744

EXPLANATION of LINE C:
Surplus will be used to cover negative cash balance in other programs within the Division of Environmental Health.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF

Specific Authority: 381.008
Purpose of Fees Collected: Surcharge assessed on fees collected by CHDs to provide training, technical support, and program monitoring. Body Piercing PIERS

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
Body Piercing	6,455	6,649	6,848
Total Fee Collection to Line (A) - Section III	6,455	6,649	6,848

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits		-	-
Other Personal Services		-	-
Expenses	-	-	-
Operating Capital Outlay		-	-
Aid to Local Government		-	-
Transfer to DMS/HR			
Service Charge to GR	472	532	548
State Refunds			
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	472	532	548

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	6,455	6,649
TOTAL SECTION II	(B)	472	548
TOTAL - Surplus/Deficit	(C)	5,984	6,117

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF
Specific Authority: 381.006
Purpose of Fees Collected: Surcharge assessed on fees collected by CHDs to provide training, technical support and program monitoring. Drinking Water M5000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Drinking Water	65,367	68,635	70,350
Sales of goods/services	41		
Total Fee Collection to Line (A) - Section III	65,407	68,635	70,350

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits		-	-
Other Personal Services			
Expenses		-	-
Operating Capital Outlay			
Aid to Local Government			
Transfer to DMS/HR			
Service Charge to GR	4,444	5,490	5,628
State Refunds			
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	4,444	5,490	5,628

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	65,407	70,350
TOTAL SECTION II	(B)	4,444	5,628
TOTAL - Surplus/Deficit	(C)	60,963	64,722

EXPLANATION of LINE C:
Fee increase is reflected in revenue estimates and will be used to offset negative cash balances in other programs that decreased revenues due to the economy.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2010-11
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Radiological Emergency Response Plan
 RER

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fee for service contract	471,653	543,713	540,915

Total Fee Collection to Line (A) - Section III	471,653	543,713	540,915

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	365,234	413,458	413,458
Other Personal Services			
Expenses & Contracted Services	96,640	124,520	124,520
Operating Capital Outlay	9,641	-	-
Vehicle			
Transfer to DMS/HR	2,937	2,937	2,937
_____		-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	474,451	540,915	540,915

Basis Used: _____

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	471,653	543,713	540,915
TOTAL SECTION II	(B)	474,451	540,915	540,915
TOTAL - Surplus/Deficit	(C)	(2,798)	2,798	-

EXPLANATION of LINE C:
 To prepare for and respond to radiological incidents and accidents. Surplus covers payment received in current fiscal year for prior year invoice.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Radiological Emergency Preparedness IPZ
Farley Nuclear Power Plant F1000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
Fee for service contract	-	3,570	3,570
Total Fee Collection to Line (A) - Section III	-	3,570	3,570

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits		-	-
Other Personal Services			
Expenses	-	1,000	1,030
Operating Capital Outlay			
Surcharge to GR		261	261
		-	-
		-	-
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	-	1,261	1,291

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	-	3,570
TOTAL SECTION II	(B)	-	1,261
TOTAL - Surplus/Deficit	(C)	-	2,309

EXPLANATION of LINE C:
Funds received from Southern Nuclear Operating Company for the ingestion pathway radiological emergency response at the Farley Nuclear Plant in Alabama. Revenue received and deposited in FY 2007-08 for FY 2008-09.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF

Specific Authority: 381.072 and 381.010
Purpose of Fees Collected: Surcharge assessed on fees collected by CHDs to provide training, technical support and program monitoring. Food Hygiene Program 10000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Food Certification	218,558	280,768	280,768
Transfers from CHDs	10		
Sales of Goods & Services	435		
Fines/Forfeits	30		
Total Fee Collection to Line (A) - Section III	219,033	280,768	280,768

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	150,480	186,464	192,058
Other Personal Services	29,730	30,000	30,000
Expenses	41,109	42,342	43,612
Operating Capital Outlay			
Aid to Local Government	62,941		
Transfer to DMS/HR	968	968	968
Service Charge to GR	15,972	22,461	22,461
State Refunds	38		
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	301,236	282,235	289,100

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	219,033	280,768
TOTAL SECTION II	(B)	301,236	289,100
TOTAL - Surplus/Deficit	(C)	(82,204)	(1,467)

EXPLANATION of LINE C:
Deficits will be covered by surplus from fy 07/08.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Transportation of Low-Level Radioactive Waste
 Low-Level Radioactive Waste KI000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Inspection Fees	163,912	168,829	173,894

Total Fee Collection to Line (A) - Section III	163,912	168,829	173,894

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	66,748	68,751	70,813
Other Personal Services			
Expenses & Contracted Services	9,425	9,425	9,708
Operating Capital Outlay			
<u>Service Charge to General Revenue</u>	12,180	13,506	13,912
<u>Transfer to DMS/HR</u>	571	571	571
_____		-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	88,925	92,253	95,004

Basis Used: _____

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	163,912	168,829	173,894
TOTAL SECTION II	(B)	88,925	92,253	95,004
TOTAL - Surplus/Deficit	(C)	74,987	76,576	78,891

EXPLANATION of LINE C:
 Surplus will be used to cover deficit in other programs within the Radiation Control Bureau.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: MQSA Inspections of Mammography Facilities
 MQ009 / MQ010

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
Receipts:			
Fee for service contract - Federal funds	390,304	630,257	630,344
Interest and Dividends	155		
Total Fee Collection to Line (A) - Section III	390,459	630,257	630,344

SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	334,649	344,688	355,029
Other Personal Services			
Expenses & Contracted Services	62,021	63,882	65,798
Operating Capital Outlay			
Surcharge to GR	12		
Transfer to DMS/HR	2,620	2,620	2,620
Transfer to Admin TF	1,815		-
		-	-
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	401,117	411,190	423,447

Basis Used: _____

SECTION III - SUMMARY				
TOTAL SECTION I	(A)	390,459	630,257	630,344
TOTAL SECTION II	(B)	401,117	411,190	423,447
TOTAL - Surplus/Deficit	(C)	(10,658)	219,067	206,897

EXPLANATION of LINE C:
 Perform inspections of mammography radiation machines with funds from a grant from the U.S. Food and Drug Administration. FY 08/09 deficit will be covered with payment received in current fiscal year. Receipt amount includes continuing education training that may or may not be needed during the fiscal year. Receipts are based on the number of actual inspections available and performed.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Radiological Environmental Monitoring
 Pre/Post Mining V4000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
Receipts:			
Pre and Post Mining Fees	512,245	525,051	538,177

Total Fee Collection to Line (A) - Section III	512,245	525,051	538,177

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	300,313	306,319	313,977
Other Personal Services			
Expenses & Contracted Services	59,228	60,709	62,227
Operating Capital Outlay			
Service Charge to General Revenue	38,018	42,004	43,054
Transfer to DMS/HR	2,316	2,316	2,316
_____		-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	399,875	411,348	421,574

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	512,245	538,177
TOTAL SECTION II	(B)	399,875	421,574
TOTAL - Surplus/Deficit	(C)	112,370	116,604

EXPLANATION of LINE C:
 Surplus will be used to cover negative cash deficits in other programs within Radiation Control.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF

Specific Authority: 513.045
Purpose of Fees Collected: Surcharge assessed on fees collected by CHDs to provide training, technical support and program monitoring. Mobile Home Parks UQ000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u> FY 2008-09	<u>ESTIMATED</u> FY 2009-10	<u>REQUEST</u> FY 2010-11
<u>Receipts:</u>			
Mobile Home Parks	137,639	137,639	137,639
Sales of Goods and Services	-		-
Total Fee Collection to Line (A) - Section III	137,639	137,639	137,639

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	77,130	90,139	90,139
Other Personal Services	-		
Expenses	3,618	15,628	15,628
Operating Capital Outlay	-		
State Refunds	-		
Transfer to DMS/HR	476	585	585
Service Charge to GR	10,048	11,011	11,011
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	91,272	117,363	117,363

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	137,639	137,639
TOTAL SECTION II	(B)	91,272	117,363
TOTAL - Surplus/Deficit	(C)	46,367	20,276

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF
Specific Authority: Chapter 468, F.S.
Purpose of Fees Collected: X-Ray Technologist Certification
JT000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
<u>Certification Fees</u>	972,206	1,301,372	1,340,413
<u>Fines, Penalties, & Forfeitures</u>	19,860	20,456	21,069
<u>Refunds</u>	53		
Total Fee Collection to Line (A) - Section III	992,119	1,321,828	1,361,483

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	463,951	475,550	487,439
<u>Other Personal Services</u>	-		
<u>Expenses & Contracted Services</u>	681,598	50,000	51,250
<u>Operating Capital Outlay</u>			
<u>Transfer to Medical Quality Assurance</u>		650,000	700,000
<u>Transfer to DMS/HR</u>	3,200	3,200	3,200
<u>Refund State Revenues</u>	16,635	10,000	10,250
<u>Service Charge to GR</u>	72,564	105,746	108,919
<u>Indirect Costs Charged to Trust Fund</u>			
Total Full Costs to Line (B) - Section III	1,237,948	1,294,496	1,361,057

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	992,119	1,361,483
TOTAL SECTION II	(B)	1,237,948	1,361,057
TOTAL - Surplus/Deficit	(C)	(245,829)	426

EXPLANATION of LINE C:
Drafting a rule to increase fees. The majority of the expense and contracted services category was used for payment to the Division of Quality Medical Assurance for licensure services for the program.
A surplus in the program will cover the negative amount in FY 08/09.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Radioactive Materials Licensing
 KN000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Licensing Fees	3,402,479	3,504,554	3,609,690
Sale of Goods & Services to State Agency	570		
Sale of Surplus Property	3,760		
Total Fee Collection to Line (A) - Section III	3,406,810	3,504,554	3,609,690

SECTION II - FULL COSTS			
<u>Direct Costs:</u>			
Salaries and Benefits	1,698,009	1,748,949	1,801,418
Other Personal Services	9,893	-	-
Expenses & Contracted Services	294,054	302,875	311,962
Operating Capital Outlay	88,219	56,997	56,997
Service Charge to General Revenue	254,222	280,364	288,775
Transfer to DMS/HR	13,999	13,999	13,999
Transfer to CHD	128,351	132,202	136,168
Vehicles	94,620	100,000	100,000
Refund State Revenues	3,692	3,803	3,917
Transfer to Admin TF	7,377		
Total Full Costs to Line (B) - Section III	2,592,436	2,639,189	2,713,235

Basis Used: _____

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	3,406,810	3,609,690
TOTAL SECTION II	(B)	2,592,436	2,713,235
TOTAL - Surplus/Deficit	(C)	814,374	896,456

EXPLANATION of LINE C:
 Surplus will be used to offset negative cash balances in other programs.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF

Specific Authority: 404.056
Purpose of Fees Collected: Provide statewide certification and monitoring for Radon inspections/mitigation. Radon Certification 9R000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Radon Certification	80,776	83,199	85,695
Fees	200		
	-		
Total Fee Collection to Line (A) - Section III	80,976	83,199	85,695

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	57,914	59,651	61,440
Other Personal Services			
Expenses	9,059	9,331	9,611
Operating Capital Outlay			
State Refunds	-		
Transfer to DMS/HR	420	-	-
Service Charge to GR	6,847	-	-
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	74,239	68,982	71,051

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	80,976	85,695
TOTAL SECTION II	(B)	74,239	71,051
TOTAL - Surplus/Deficit	(C)	6,737	14,644

EXPLANATION of LINE C:
 While this accounting shows a surplus, in fact this program runs a deficit. There are activities of this program (1.5 FTE of effort) charged against 9SE00 as permitted by Chap. 404.056, FS.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF
Specific Authority: 553.721
Purpose of Fees Collected: Provide statewide program to educate and inform the public on the health effect dangers of Radon gas in their homes and offices 9SE00

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
DCA Transfer	282,637	282,637	282,637
Salary reimbursement	101		
Total Fee Collection to Line (A) - Section III	282,738	282,637	282,637

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	256,277	263,965	271,884
Other Personal Services			
Expenses	34,721	35,762	36,835
Operating Capital Outlay			
State Refunds			
Transfer to DMS/HR	2,160	2,160	2,160
Service Charge to GR			
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	293,157	301,887	310,879

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	282,738	282,637
TOTAL SECTION II	(B)	293,157	301,887
TOTAL - Surplus/Deficit	(C)	(10,419)	(28,242)

EXPLANATION of LINE C:
Deficit will be covered by prior year cash balance, costs will be reduced, and activities transferred to federal funding.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Prevention of Abandonment of Radioactive Materials
Reclamation JH000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
<u>5% Surcharge</u>	148,274	152,722	157,304

Total Fee Collection to Line (A) - Section III	148,274	152,722	157,304

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits		-	-
Other Personal Services			
Expenses		-	-
Operating Capital Outlay			
<u>Service Charge to General Revenue</u>	10,849	12,218	12,584

_____		-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	10,849	12,218	12,584

Basis Used: _____

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	148,274	152,722	157,304
TOTAL SECTION II	(B)	10,849	12,218	12,584
TOTAL - Surplus/Deficit	(C)	137,425	140,504	144,719

EXPLANATION of LINE C:
Surplus is intended to be available in the event of a radiological emergency or abandoned radioactive material.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF
Specific Authority: 381.066
Purpose of Fees Collected: Fees collected for septic research
 Septic Tank Research B9000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Septic Tank Research	82,309	65,000	66,950
Warrant Cancellations	-		
Total Fee Collection to Line (A) - Section III	82,309	65,000	66,950

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	58,971	58,971	60,740
Other Personal Services			
Expenses	196,289	225,000	-
Operating Capital Outlay			
Aid to Local Government	-		
Transfer to DMS/HR	-	-	-
Service Charge to GR	-	-	-
State Revenues	-		
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	255,259	283,971	60,740

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	82,309	66,950
TOTAL SECTION II	(B)	255,259	60,740
TOTAL - Surplus/Deficit	(C)	(172,950)	6,210

EXPLANATION of LINE C:
Deficits will be covered by positive cash within the program for this fiscal year.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF

Specific Authority: 381
Purpose of Fees Collected: Fees collected to fund a hands on training center, technical support, and program monitoring. Septic Tanks Training Center SEWTN

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Training Fees	60,081	55,000	56,650
Total Fee Collection to Line (A) - Section III	60,081	55,000	56,650

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits		-	-
Other Personal Services			
Expenses	66,323	68,312	70,362
Operating Capital Outlay			
State Refunds	21		
Transfer to DMS/HR			
Service Charge to GR	3,190	4,400	4,532
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	69,533	72,712	74,894

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	60,081	56,650
TOTAL SECTION II	(B)	69,533	74,894
TOTAL - Surplus/Deficit	(C)	(9,453)	(18,244)

EXPLANATION of LINE C:
Deficits will be covered by prior year cash in the septic tank program. Repair permits were down this year but with new system numbers it is expected that repair permits will increase.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF

Specific Authority: 381.066
Purpose of Fees Collected: Collected for septic tank variance review
 Septic Tank Variance BY000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Septic Tank variance	21,924	21,924	22,582
Warrant Cancellations	-		
Total Fee Collection to Line (A) - Section III	21,924	21,924	22,582

SECTION II - FULL COSTS			
<u>Direct Costs:</u>			
Salaries and Benefits		-	-
Other Personal Services			
Expenses	-	-	-
Operating Capital Outlay			
Aid to Local Government			
Transfer to DMS/HR			
Service Charge to GR	1,606	1,754	1,807
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	1,606	1,754	1,807

Basis Used: Direct Expenditures and Revenue

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	21,924	22,582
TOTAL SECTION II	(B)	1,606	1,807
TOTAL - Surplus/Deficit	(C)	20,318	20,775

EXPLANATION of LINE C:
Surplus will be used to cover negative cash balances in other OCA's.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF
Specific Authority: 381.066
Purpose of Fees Collected: Surcharge assessed on fees collected by CHDs to provide training, technical support and program monitoring. Septic Tanks 1E000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
Receipts:			
Septic Tank Fees	677,409	677,409	697,731
Refunds	150		
	-		
Total Fee Collection to Line (A) - Section III	677,559	677,409	697,731

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	867,115	1,192,687	1,192,687
Other Personal Services	-		
Expenses	175,281	180,539	185,956
Operating Capital Outlay	-		
Aid to Local Government	239,768	14,179	14,179
Vehicles	-	-	-
Transfer to DMS/HR	4,998	4,998	4,998
Service Charge to GR	49,558	50,806	52,330
State Revenues	2,899	3,000	3,000
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	1,339,619	1,446,209	1,453,149

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	677,559	677,409	697,731
TOTAL SECTION II	(B)	1,339,619	1,446,209	1,453,149
TOTAL - Surplus/Deficit	(C)	(662,060)	(768,800)	(755,418)

EXPLANATION of LINE C:

The negative balances will be covered by a positive cash balance within the program.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF

Specific Authority: 381.01
Purpose of Fees Collected: Surcharge assessed on fees collected by CHDs to provide training, technical support and program monitoring. K3000 Pool Permits

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Swimming Pool Permits	634,492	666,217	682,872
Refunds	15		
Total Fee Collection to Line (A) - Section III	634,507	666,217	682,872

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	519,819	637,547	637,547
Other Personal Services	10,230	11,300	11,300
Expenses	54,926	50,000	50,000
Operating Capital Outlay	1,294	-	
Aid to Local Government	149,728	32,000	32,000
Transfer to DMS/HR	2,670	2,670	2,670
Service Charge to GR	47,858	53,297	54,630
State Refunds	240		
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	786,765	786,814	788,147

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	634,507	682,872
TOTAL SECTION II	(B)	786,765	788,147
TOTAL - Surplus/Deficit	(C)	(152,258)	(105,275)

EXPLANATION of LINE C:
Surplus from fiscal year 07/08 will be used to cover deficits.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2021 Administrative TF
Specific Authority: 381.89
Purpose of Fees Collected: Surcharge assessed on fees collected by CHDs to provide training, technical support and program monitoring. Tanning Program R9000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
Tanning Fees	39,601	41,492	41,492
Total Fee Collection to Line (A) - Section III	39,601	41,492	41,492

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	36,882	37,989	39,129
Other Personal Services			
Expenses	6,238	6,403	6,595
Operating Capital Outlay			
Aid to Local Government			
Transfer to DMS/HR	364	365	365
Service Charge to GR	2,890	3,319	3,319
State Refunds	21	21	21
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	46,395	48,097	49,429

Basis Used: Direct Expenditures and Revenue

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	39,601	41,492
TOTAL SECTION II	(B)	46,395	49,429
TOTAL - Surplus/Deficit	(C)	(6,794)	(7,937)

EXPLANATION of LINE C:
Current year deficit will be covered by oca UQ000 in administrative trust fund.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Certification of SDWA Labs and Radiological Analysis of Drinking Water JS000

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Testing Fees	24,493	25,228	25,858
Sales of Goods/Services to State Agency	248	254	261
	-		
	-		
Total Fee Collection to Line (A) - Section III	24,741	25,482	26,119

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits		-	-
Other Personal Services			
Expenses & Contracted Services	2,255	2,312	2,381
Operating Capital Outlay			
Service Charge to GR	1,796	2,018	2,069
		-	-
		-	-
Total Full Costs to Line (B) - Section III	4,052	4,330	4,450

Basis Used: _____

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	24,741	25,482	26,119
TOTAL SECTION II	(B)	4,052	4,330	4,450
TOTAL - Surplus/Deficit	(C)	20,689	21,152	21,669

EXPLANATION of LINE C:
Surplus cash will be used to cover negative cash balances in other programs within Radiation Control.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200600 Environmental Health
Fund: 2569 Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: X-Ray Machines Registration and Inspection
JPA00

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
Registration & Inspection Fees	2,501,017	2,576,048	2,640,449
Sale of Goods/Services to State Agencies	23,359	24,060	24,661
	-		-
Total Fee Collection to Line (A) - Section III	2,524,376	2,600,107	2,665,110

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	1,705,265	1,739,371	1,774,158
Other Personal Services	12,013	12,013	12,013
Expenses & Contracted Services	387,479	397,166	407,095
Operating Capital Outlay			
Service Charge to General Revenue	182,569	206,084	211,236
Transfer to DMS/HR	13,193	13,193	13,193
Transfer to CHD	270,779	277,548	284,487
Risk Management Insurance	14,575	14,575	14,575
Refund State Revenues	904	1,000	1,000
	-		
Total Full Costs to Line (B) - Section III	2,586,777	2,660,950	2,717,757

Basis Used: _____

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	2,524,376	2,600,107	2,665,110
TOTAL SECTION II	(B)	2,586,777	2,660,950	2,717,757
TOTAL - Surplus/Deficit	(C)	(62,401)	(60,842)	(52,647)

EXPLANATION of LINE C:
Prior year cash from the Radiation Protection Trust Fund will be used to cover deficit. The department has submitted legislation to change the fee cap set in statute.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department:	64	DEPARTMENT OF HEALTH
Budget Entity:	64200600 Community Public Health - Environmental Health Support Services	
Fund:	2021	Administrative Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Miscellaneous Fees	3,037,265	1,631,823	23,539
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	3,037,265	1,631,823	23,539

*Must agree to amounts on Schedule I, Section IV, Line I.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department: 64 DEPARTMENT OF HEALTH
Budget Entity: 64200600 Community Public Health - Environmental Health Services
Fund: 2339 Grants and Donations Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Transfers From DEP	446,102	146,222	33,242
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	446,102	146,222	33,242

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department: 64 DEPARTMENT OF HEALTH
Budget Entity: 64200600 Community Public Health - Environmental Health Services
Fund: 2569 Radiation Protection Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Prevention of Abandonment Rad Materials	50,207	81,307	103,495
X-Ray Reg and Inspection Fees	846,838	1,371,445	1,737,226
Radiological Analysis of Drinking Water	8,294	13,431	17,013
X-Ray Technologists Certification	329,866	527,282	869,668
Radioactive Material Licensing	427	-	-
Radon Fees/Surcharge	123,123	193,581	240,694
MQSA Inspect of Mammography US Grants	162,510	335,538	421,301
<u>FUNDING SOURCE - NON-STATE</u>			
Radiological Emergency Response Plan	335,199	605,653	770,931
TOTAL*	1,856,463	3,128,237	4,160,327

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Administrative Trust Fund

Budget Entity:

64200600 Community Public Health - Environmental Health Support Services

LAS/PBS Fund Number:

2021

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,131,507.34 (A)		3,131,507.34
ADD: Other Cash (See Instructions)	8,474.42 (B)		8,474.42
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	216,209.61 (D)	0.00	216,209.61
ADD:			0.00
Total Cash plus Accounts Receivable	3,356,191.37 (F)	0.00	3,356,191.37
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-115,422.41 (H)		-115,422.41
Approved "B" Certified Forwards	-25,737.86 (H)		-25,737.86
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	-22,094.54 (I)		-22,094.54
LESS: Transfer To 64200300	0.00 (J)		0.00
LESS: Transfers To 64200800	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	3,192,936.56 (K)	0.00	3,192,936.56 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Federal Grants Trust Fund

Budget Entity:

64200600 Community Public Health - Environmental Health Support Services

LAS/PBS Fund Number:

2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,366,138.37 (A)		1,366,138.37
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	314,141.80 (D)		314,141.80
ADD:			0.00
Total Cash plus Accounts Receivable	1,680,280.17 (F)	0.00	1,680,280.17
LESS: Allowances for Uncollectibles	0.00 (G)		0.00
LESS: Approved "A" Certified Forwards	-292,712.13 (H)		-292,712.13
Approved "B" Certified Forwards	-64,104.86 (H)		-64,104.86
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	1,323,463.18 (K)	0.00	1,323,463.18 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Grants and Donations Trust Fund

Budget Entity:

64200600

LAS/PBS Fund Number:

2339

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	597,574.30	(A)			597,574.30
ADD: Other Cash (See Instructions)	0.00	(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	301,498.82	(D)			301,498.82
ADD: Due From Other Departments	0.00	(E)			0.00
Total Cash plus Accounts Receivable	899,073.12	(F)	0.00		899,073.12
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	(452,786.44)	(H)			(452,786.44)
Approved "B" Certified Forwards		(H)			0.00
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00	(I)			0.00
LESS:		(J)			0.00
Unreserved Fund Balance, 07/01/09	446,286.68	(K)	0.00		446,286.68 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Radiation Protection Trust Fund
LAS/PBS Fund Number:	64200600 Community Public Health - Environmental Health Services
	2569

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,743,789.13 (A)		1,743,789.13
ADD: Other Cash (See Instructions)	7,250.00 (B)		7,250.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	245,139.94 (D)		245,139.94
ADD: Due from Federal Government	0.00 (E)		0.00
Total Cash plus Accounts Receivable	1,996,179.07 (F)	0.00	1,996,179.07
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-25,039.91 (H)		-25,039.91
Approved "B" Certified Forwards	-19,625.00 (H)		-19,625.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	-95,051.02 (I)		-95,051.02
LESS:			
		(J)	
Unreserved Fund Balance, 07/01/09	1,856,463.14 (K)	0.00	1,856,463.14 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Administrative Trust Fund
LAS/PBS Fund Number: 2021 B/E 64200600

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(1,028,713.41) (A)]

Add/Subtract:

BE out of Balance - See 64200300 [(2,166,444.84) (B)]

Other Adjustment(s):

Accounts Payable Not Certified Forward [2,221.69 (C)]

Cash to FID 20-2021042 B/E 64200300 [0.00 (C)]

Cash to FID 20-2021042 B/E 64200800 [0.00 (C)]

[0.00 (C)]

[0.00]

ADJUSTED BEGINNING TRIAL BALANCE: [(3,192,936.56) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [3,192,936.56 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Federal Grants Trust Fund
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(1,326,720.45)"/>	(A)
Add/Subtract:		
BE - Not Balanced - See BE	<input type="text" value="0.00"/>	(B)
Other Adjustment(s):		
Accounts Payable Not Certified Forward	<input type="text" value="(281.05)"/>	(C)
Encumbrances Not On Financial Statements	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
Fund Out of Balance	<input type="text" value="3,538.32"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="(1,323,463.18)"/>	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="1,323,463.18"/>	(E)
DIFFERENCE:	<input type="text" value="0.00"/>	(F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Grants & Donations Trust Fund
LAS/PBS Fund Number: 20-2-339060

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(446,286.68) (A)]

Add/Subtract:

[0.00 (B)]

Other Adjustment(s):

Accounts Payable - Not Certified Forward [(C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(446,286.68) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [446,286.68 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Radiation Protection Trust Fund
LAS/PBS Fund Number: 20-2-569004

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(1,851,963.15) (A)]

Add/Subtract:

[0.00 (B)]

Other Adjustment(s):

Accounts Payable - Not Certified Forward [(4,499.99) (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(1,856,463.14) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [1,856,463.14 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Department of Health / Environmental Health

Agency Budget Officer/OPB Analyst Name: Terry Walters / Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

	Program or Service (Budget Entity Codes)			
Action			64200600	
1. GENERAL				
1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y	
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y	
AUDITS:				
1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y	
1.4 Has security been set correctly? (CSDR, CSA)			Y	
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				
2. EXHIBIT A (EADR, EXA)				
2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y	
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y	
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y	
3. EXHIBIT B (EXBR, EXB)				
3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y	
AUDITS:				
3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y	
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y	

		Program or Service (Budget Entity Codes)			
Action				64200600	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				

Action	Program or Service (Budget Entity Codes)		
			64200600

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?			Y	
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				

7. EXHIBIT D-3A (EADR, ED3A)

7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y	
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y	
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y	
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y	
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y	
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y	
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y	
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			N	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			N/A	
7.14	Do the amounts reflect appropriate FSI assignments?			Y	

Action		Program or Service (Budget Entity Codes)			
				64200600	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			N/A	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			N/A	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			N/A	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

Action		Program or Service (Budget Entity Codes)			
				64200600	
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y	
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y	
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			N/A	
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			N/A	
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y	
8.10	Are the statutory authority references correct?			Y	
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y	
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y	
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y	
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y	
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y	
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y	
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y	
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y	
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y	

Action		Program or Service (Budget Entity Codes)			
				64200600	
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y	
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Y	
10. SCHEDULE III (PSCR, SC3)					

Action		Program or Service (Budget Entity Codes)			
				64200600	
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y	
13. SCHEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	

		Program or Service (Budget Entity Codes)			
Action				64200600	
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.					
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.					
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	

DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEEDS
EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEEDS
SCHEDULE I SERIES

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department:	64	DEPARTMENT OF HEALTH
Budget Entity:	64200700	Community Public Health - County Health Local Health Needs
Fund:	2141	County Health Department Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Local Revenues	53,788,151	71,259,147	49,720,333
State Revenues	69,805,946	92,479,701	64,526,756
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	123,594,097	163,738,848	114,247,088

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Tobacco Settlement Trust Fund
Budget Entity:	64200700 Community Public Health - County Health Local Health Needs
LAS/PBS Fund Number:	2122

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,767,917.08 (A)		7,767,917.08
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: Adjust A/R -Due to DFS	0.00 (E)		0.00
Total Cash plus Accounts Receivable	7,767,917.08 (F)	0.00	7,767,917.08
LESS: Allowances for Uncollectibles	(G)		0.00
LESS: Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: Transfers Within The Fund	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	7,767,917.08 (K)	0.00	7,767,917.08 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

County Health Department Trust Fund

Budget Entity:

64200700 Community Public Health - County Health Local Health Needs

LAS/PBS Fund Number:

2141

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	74,998,992.86 (A)		74,998,992.86
ADD: Other Cash (See Instructions)	2,456,486.48 (B)		2,456,486.48
ADD: Investments	65,982,934.36 (C)		65,982,934.36
ADD: Outstanding Accounts Receivable	23,073,232.61 (D)	0.00	23,073,232.61
ADD: Due From State Funds Within Division	1,581,789.47 (E)		1,581,789.47
ADD: Due From Other Departments	2,174,668.53 (E)		2,174,668.53
ADD: Due From Federal Government	12,757,693.45 (E)		12,757,693.45
ADD: Due From Other Governmental Units	5,048,971.98 (E)		5,048,971.98
Total Cash plus Accounts Receivable	188,074,769.74 (F)	0.00	188,074,769.74
LESS: Allowances for Uncollectibles	-6,574,676.54 (G)		-6,574,676.54
LESS: Approved "A" Certified Forwards	(17,840,761.74) (H)		-17,840,761.74
Approved "B" Certified Forwards	(3,686,551.74) (H)		-3,686,551.74
Approved "FCO" Certified Forwards	-36,272,570.98 (H)		-36,272,570.98
LESS: Other Accounts Payable (Nonoperating)	-18,907.37 (I)		-18,907.37
LESS: Other Liabilities	-87,204.10 (J)		-87,204.10
Unreserved Fund Balance, 07/01/09	123,594,097.27 (K)	0.00	123,594,097.27

**

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: County Health Department Trust Fund
LAS/PBS Fund Number: 2141

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 155,230,691.06 (A)

Add/Subtract: 0.00 (B)

Other Adjustment(s):

GL 55600 - Reserved For FCO And Grants/AID - FCO 3,441,428.26 (C)

GL 38800 - Unearned Revenue - Current 87,204.10 (C)

Accounts Payable - Not Certified Forward 1,281,753.03 (C)

Encumbrances - Not Certified Forward 0.00 (C)

FCO CF Not Reserved On Trial Balance 36,272,570.98

SWFS Adjustments 0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 123,594,097.27 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 123,594,097.27 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200700

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AC-08-004	June 30, 2009	County Health Departments	Miami-Dade CHD Pharmacy could not adequately account for all quantities of inventory with supporting documentation. <i>We recommend Miami-Dade CHD implement basic controls, at a minimum, in accordance with DOH policy to ensure accurate recording and documentation of its pharmaceutical inventory, including non-controlled substances.</i>	1. A. The Miami-Dade CHD Pharmacy will be eliminating the warehouse as a storage place for medications and documentation of shipments. All medications and documents will be stored within the pharmacy and pharmacy storage located within the same location; the pharmacy and the warehouse will consolidate into one facility, where all medications and required documents will be accessible for all future inspections. 1. B. A request has been made to the pharmacy software company to activate a perpetual inventory system within the pharmacy dispensing software. This will allow the	
AC-08-004	June 30, 2009	County Health Departments	Miami-Dade CHD Pharmacy did not daily count open bottle inventory of controlled substances. <i>We recommend Miami-Dade CHD implement controls in accordance with DOH policy to ensure 100% of the inventory of controlled substances dispensed during the day is daily counted.</i>	The Miami-Dade CHD Pharmacy current perpetual inventory for controlled medications will be improved by including a manual reconciliation of all controlled medications dispensed each day. This action will ensure that a count of all controlled medications dispensed in a	
AC-08-007	June 30, 2009	County Health Departments	Lee CHD Pharmacy could not accurately account for pharmaceuticals selected for testing. <i>We recommend Lee CHD develop and implement an additional control applicable to their pharmacy environment to verify that transactions are accurately recorded into their inventory system, and that such transactions are also verified to be accurate on client</i>	The Prescription Validation form is completed daily.	

AC-08-007	June 30, 2009	County Health Departments	Lee CHD staff did not investigate and resolve discrepancies, including 5 tablets short of Kaletra (non-controlled substance) during the pharmacy's April 9, 2008 inventory count. <i>We recommend all discrepancies identified during inventory counts and analysis be investigated and reported, notifying the CHD Administrator/Director of any unexplained discrepancy.</i>	Biannual inventory of all drugs continues. We have added a quarterly inventory of "top 20" drugs.	
AC-08-007	June 30, 2009	County Health Departments	Lee CHD Finance & Accounting staff did not implement monthly inventory counts of controlled substances until May 2008. <i>We recommend Lee CHD ensure monthly physical counts of all controlled substances in recorded</i>	Implemented.	
AC-08-008	June 30, 2009	County Health Departments	Discrepancies identified by Sarasota CHD personnel were not sufficiently investigated, documented and reported to an appropriate level of CHD management. <i>We recommend the pharmacy staff extend an additional process to the control already in place, of physically counting inventory to include reconciling</i>	We will schedule enough time to reconcile discrepancies at the time of discovery. At the time of the discovery such an event will be recorded and reconciled.	
AC-08-008	June 30, 2009	County Health Departments	Discrepancies identified by Sarasota CHD personnel were not sufficiently investigated, documented and reported to an appropriate level of CHD management. <i>We recommend all discrepancies identified during inventory counts and analysis be investigated and reported, notifying the CHD Administrator/Director of any unexplained discrepancy.</i>	Each pharmacy manager will utilize the "PHARMACY INVENTORY DISCREPANCY & INCIDENT REPORT FORM" to report all discrepancies that are over \$500.00 and any involving a controlled substance. All others are be recorded in the inventory discrepancy log book maintained at each pharmacy and subject to periodic inspection by the	
AC-08-009	June 30, 2009	County Health Departments	Pinellas CHD's Clearwater Pharmacy counted controlled substances no more often than weekly. <i>We recommend Pinellas CHD implement controls in accordance with DOH policy to ensure 100% of the inventory of controlled substances dispensed during the day is daily counted.</i>	An e-mail was sent on 7/24/08 to all pharmacists instructing them to perform a physical count of controlled substances on a daily basis. The inventory is documented on the inventory list report from the Health Computer Corporation computer database. This "Inventory Verification List" is signed and dated by the pharmacist on duty after he or she completes the actual count. These records will be kept inside the	

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / County Health Department Local Health Needs

Agency Budget Officer/OPB Analyst Name: Terry Walters / Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

	Program or Service (Budget Entity Codes)			
Action	64200700			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y			
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y			

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y			
1.4 Has security been set correctly? (CSDR, CSA)	Y			
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y			
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y			
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y			

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y			
--	---	--	--	--

AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y			
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y			

		Program or Service (Budget Entity Codes)			
Action		64200700			
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	Y			
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	N/J see below			
<i>There are instances where A01 does not equal B08 because B08 is greater than B04</i>					
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				

		Program or Service (Budget Entity Codes)			
Action		64200700			
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?	Y			
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y			
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?	Y			
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y			
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y			
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?				

		Program or Service (Budget Entity Codes)			
Action		64200700			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	Y			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y			
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A			
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	Y			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	N/A			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	N/A			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y			
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				

		Program or Service (Budget Entity Codes)			
Action		64200700			
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y			
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y			
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y			
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y			
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y			
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y			
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A			
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A			
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y			
8.10	Are the statutory authority references correct?	Y			
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y			
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y			
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y			
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y			
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y			
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y			
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Y			

		Program or Service (Budget Entity Codes)			
Action		64200700			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y			
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y			
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y			
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					

		Program or Service (Budget Entity Codes)			
Action		64200700			
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	Y			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	Y			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y			
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	Y			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y			
13. SCHEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Y			
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y			
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Y			
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y			
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y			
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y			

		Program or Service (Budget Entity Codes)			
Action		64200700			
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y			
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y			
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?	Y			
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y			
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y			
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y			
17.5	Are the appropriate counties identified in the narrative?	Y			
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				

DEPARTMENT OF HEALTH
STATEWIDE PUBLIC HEALTH EXHIBITS AND SCHEDULES

**DEPARTMENT OF HEALTH
STATEWIDE PUBLIC HEALTH SUPPORT SCHEDULE I SERIES**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200800 Statewide Health Support Services
Fund: 192002 EMS TF

Specific Authority: F.S. 381.21, 938.07, 316.061, 316.192
Purpose of Fees Collected: To improve and expand prehospital emergency medical services in the state.

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
Receipts:			
HD000 -Motor Vehicle Registration Surtax	1,929,423	1,928,458	1,947,743
IL000 -Licensure & Certification Fees	2,628,453	951,939	2,681,022
N2000 -Traffic Violation Fines	9,837,829	8,854,046	9,562,369
N2000 - Interest Income	18,655	19,588	20,567
Total Fee Collection to Line (A) - Section III	14,414,360	11,754,031	14,211,701

SECTION II - FULL COSTS

Direct Costs:			
Salaries and Benefits	2,374,539	2,327,048	2,396,860
Other Personal Services	125,610	128,122	130,685
Expenses & Contractual	1,156,907	1,191,614	1,132,033
Operating Capital Outlay	-	1,000	1,100
County Grants	5,144,514	3,984,809	4,024,657
Matching Grants	2,735,541	3,145,483	3,176,938
Refund State Revenues	4,150	4,192	4,233
Transfer to DMS	17,111	17,120	17,975
Transfer to Admin TF	-	-	-
GR Service Charge	895,198	938,755	885,349
Total Full Costs to Line (B) - Section III	12,453,570	11,738,143	11,769,830

Basis Used: All revenues & expenditures based on FIS.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	14,414,360	11,754,031	14,211,701
TOTAL SECTION II	(B)	12,453,570	11,738,143	11,769,830
TOTAL - Surplus/Deficit	(C)	1,960,790	15,888	2,441,871

EXPLANATION:

FY 09/10 and 10/11 County & Matching Grant Projections are based on the amount of Revenue collected in the prior year. Revenue in OCA IL000 is based on fees received for applications and permits that are based on a 2 year cycle.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200800 Statewide Health Support Services
Fund: 2531 Planning & Eval TF
Specific Authority: FS 381.0202 (3)
Purpose of Fees Collected: Support laboratory services provided
 J5A00

Type of Fee or Program: (Check ONE Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
<u>Contract, CHDs, & Lab billings</u>	7,199,942	7,500,000	7,750,000
<u>Medicaid, Medicare & 3rd Party</u>	3,009,007	3,125,000	3,300,000
<u>Other Grants</u>	9,852	-	
<u>Miscellaneous</u>	45		
Total Fee Collection to Line (A) - Section III	10,218,846	10,625,000	11,050,000

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	1,480,128	2,209,272	2,319,736
<u>Other Personal Services</u>	48,522	55,000	60,000
<u>Expenses</u>	5,890,052	6,150,000	6,457,500
<u>Operating Capital Outlay</u>	1,162	25,000	25,000
<u>Contractual Services</u>	1,355,830	1,250,000	1,275,000
<u>Transfers to DMS</u>	18,207	19,248	19,248
<u>Service Charge to GR</u>	724	1,000	1,250
<u>Transfers to Office Design</u>	47,393	100,000	2,000,000
<u>Transfers Within DOH</u>	500,000	-	-
<u>Indirect Costs Charged to Trust Fund</u>			
Total Full Costs to Line (B) - Section III	9,342,018	9,809,520	12,157,734

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	10,218,846	11,050,000
TOTAL SECTION II	(B)	9,342,018	12,157,734
TOTAL - Surplus/Deficit	(C)	876,829	(1,107,734)

EXPLANATION of LINE C:
 Deficit in FY 2010-11 is due to FCO projects to renovate and repair facilities and will be funded from surplus in FY 2008-09 and FY 2009-10

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200800 Statewide Health Support Services
Fund: 2531 Planning & Eval TF
Specific Authority: FS 383.14
Purpose of Fees Collected: Provide Laboratory Screening for metabolic disorders, other hereditary and congenital disorders for newborns. Q1000

Type of Fee or Program: (Check ONE Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fee for live births - hospitals/birth centers	3,542,397	3,441,960	3,450,000
Medicaid - Federal	6,102,919	6,638,382	5,484,547
Medicaid - State Match (Q1TAH)	3,359,720	3,175,902	4,491,230
Other Third Party (includes Medicare)	1,100,678	1,520,667	2,276,641
Total Fee Collection to Line (A) - Section III	14,105,714	14,776,911	15,702,418

SECTION II - FULL COSTS			
<u>Direct Costs:</u>			
Salaries and Benefits	1,576,705	1,639,380	1,687,780
Other Personal Services	-	15,502	22,393
Expenses	4,855,984	5,482,510	5,587,164
Operating Capital Outlay	-	50,000	50,000
Contractual Services	2,806,786	2,743,632	2,723,190
HR transfer to DMS	10,567	15,238	15,238
CMS Transfer	-	300,000	300,000
Service Charge to GR	258,730	251,263	251,850
AHCA Transfers	3,399,693	3,175,902	4,491,230
Indirect Costs Charged to Trust Fund	-	298,000	300,000
Total Full Costs to Line (B) - Section III	12,908,465	13,971,427	15,428,845

Basis Used: _____

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	14,105,714	15,702,418
TOTAL SECTION II	(B)	12,908,465	15,428,845
TOTAL - Surplus/Deficit	(C)	1,197,249	273,573

EXPLANATION of LINE C:
 Surplus will be used to offset previous years deficit

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200800 Statewide Health Support Services
Fund: 2531 Planning & Eval TF
Specific Authority: FS 403.0625, FS 403.863 & FS 403.8635
Purpose of Fees Collected: Certification of Labs that perform either analyses of environmental samples or water samples (Florida Safe Drinking Water Act) LJWCF

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
<u>License renewals, applications, and</u>	1,225,100	1,210,000	1,300,000
<u>certifications</u>			
<u>Other</u>	62		
Total Fee Collection to Line (A) - Section III	1,225,162	1,210,000	1,300,000

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	770,974	818,461	834,830
<u>Other Personal Services</u>			
<u>Expenses</u>	107,444	110,000	115,500
<u>Operating Capital Outlay</u>	-	-	-
<u>Contractual Services</u>	19,086	20,000	22,000
<u>Transfers to DMS</u>	6,417	5,614	5,810
<u>Refund State Revenues</u>	-	-	-
<u>Service Charge to GR</u>	4		
<u>Indirect Costs Charged to Trust Fund</u>		110,000	115,500
Total Full Costs to Line (B) - Section III	903,926	1,064,075	1,093,640

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	1,225,162	1,300,000
TOTAL SECTION II	(B)	903,926	1,093,640
TOTAL - Surplus/Deficit	(C)	321,236	206,360

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2010-11**
Program: 64200800 Statewide Health Support Services
Fund: 2021 ADMIN TF
Specific Authority: F.S. 318.14(5), 318.18(15), 318.21(15), 318.18(3)(g)
Purpose of Fees Collected: Statewide trauma system

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
Receipts:			
HD001- Trauma Center 50/50 Readiness & Volume	346,722	312,049	330,772
HD002 - Trauma Center -Region Caseload Severity	4,496,831	4,047,148	4,289,977
HD003 - Enhanced penalty zones	18,013	16,212	17,185
HD004 - Trauma Center 50/50 Readiness and Volume	9,390.00	8,451.00	8,958.00
Total Fee Collection to Line (A) - Section III	4,870,956	4,383,860	4,646,892

SECTION II - FULL COSTS

Direct Costs:			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	
Expenses	-		
Operating Capital Outlay	-		
Gr Service Charge	422,873	350,709	371,751
MOU payout to Counties	4,919,570	4,027,775	4,193,441
Total Full Costs to Line (B) - Section III	5,342,443	4,378,484	4,565,192

Basis Used: All revenues & expenditures for FY 08-09 based on FIS.
 All revenue collected (after service charge expense) must be paid out to the counties from which it was collected; payouts are done using OCA SF075.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	4,870,956	4,383,860	4,646,892
TOTAL SECTION II	(B)	5,342,443	4,378,484	4,565,192
TOTAL - Surplus/Deficit	(C)	(471,487)	5,376	81,700

EXPLANATION:

There are no direct salary or expense costs besides the general service charge.
 All revenue must be distributed to the counties on a quarterly basis. Revenue is expected to decrease this year due to increasing fuel costs and less driving by individuals.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department:	64	DEPARTMENT OF HEALTH
Budget Entity:	64200800	Community Public Health - Statewide Health Support Services
Fund:	2531	Planning and Evaluation Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Certified Records Fees	1,667,893	2,053,239	467,849
Florida Infant Screening Program	2,959,132	3,642,802	830,045
Labs Billings	3,148,985	3,876,517	883,299
Vital Statistics	847,269	1,043,020	237,662
Child Support Enforcement	64,676	79,620	18,143
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	8,687,954	10,695,198	2,436,997

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Administrative Trust Fund
LAS/PBS Fund Number:	64200800 Community Public Health - Statewide Health Support Services
	2021

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,723,880.55 (A)		1,723,880.55
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	7,135.52 (D)		7,135.52
ADD: Transfer From 64200600	0.00 (E)		0.00
Total Cash plus Accounts Receivable	1,731,016.07 (F)	0.00	1,731,016.07
LESS: Allowances for Uncollectibles	(G)		0.00
LESS: Approved "A" Certified Forwards	-1,274,316.34 (H)	0.00	-1,274,316.34
Approved "B" Certified Forwards	-7,954.92 (H)		-7,954.92
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	-23,787.87 (I)		-23,787.87
LESS: Transfers Within FID	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	424,956.94 (K)	0.00	424,956.94 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Tobacco Settlement Trust Fund

Budget Entity:

64200800 Community Public Health - Statewide Health Support Services

LAS/PBS Fund Number:

2122

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,266,025.42 (A)		1,266,025.42
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD:	0.00 (E)		0.00
Total Cash plus Accounts Receivable	1,266,025.42 (F)	0.00	1,266,025.42
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-1,259,594.07 (H)		-1,259,594.07
Approved "B" Certified Forwards			0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS: Transfers Within The Fund	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	6,431.35 (K)	0.00	6,431.35 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Emergency Medical Services Trust Fund
LAS/PBS Fund Number:	# 64200800
	2192

	Balance as of 6/30/2009		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	10,880,248.83	(A)		10,880,248.83
ADD: Other Cash (See Instructions)	6,815.00	(B)		6,815.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	98,006.10	(D)		98,006.10
ADD: Cash on Hand	0.00	(E)		0.00
Total Cash plus Accounts Receivable	10,985,069.93	(F)	0.00	10,985,069.93
LESS: Allowances for Uncollectibles		(G)		0.00
LESS: Approved "A" Certified Forwards	-2,563,763.38	(H)		-2,563,763.38
Approved "B" Certified Forwards	-62,051.37	(H)		-62,051.37
Approved "FCO" Certified Forwards		(H)		
LESS: Other Accounts Payable (Nonoperating)	-15,494.06	(I)		-15,494.06
LESS:		(J)		0.00
Unreserved Fund Balance, 07/01/09	8,343,761.12	(K)	0.00	8,343,761.12 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Biomedical Research Trust Fund
LAS/PBS Fund Number:	64200800 Community Public Health - Statewide Health Support Services
	2245

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	183,144.89 (A)		183,144.89
ADD: Other Cash (See Instructions)			0.00
ADD: Investments	20,482,482.67 (C)		20,482,482.67
ADD: Outstanding Accounts Receivable	45,371.99 (D)		45,371.99
ADD:			0.00
Total Cash plus Accounts Receivable	20,710,999.55 (F)	0.00	20,710,999.55
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-2,410,919.06 (H)		-2,410,919.06
Approved "B" Certified Forwards	-34,290.17 (H)		-34,290.17
Approved Prior Year Carry-Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	18,265,790.32 (K)	0.00	18,265,790.32 **

Notes:

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** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Federal Grants Trust Fund
LAS/PBS Fund Number:	64200800 Community Public Health - Statewide Health Support Services
	2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	15,973,840.81 (A)		15,973,840.81
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	12,245,757.36 (D)		12,245,757.36
ADD:	0.00 (E)		0.00
Total Cash plus Accounts Receivable	28,219,598.17 (F)	0.00	28,219,598.17
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-13,960,943.71 (H)		-13,960,943.71
Approved "B" Certified Forwards	-2,029,126.64 (H)		-2,029,126.64
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Deferred Revenue	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	12,229,527.82 (K)	0.00	12,229,527.82 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Grants and Donations Trust Fund

Budget Entity:

64200800

LAS/PBS Fund Number:

2339

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,839,541.07	(A)			1,839,541.07
ADD: Other Cash (See Instructions)	37.00	(B)			37.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	31.40	(D)			31.40
ADD: Due From Other Departments	0.00	(E)			0.00
Total Cash plus Accounts Receivable	1,839,609.47	(F)	0.00		1,839,609.47
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	(26,208.80)	(H)			(26,208.80)
Approved "B" Certified Forwards		(H)			0.00
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	(34,617.03)	(I)			(34,617.03)
LESS:		(J)			0.00
Unreserved Fund Balance, 07/01/09	1,778,783.64	(K)	0.00		1,778,783.64 **

Notes:

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Nursing Student Loan Forgiveness Trust Fund

Budget Entity:

64200800 Community Public Health - Statewide Health Support Services

LAS/PBS Fund Number:

2505

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	629,623.42 (A)		629,623.42
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: Due from Other State Funds,	0.00 (E)		0.00
Total Cash plus Accounts Receivable	629,623.42 (F)	0.00	629,623.42
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-4,010.66 (H)		-4,010.66
Approved "B" Certified Forwards	-1,000.00 (H)		-1,000.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	624,612.76 (K)	0.00	624,612.76 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Planning and Evaluation Trust Fund
LAS/PBS Fund Number:	64200800 Community Public Health - Statewide Health Support Services
	2531

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	8,386,899.13 (A)		8,386,899.13
ADD: Other Cash (See Instructions)	17,686.80 (B)		17,686.80
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	1,173,197.00 (D)	0.00	1,173,197.00
ADD: Other Receivables	0.00 (E)		0.00
Total Cash plus Accounts Receivable	9,577,782.93 (F)	0.00	9,577,782.93
LESS: Allowances for Uncollectibles	-261.04 (G)		-261.04
LESS: Approved "A" Certified Forwards	-621,796.48 (H)		-621,796.48
Approved "B" Certified Forwards	-167,776.62 (H)		-167,776.62
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)	-99,995.26 (I)		-99,995.26
LESS:			0.00 (J)
Unreserved Fund Balance, 07/01/09	8,687,953.53 (K)	0.00	8,687,953.53 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
 Trust Fund Title: Administrative Trust Fund
 LAS/PBS Fund Number: 2021 64200800

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	(424,956.94)	(A)
Add/Subtract:		
	0.00	(B)
Other Adjustment(s):		
Accounts Payable Not Certified Forward	0.00	(C)
Cash from 10-2-021042 B/E 64200600	0.00	(C)
	0.00	(C)
	0.00	(C)
	0.00	(C)
	0.00	
ADJUSTED BEGINNING TRIAL BALANCE:	(424,956.94)	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	424,956.94	(E)
DIFFERENCE:	0.00	(F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Emergency Medical Services Trust Fund
LAS/PBS Fund Number: 20-2-192002 B/E 64200800

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 8,342,781.69 (A)

Add/Subtract:

Compensated Absences Liability 0.00 (B)

Other Adjustment(s):

Accounts Payable - Not Certified Forward (979.43) (C)

0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 8,343,761.12 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 8,343,761.12 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Bio-Medical Research Trust Fund
LAS/PBS Fund Number: 20-2-245001

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 18,265,573.11 (A)

Add/Subtract:

0.00 (B)

Other Adjustment(s):

Accounts Payable Not Certified Forward (217.21) (C)

Prior Year Carryforwards Not In Financial Statements 0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 18,265,790.32 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 18,265,790.32 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Federal Grants Trust Fund
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(10,439,542.34)"/>	(A)
Add/Subtract:		
BE Not Balanced - See BE	<input type="text" value="0.00"/>	(B)
Other Adjustment(s):		
Accounts Payable Not Certified Forward	<input type="text" value="(94,805.88)"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
Fund Out of Balance	<input type="text" value="(1,695,179.60)"/>	(C)
	<input type="text" value="0.00"/>	(C)
	<input type="text" value="0.00"/>	(C)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="(12,229,527.82)"/>	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="12,229,527.82"/>	(E)
DIFFERENCE:	<input type="text" value="0.00"/>	(F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Grants & Donations Trust Fund
LAS/PBS Fund Number: 20-2-339060

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 (A)

Add/Subtract:

(B)

Other Adjustment(s):

Accounts Payable Not Certified Forward (C)

(C)

(C)

(C)

(C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Nursing Student Loan Forgiveness Trust Fund
LAS/PBS Fund Number: 20-2-505003

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(624,519.54) (A)]

Add/Subtract:

[0.00 (B)]

Other Adjustment(s):

Accounts Payable Not Certified Forward [(93.22) (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(624,612.76) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [624,612.76 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Planning & Evaluation Trust Fund
LAS/PBS Fund Number: 2531

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(8,659,488.37) (A)]

Add/Subtract:

[0.00 (B)]

Other Adjustment(s):

Accounts Payable - Not Certified Forward [(28,465.16) (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(8,687,953.53) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [8,687,953.53 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200800

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-141	June 30, 2008	Division of Emergency Medical Operations	Contrary to Federal regulations, DOH had not maintained time and effort records to support the basis for the allocation of employee salaries to multiple programs or cost objectives. <i>Effective with the 2007-08 fiscal year, DOH implemented timekeeping procedures to document employee time and effort as a basis for allocating salaries and benefits to multiple Federal programs or cost objectives. We recommend that DOH monitor the implementation of the new procedures to ensure</i>	Completed. Journal transfers for the 2007-2008 fiscal year were completed and processed on September 11, 2008. Journal transfers continue to be submitted on a quarterly basis as needed based on DOH Policy 57-03-07. Completed. Public Health Preparedness (PHP) sent notification to all employees on January 9, 2009 that certifications were due on January 31, 2009. Journal transfers were	
AC-07-003	June 30, 2008	Emergency Operations	The Office of Emergency Operations (OEO) conducted a series of informal surveys and assessments but did not perform a formal needs-assessment to determine each county's emergency communication needs for distribution of the radio systems. <i>We recommend that for future grant projects, OEO conduct any needs assessment that may be</i>	Grant process allowing a documented formal needs-assessment will be completed with cost, time, and scope of the project prior to procuring high value assets for future grant projects.	
AC-07-003	June 30, 2008	Emergency Operations	OEO did not develop a written agreement to document terms, conditions and expectations. <i>We recommend that (prospectively, for future projects) OEO develop a written agreement as a bilateral understanding, to document terms, conditions, and expectations for any services or</i>	Future transfers of OEO procured assets will be documented with a written agreement that will document terms, conditions, and expectations of both parties.	

AC-07-003	June 30, 2008	Emergency Operations	<p>OEO did not make on-site visual inspections and did not verify standard connectivity among each respective County Health Department (CHD), county emergency operations center, and satellite public health stations. The OEO did not document that counties received or will receive adequate training to operate the radios. <i>We recommend OEO ensure the Department of Management Services (DMS) provides DOH with documentation to ensure objectives have been met</i></p>	<p>The Division of Emergency Medical Operations, Bureau of Emergency Medical Services funds a DMS employee to monitor the status of emergency medical services radio communications within the state of Florida. This DMS position is working with OEO by utilizing procured software and contracted vendors to identify gaps in Florida's emergency medical services radio</p>
AC-07-003	June 30, 2008	Emergency Operations	<p>OEO did not properly inventory the radio systems upon receipt. Additionally the warehouse staff did not have an adequate inventory tracking control system in place. <i>We recommend OEO follow the receiving protocol as established in DOH's Purchasing Policies and Procedures.</i></p>	<p>OEO will reconcile all high value assets by comparing the description and quantities on the purchase order/direct order and checking for damage prior to accepting shipment. Will implement enhanced inventory control measures set by DMS and</p>

Office of Policy and Budget - July 2009

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200800

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AC-07-005	June 30, 2008	Pharmacy	Some pharmaceuticals were missing and unaccounted for. <i>An individual inventory control record was not able to be printed for each pharmaceutical in stock that included beginning balance, purchases, adjustments, returns, and dispensing, to reconcile to an ending balance. Accordingly, we recommend pharmacy management include a procedure (as a compensating control) to routinely (on a sample basis) reconcile beginning to ending inventory, accounting for purchases, dispensing, transfers, returns, and other adjustments, and determine whether calculated quantities agree with the ending physical inventory count. Discrepancies should be investigated by management.</i>	The Quarterly and Yearly Inventory procedures to be revised to comply with changes to Department of Health Policy (DOHP) 150-1-01. Completed. Procedure completed 2/22/08 150-OM-PH04 Pharmacy inventory. Two additional pharmacy technician positions will be hired so as to help with inventory activities. Completed. Two pharmacy technicians were hired in December 2007. The business manager will establish a quality assurance process to randomly and periodically reconcile pharmacy shelf counts with predicted values. Supporting data "Fiscal Oversight	

AC-07-005	June 30, 2008	Pharmacy	Adjustments to inventory were not supported by sufficient documentation. <i>We recommend management improve its process to include prior signed approval by a second, upper-level staff person, by specific pharmaceutical, with a pre-numbered identifier that would be referenced in the inventory record when such an adjustment is necessary, so the inventory control record matches a physical inventory count. Such documentation should include an appropriate explanation substantiating why the adjustment is necessary. Inventory records by specific drug should then be periodically and regularly examined by management as its process to identify any adjustments that may have been made in the inventory system that are not supported by prior-approval documentation.</i>	A procedure was established such that any inventory discrepancy must be fully investigated and be reported to the Director of Pharmacy using a "Pharmacy Inventory Discrepancy Report Form". All inventory changes must have an explanation or identifier such that the situation can be referenced for explanation. All Pharmacy Inventory Adjustment Report forms require approval by the director of pharmacy. Operating Procedure completed 2/22/08 150-OM-PH04 Pharmacy inventory. Operating Procedure completed 11/2/07 150-OM PH 16 Pharmacy Controlled Drug Inventory. The business manager will establish a quality assurance process to randomly and periodically reconcile pharmacy
AC-07-005	June 30, 2008	Pharmacy	Pharmaceuticals were not timely counted at some pharmacies. <i>We recommend the CHD Business Manager and the Pharmacy Manager add a control to verify that such quarterly inventory counts of "high-risk" pharmaceuticals are timely conducted at each pharmacy and maintain such documentation.</i>	Monthly Inventory was completed December 31, 2007; January 31, 2008; February 29, 2008 and March 31, 2008. Quarterly inventory completed: December 14, 2007 and March 28, 2008.
AC-07-006	June 30, 2008	Pharmacy	Some pharmaceuticals were missing and unaccounted for. <i>An individual inventory control record was not able to be printed for each pharmaceutical in stock that included beginning balance, purchases, adjustments, returns, and dispensing, to reconcile to an ending balance. Accordingly, we recommend pharmacy management include a procedure (as a compensating control) to routinely (on a sample basis) reconcile beginning to ending inventory, accounting for purchases, dispensing, transfers, returns, and other adjustments, and determine whether calculated quantities agree with the ending physical</i>	Completed. Hillsborough CHD implemented an additional manual process to augment internal controls previously in place. As of October 22, 2007, Cerner Etreby updated our software system to include the capability to produce an individual inventory control record for each pharmaceutical in stock that includes beginning balance, purchases, adjustments, returns, and dispensing, to reconcile to an ending balance. Procedure #72-01 outlines requirements for investigating

AC-07-006	June 30, 2008	Pharmacy	Actual ending inventories did not agree with amounts reported and input into Florida Accounting Information Resource (FLAIR) Subsystem. <i>We recommend pharmacy management ensure the fiscal year-end physical inventory count for each pharmacy is completed and any adjustments required to make the inventory system agree with the physical count be made before the summary reports with valuations are reported to Headquarters on</i>	Completed. Procedure #72-01 developed. Hillsborough CHD management, Pharmacy Staff and Business Office personnel ensured appropriate adjustments and valuations were recorded into the 2007 fiscal year-end physical inventory count prior to the actual numbers being reported to headquarters on Form F1-Inventory.
AC-07-006	June 30, 2008	Pharmacy	Adjustments to inventory were not supported by sufficient documentation. <i>We recommend management improve its process to include prior signed approval by a second, upper-level staff person, by specific pharmaceutical, with a pre-numbered identifier that would be referenced in the inventory record when such an adjustment is necessary, so the inventory control record matches a physical inventory count. Such documentation should include an appropriate explanation substantiating why the adjustment is necessary. Inventory records by specific drug should then be periodically and regularly examined by management as its process to identify any adjustments that may have been made in the inventory system that are</i>	Completed. Procedure #72-01 developed to address need to ensure adjustments to inventory receive prior signed approval by a second, upper-level staff person and contain an appropriate explanation substantiating why the adjustment is necessary.
AC-07-006	June 30, 2008	Pharmacy	Pharmaceuticals were not timely counted. <i>We recommend the CHD Business Manager and the Pharmacy Manager add a control to verify that such quarterly inventory counts of "high-risk" pharmaceuticals are timely conducted at each pharmacy and maintain such</i>	Completed. Procedure #72-01 addresses high-risk inventories. Quarterly inventories completed: March 2006; June 2006; September 2006; December 2006; March 2007; June 2007; September 2007.
AC-07-006	June 30, 2008	Pharmacy	Purchases of Pharmaceuticals were not coded to correct Other Cost Accumulators (OCA) in FLAIR, and did not accurately reflect the programs for which these pharmaceuticals were purchased. <i>We recommend Hillsborough CHD ensure purchases of pharmaceuticals are coded to correct OCA in FLAIR to accurately reflect the program areas for which the</i>	Completed. Effective July 1, 2007, the Hillsborough CHD no longer uses Central Pharmacy budget authority and maintains all charges locally which are reviewed by fiscal staff as each invoice is received from the Pharmaceutical vendor.

AC-07-007	June 30, 2008	Pharmacy	Some pharmaceuticals were missing and unaccounted for. <i>An individual inventory control record was not able to be printed for each pharmaceutical in stock that included beginning balance, purchases, adjustments, returns, and dispensing, to reconcile to an ending balance. Accordingly, we recommend pharmacy management include a procedure (as a compensating control) to routinely (on a sample basis) reconcile beginning to ending inventory, accounting for purchases, dispensing, transfers, returns, and other adjustments, and determine whether calculated quantities agree with the ending physical inventory count. Discrepancies should be investigated by management.</i>	The Duval CHD (DCHD) Pharmacies are making great strides to comply with the HIG's recommendations and incorporate the new directives of the DOH policy/procedures (DOHP 150-101). The following advances have been made: 1. All controlled substances are counted daily by the Pharmacy Manager. 2. On a monthly basis, a disinterested person (DP) conducts an audit of the controlled substances. The reconciliation process is in progress. 3. On a quarterly basis, the DP audits a sample of the non-controlled substance drug inventory. The
AC-07-007	June 30, 2008	Pharmacy	Actual ending inventories did not agree with amounts reported and input into FLAIR. <i>We recommend pharmacy management ensure the fiscal year-end physical inventory count for each pharmacy is completed and any adjustments required to make the inventory system agree with the physical count be made before the summary reports with valuations are reported to Headquarters on Form FL.</i>	At the completion of fiscal year 07-08, the pharmacy director will review and confirm that the correct inventory values have been entered into FLAIR by the DCHD finance/accounting department.
AC-07-007	June 30, 2008	Pharmacy	Adjustments to inventory were not supported by sufficient documentation. <i>We recommend management improve its process to include prior signed approval by a second, upper-level staff person, by specific pharmaceutical, with a pre-numbered identifier that would be referenced in the inventory record when such an adjustment is necessary, so the inventory control record matches a physical inventory count. Such documentation should include an appropriate explanation substantiating why the adjustment is necessary. Inventory records by specific drug should then be periodically and regularly examined by management as its process to identify any adjustments that may have been made in the inventory system that are</i>	Completed. The pharmacy director will provide documentation to approve all unresolved medication discrepancies. An explanation of the adjustment will be placed in the pharmacy database with a pre-numbered identifier.

AC-07-007	June 30, 2008	Pharmacy	Pharmaceuticals were not timely counted at some pharmacies. <i>We recommend the CHD Business Manager and the Pharmacy Manager add a control to verify that such quarterly inventory counts of "high-risk" pharmaceuticals are timely conducted at each pharmacy and maintain such documentation.</i>	Completed. The high-risk pharmaceutical inventory is conducted on a quarterly basis. Documentation is maintained.
AC-07-008	June 30, 2008	Pharmacy	An individual inventory control record was not able to be printed at CHDs for each pharmaceutical in stock that included beginning balance, purchases, adjustments, returns, and dispensing, to reconcile to an ending balance. <i>We recommend that as DOH management continues to develop or purchase one common pharmaceutical inventory system for DOH, including its CHD pharmacies, management ensure such system has the capability to easily generate reports (by individual drug) that include beginning balance for a given parameter of time, purchases, dispensing,</i>	Completed the following: Tier Governance approval thru Tier 3; Schedule IV; and Invitation to Negotiate.
AC-07-008	June 30, 2008	Pharmacy	Actual ending inventories did not agree with amounts reported and input into FLAIR. <i>We recommend pharmacy management ensure the fiscal year-end physical inventory count for each pharmacy is completed and any adjustments required to bring the inventory system into agreement with the physical count be made before the summary reports with</i>	Completed. Submit DOH FS Form F1 to Revenue Management.
AC-07-008	June 30, 2008	Pharmacy	Separate DOH written procedures related to medication errors provide differing guidance. <i>We recommend management compare its intended policy to both policy documents. Policy documents inconsistent with management's intent should then be revised to</i>	Revise DOHP 150-1-01. 4/21/08 - Completed draft. Currently being reviewed by Gary Asbell, General Counsel.

Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Statewide Public Health Support Services

Agency Budget Officer/OPB Analyst Name: Terry Walters / Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)		
			64200800

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y	
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y	

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y	
1.4 Has security been set correctly? (CSDR, CSA)			Y	
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y	
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y	
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y	

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y	
--	--	--	---	--

		Program or Service (Budget Entity Codes)			
Action				64200800	
AUDITS:					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y	
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)			Y	
<i>Please note that the LBR Instructions reference the wrong B column.</i>					

Action		Program or Service (Budget Entity Codes)			
				64200800	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	There are instances where A01 does not equal B08 because B08 is greater than B04			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?			Y	
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y	
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y	
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y	
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y	
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y	

Action		Program or Service (Budget Entity Codes)			
				64200800	
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y	
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y	
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			N	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			NA	
7.14	Do the amounts reflect appropriate FSI assignments?			Y	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			NA	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			NA	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			NA	

Action		Program or Service (Budget Entity Codes)			
				64200800	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y	

Action		Program or Service (Budget Entity Codes)		
				64200800
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			NA
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			NA
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y
8.10	Are the statutory authority references correct?			Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y

Action		Program or Service (Budget Entity Codes)			
				64200800	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Y	
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	

Action		Program or Service (Budget Entity Codes)			
				64200800	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y	
13. SCHEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	

Action		Program or Service (Budget Entity Codes)			
				64200800	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	

**DEPARTMENT OF HEALTH
CHILDREN'S MEDICAL SERVICES EXHIBITS AND SCHEDULES**

DEPARTMENT OF HEALTH
CHILDREN'S MEDICAL SERVICES SCHEDULE I SERIES

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department: 64 DEPARTMENT OF HEALTH
Budget Entity: 64300100 Child Special Health Care
Fund: 2168 Donation Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Kidcare Title XXI	24,205,577	23,418,283	21,270,776
Admin Claiming	8,436,813	8,162,403	7,413,893
Other Grants & Donations	1,145,406	1,108,152	1,006,532
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	33,787,797	32,688,837	29,691,200

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department: 64 DEPARTMENT OF HEALTH
Budget Entity: 64300100 Children's Medical Services/Child Special Health Care
Fund: 2475 Maternal and Child Health Block Grant Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008 - 2009	FY 2009 - 2010	FY 2010 - 2011
MCH Block Grant	21,546	679,765	1,306,319
TOTAL*	21,546	679,765	1,306,319

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	64300100 Child Special Health Care
	2122

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,694,924.27 (A)		1,694,924.27
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: Transfer From 20-2-122001 64100200	0.00 (E)		0.00
Total Cash plus Accounts Receivable	1,694,924.27 (F)	0.00	1,694,924.27
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Transfers Within The Fund	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	1,694,924.27 (K)	0.00	1,694,924.27 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Donations Trust Fund
LAS/PBS Fund Number:	64300100 Child Special Health Care
	2168

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	12,364,102.32 (A)		12,364,102.32
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	70,570.31 (D)		70,570.31
ADD: Due From Other Departments	25,601,026.40 (E)		25,601,026.40
Total Cash plus Accounts Receivable	38,035,699.03 (F)	0.00	38,035,699.03
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-4,063,752.71 (H)		-4,063,752.71
Approved "B" Certified Forwards	-181,447.49 (H)		-181,447.49
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	-2,702.63 (I)		-2,702.63
LESS:			
	(J)		
Unreserved Fund Balance, 07/01/09	33,787,796.20 (K)	0.00	33,787,796.20 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Federal Grants Trust Fund

Budget Entity:

64300100 Children's Special Health Care

LAS/PBS Fund Number:

2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	4,569,633.67 (A)		4,569,633.67
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Accounts Receivable	8,151,099.39 (D)		8,151,099.39
ADD: Other Assets	0.00 (E)		0.00
ADD:	0.00 (E)		0.00
Total Cash plus Accounts Receivable	12,720,733.06 (F)	0.00	12,720,733.06
LESS: Allowances for Uncollectible			0.00
LESS: Approved "A" Certified Forwards	-5,703,375.60 (H)		-5,703,375.60
Approved "B" Certified Forwards	-68,990.10 (H)		-68,990.10
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Deferred Revenues	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	6,948,367.36 (K)	0.00	6,948,367.36 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Welfare Transition Trust Fund
Budget Entity:	64300100 Child Special Health Care
LAS/PBS Fund Number:	2401

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	54,745.63 (A)		54,745.63
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: Due From DCF	0.00 (E)		0.00
Total Cash plus Accounts Receivable	54,745.63 (F)	0.00	54,745.63
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-54,745.63 (H)		-54,745.63
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	0.00 (K)	0.00	0.00 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Maternal and Child Health Block Grant Trust Fund

Budget Entity:

64300100 Children's Medical Services/Child Special Health Care

LAS/PBS Fund Number:

20-2-475004

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	128,071.42 (A)		128,071.42
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	102,905.87 (D)		102,905.87
ADD: Transfer from B/E 64200300	0.00 (E)		0.00
Total Cash plus Accounts Receivable	230,977.29 (F)	0.00	230,977.29
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	(227,816.37) (H)		(227,816.37)
Approved "B" Certified Forwards	(22,246.27) (H)		(22,246.27)
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Deferred Revenues	(2,460.92) (J)		(2,460.92)
Unreserved Fund Balance, 07/01/09	(21,546.27) (K)	0.00	(21,546.27)

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year



**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Social Services Block Grant Trust Fund
LAS/PBS Fund Number:	64300100 Children's Medical Services - Child Special Health Care
	2639

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,682,143.29 (A)		1,682,143.29
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD:			0.00
Total Cash plus Accounts Receivable	1,682,143.29 (F)	0.00	1,682,143.29
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-1,110,313.20 (H)		-1,110,313.20
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	571,830.09 (K)	0.00	571,830.09 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Donations Trust Fund
LAS/PBS Fund Number: 20-2-168001

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(33,698,489.19)] (A)

Add/Subtract:

[] (B)

Other Adjustment(s):

Accounts Payable - Not Certified Forward [(89,307.01)] (C)

Encumbrances - Not Certified Forward [0.00] (C)

[] (C)

[0.00] (C)

[0.00] (C)

ADJUSTED BEGINNING TRIAL BALANCE: [(33,787,796.20)] (D)

UNRESERVED FUND BALANCE, SCHEDULE IC [33,787,796.20] (E)

DIFFERENCE: [0.00] (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Children's Special Health Care
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 6,932,359.50 (A)

Add/Subtract:

FS Adjustment - Due From DCF 0.00 (B)

Other Adjustment(s):

Accounts Payable Not Certified Forward (16,007.86) (C)

Encumbrances Not Certified Forward 0.00 (C)

FCO of Prior Year 0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 6,948,367.36 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 6,948,367.36 (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title:	<u>DEPARTMENT OF HEALTH</u>
Trust Fund Title:	<u>Maternal and Child Health Block Grant Trust Fund</u>
LAS/PBS Fund Number:	<u>2475</u>

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(694.83)"/>	(A)
---	---------------------------------------	-----

Add/Subtract:

<input type="text"/>	(B)
----------------------	-----

Other Adjustment(s):

Accounts Payable Not Certified Forward	<input type="text" value="(5.17)"/>	(C)
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Encumbrances not reserved	<input type="text" value="22,246.27"/>	(C)
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<input type="text" value="0.00"/>	(C)
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<input type="text" value="0.00"/>	(C)
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<input type="text" value="0.00"/>	(C)
-----------------------------------	-----

ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="21,546.27"/>	(D)
--	--	-----

UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="(21,546.27)"/>	(E)
---	--	-----

DIFFERENCE:	<input type="text" value="0.00"/>	(F)*
--------------------	-----------------------------------	------

***SHOULD EQUAL ZERO.**

DEPARTMENT OF HEALTH

SCHEDULE IV-B

FOR

CMS INFRASTRUCTURE DEVELOPMENT PROJECT

#225

FOR

FISCAL YEAR 2010-2011



State of Florida

The Florida Legislature

Governor's Office of Policy and Budget

10/01/2009

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I. Schedule IV-B Cover Sheet

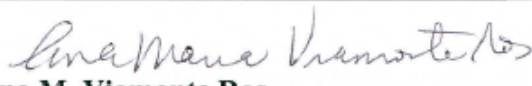
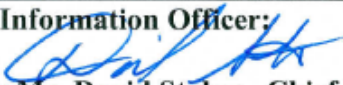



Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Health	Schedule IV-B Submission Date: 30 August 2009
Project Name: CMS Infrastructure Development Project #225	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2010-2011 LBR Issue Code:	FY 2010-2011 LBR Issue Title:
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Dr. Mark L. Huston, PMP 245-4444, Ext. 3836, mark_huston@doh.state.fl.us Mr. Randy Wilcox, CMS Project Sponsor, 245-4219, randy_wilcox@doh.state.fl.us Mr. Robert H. Bardes, CMS Bus. Sponsor, 245-4444, Ext. 4219, robert_bardes@doh.state.fl.us	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:  Printed Name: Dr. Ana M. Viamonte Ros Secretary – Surgeon General	Date: 8/31/09
Agency Chief Information Officer:  Printed Name: Mr. David Stokes, Chief Information Officer	Date: 8/28/09
Budget Officer:  Printed Name: Mr. Terry Walters, Budget Officer	Date: 8/31/09
Planning Officer:  Printed Name: Mr. Randy Wilcox, Project Sponsor	Date: 8/24/09
Project Sponsor:  Printed Name: Dr. Phyllis Sloyer, Executive Sponsor	Date: 8/24/09
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Mr. Randy Wilcox, 245-4219, randy_wilcox@doh.state.fl.us
Cost-Benefit Analysis:	Dr. Mark L. Huston PMP, 245-4444, Ext 3836, mark_huston@doh.state.fl.us
Risk Analysis:	Dr. Mark L. Huston PMP, 245-4444, Ext 3836, mark_huston@doh.state.fl.us
Technology Planning:	Mr. David Stokes, 245-4471, david_stokes@doh.state.fl.us
Project Planning:	Dr. Mark L. Huston PMP, 245-4444, Ext. 3836, mark_huston@doh.state.fl.us

Table of Contents

I.	SCHEDULE IV-B COVER SHEET.....	3
	Schedule IV-B Cover Sheet and Agency Project Approval.....	Error! Bookmark not defined.
II.	SCHEDULE IV-B BUSINESS CASE.....	7
A1.	REVISION NOTES (08/30/2009)	7
A.	BACKGROUND AND STRATEGIC NEEDS ASSESSMENT	8
B.	BASELINE ANALYSIS	14
C.	PROPOSED BUSINESS PROCESS REQUIREMENTS	19
III.	SCHEDULE IV-B COST BENEFIT ANALYSIS.....	23
A.	THE COST-BENEFIT ANALYSIS FORMS	23
B.	CBA BENEFITS REALIZATION TABLE	24
C.	COST-BENEFIT ANALYSIS RESULTS	26
IV.	MAJOR PROJECT RISK ASSESSMENT COMPONENT.....	27
A.	RISK ASSESSMENT TOOL	27
B.	RISK ASSESSMENT SUMMARY	27
V.	TECHNOLOGY PLANNING COMPONENT.....	29
A.	CURRENT INFORMATION TECHNOLOGY ENVIRONMENT	29
B.	PROPOSED SOLUTION DESCRIPTION	31
C.	CAPACITY PLANNING	32
D.	ANALYSIS OF ALTERNATIVES	33
VI.	PROJECT MANAGEMENT PLANNING COMPONENT.....	33
A.	PROJECT CHARTER	33
B.	WORK BREAKDOWN STRUCTURE (WBS)	34
C.	RESOURCE LOADED PROJECT SCHEDULE	35
D.	PROJECT BUDGET	36
E.	PROJECT ORGANIZATION	36
F.	PROJECT QUALITY CONTROL	36
G.	EXTERNAL PROJECT OVERSIGHT	36
H.	RISK MANAGEMENT	36
I.	ORGANIZATIONAL CHANGE MANAGEMENT	37
J.	PROJECT COMMUNICATION	37
K.	SPECIAL AUTHORIZATION REQUIREMENTS	37
L.	MONTE CARLO ANALYSIS – NARRATIVE AND EXPLANATION OF FINDINGS	38
M.	APPROVED BUDGET INITIATIVE PROPOSAL FY1011	38
N.	D-3A NARRATIVE	38

VII. APPENDICES	39
ATTACHMENT A DOH08-126 CMS INVITATION TO NEGOTIATE	39
ATTACHMENT B ITN EVALUATION MANUAL	39
ATTACHMENT C CMSIDF FY0809 SCHEDULE XII BUSINESS CASE OEG	39
ATTACHMENT D OEG SIGNED ADVISORY LETTER	39
ATTACHMENT E CBA FORM FY0910, NO CHANGE FOR FY1011	39
ATTACHMENT F RISK ASSESSMENT FORM FY1011	39
ATTACHMENT G ORIGINAL CHARTER AND PROJECT PLAY FY0607	39
ATTACHMENT H WBS CRITICAL PATH VIEW 2 FY0910	39
ATTACHMENT I WBS COST AND HOURS FY0910	39
ATTACHMENT J WBS OPTIMISTIC-PESSIMISTIC-MOST LIKELY ANALYSIS FY0910	39
ATTACHMENT K WBS CRITICAL PATH VIEW 2 FY1011	39
ATTACHMENT L WBS COST AND HOURS FY1011	39
ATTACHMENT M WBS OPTIMISTIC-PESSIMISTIC-MOST LIKELY ANALYSIS FY1011	39
ATTACHMENT N RESOURCE LOADED MPP FY0910	39
ATTACHMENT O PERT CHART FY0910	39
ATTACHMENT P GANTT CHART FY0910	39
ATTACHMENT Q EARNED VALUE MANAGEMENT REPORT FY0910	39
ATTACHMENT R MONTE CARLO ANALYSIS OF FY0910 MPP	39
ATTACHMENT S RESOURCE LOADED MPP FY1011	39
ATTACHMENT T PERT CHART FY1011	39
ATTACHMENT U GANTT CHART FY1011	39
ATTACHMENT V EARNED VALUE MANAGEMENT REPORT FY1011	39
ATTACHMENT W MONTE CARLO ANALYSIS OF FY1011 MPP	39
ATTACHMENT X FY0910 SPENDING PLAN	39
ATTACHMENT Y FY1011 SPENDING PLAN	39
ATTACHMENT Z PROJECT ORGANIZATION CHART	39
ATTACHMENT AA RISK MANAGEMENT PLAN	39
ATTACHMENT BB PROJECT COMMUNICATIONS PLAN	39
ATTACHMENT CC OPERATIONAL WORK PLAN (LBC) FY0910	39
ATTACHMENT DD CASH FLOW QUARTERLY RELEASE BUDGET NOT LEVELED	39
ATTACHMENT EE EXECUTIVE SUMMARY QUARTERLY RELEASE REQUEST LEVELED	39
ATTACHMENT FF WORKSHEET LBC FY0910 DELIVERABLES	39
ATTACHMENT GG WORK SHEET LBC FY0910 BY PHASE	39
ATTACHMENT HH FY0910 PROJECT SPENDING PLAN(TRW/LBC)	39
ATTACHMENT II APPROVED BUDGET INITIATIVE PROPOSAL (BIP) FY1011	39
ATTACHMENT JJ D-3A NARRATIVE FY1011	39

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II. Schedule IV-B Business Case

Business Case Section	Small Projects (\$.5 – 1.99 M)	Medium Projects (\$2 – 10 M)		Large Projects (> \$10 M)
		Routine upgrades & infrastructure	Business or organizational change	
Background and Strategic Needs Assessment			X	X
Baseline Analysis			X	X
Proposed Business Process Requirements			X	X

A1. Revision Notes (08/30/2009)

Children’s Medical Services completed all objectives in the FY0708 LBR and in the Legislative Budget Requests submitted and approved in FY0506 and FY0607. CMS now has a Provider Management System, File Imaging System, Electronic Inventory of closed Client Records and issued an Invitation to Negotiate to acquire the services of a Third Party Administrator to process and pay claims for the CMS Title XXI, Medicaid Reform pilots, Early Steps and Purchased Client Services for Safety Net clients. The Legislative Budget Request for F0809 was not approved. As a result the release of the Invitation to Negotiate was withdrawn and the project put on hold. The project was approved for FY0910 and the ITN was re-issued on June 30, 2009 and posted on MyFlorida.Com (Vendor Bidding System, VBS). As of this writing, an ITN Vendor’s Bidders Conference was held on July 22, 2009 and we are anticipating ITN proposals to be submitted by 09/08/2009. Because of the late ITN release, the actual project can not begin until October 2009 at the earliest.

Clarification of Project Scope

The focus of the Children’s Medical Services Infrastructure Development Project is to replace the current client service claims payment processing and data management system with a system that is operated by an external Third Party Administrator. This request is for the second year’s implementation of this activity. This action is necessary to operate the statewide managed care network administered and directed by the Children’s Medical Services Network. The FY1011 budget request supports the continuing implementation of a TPA to provide support and services for Claims Processing and Payment; Linkage to CMS Provider Management; Processing of electronic files for Client Eligibility and Enrollment; Care Coordination Service Authorization; and Clinic Services Management and Billing. The present systems operated by CMS are over 24 years old, not HIPAA compliant, and do not operate at the levels necessary to support Title XIX, XXI, Safety Net, and Early Steps Federal IDEA Part C funds.

TPA Consultants – Invitation to Negotiate and Evaluation Manual

To mitigate risk, CMS has employed two TPA Consultants (Mr. Gary Crayton and Mr. Jay Tur Louw – Health Management Associates & Brandt) who are national experts in this area. Mr. Crayton is a Principal of Health Management Associates and is an expert in Medicaid and TPA operations. Mr. Crayton has served as the Director for Medicaid for AHCA. Mr. Ter Louw is a Sr. Project Manager and previously worked as Chief, Medicaid Contract Management for AHCA.

During FY0708, the TPA Consultants reviewed responses to a Request For Information that was previously issued by CMS. Under the direction of CMS they worked with various CMS and other DOH staff to develop an Invitation to Negotiate for release to identify potential vendors. In addition to developing the ITN, the consultants also developed the ITN Evaluation Manual for use by the CMS ITN proposal evaluation teams. This work is in place and was used for the FY0910 Invitation to Negotiate re-issue and proposal evaluation process that is to begin mid September 2009..

Attachment A Attachment B



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Evaluation Manual
06 15 08 V11...

A. Background and Strategic Needs Assessment

The focus of the Children’s Medical Services (CMS) Infrastructure Development Project is to continue the implementation of a highly accountable streamlined statewide managed care network. The network will be continue to be controlled and directed by CMS with support services provided by Third Party Administrator(s) and contract operations that report directly to CMS/DOH. This initiative will replace the existing CMSDS data processing system, and consolidate various other subsystems now run by CMS or that are under contract to care systems that CMS contracts with. The Legislature has given approval to DOH / CMS to contract with a Third Party Administrator.¹

¹ The Florida Legislature approved TPA use with House Bill 5007 during the 2006 legislative session. Statute 391.026.(16)reads:

16) To receive and manage health care premiums, capitation payments, and funds from federal, state, local, and private entities for the program. The department may contract with a third-party administrator for processing claims, monitoring medical expenses, and other related services necessary to the efficient and cost-effective operation of the Children’s Medical Services network. The department is authorized to maintain a minimum reserve for the Children’s Medical Services network in an amount that is the greater of:

- (a) Ten percent of total projected expenditures for Title XIX-funded and Title XXI-funded children; or
- (b) Two percent of total annualized payments from the Agency for Health Care Administration for Title XIX and Title XXI of the Social Security Act.

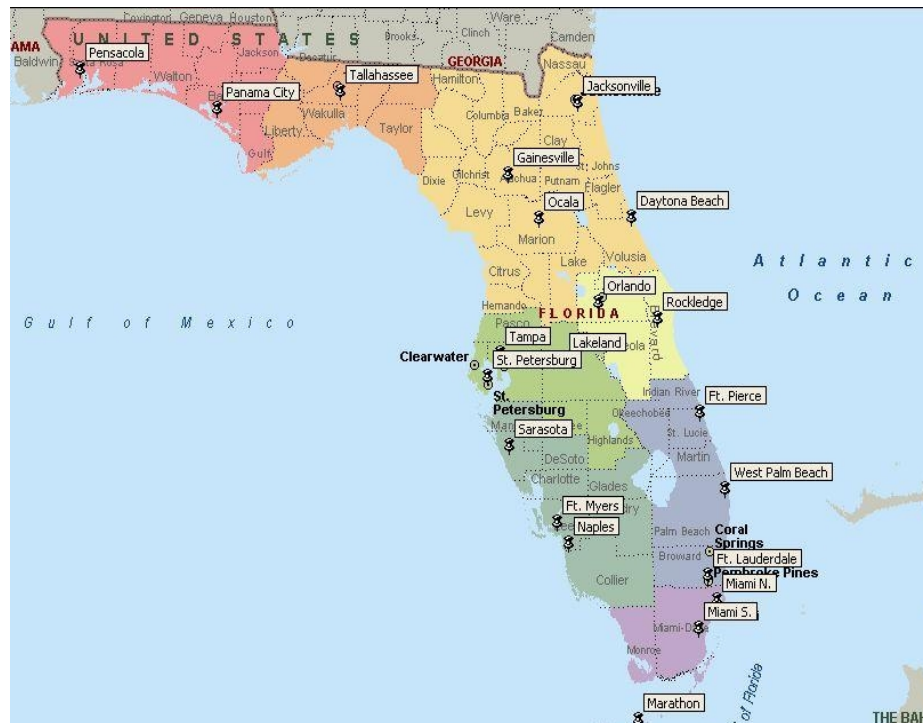
1. Agency Program(s)/Service(s) Environment

The Children's Medical Services Network (CMSN) provides and coordinates the provision of medical services and payments for children with special needs, under the age of 21, in the State of Florida. The services provided are targeted to those children with special health care needs whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care that is well above or outside that required by normally healthy children.²

CMS provides services through a network of 21 offices located throughout the state. The claims management and payment services from these offices are coordinated through DOH/ CMS in Tallahassee.

CMS Network offices are located in the following cities:

- ✓ Pensacola
- ✓ Panama City
- ✓ Tallahassee
- ✓ Gainesville
- ✓ Ocala
- ✓ Jacksonville
- ✓ Daytona Beach
- ✓ Tampa
- ✓ St. Petersburg
- ✓ Lakeland
- ✓ Orlando
- ✓ Rockledge
- ✓ Sarasota
- ✓ Ft. Myers
- ✓ Naples
- ✓ Ft. Pierce
- ✓ West Palm Beach
- ✓ Ft. Lauderdale
- ✓ Miami- North
- ✓ Miami- South
- ✓ Marathon



² shortcut to:

http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0391/SEC026.HTM&Title=>2006->Ch0391->Section%20026#0391.026

CMS provides a wide range of services and specialty programs to the target group. A complete description and details for each program is provided on the DOH/CMS Website. As of this writing, the following programs are in operation:

✓ **CMS Network (Legislative Intent)**

“To provide to children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional and tertiary pediatric specialty care. The program may provide for the coordination and maintenance of consistency of the medical home for children in families with a Children’s Medical Services program participant, in order to achieve family-centered care.” *Florida Statute, Section 391.016, Legislative Intent*

CMS Network means “a statewide managed care service system that includes health care providers,” as defined in the statute. *Florida Statute, Section 391.021, Part 1*. The CMS Network is directly responsible for medical services for children enrolled in Title XIX, Title XXI, PCS-Safety Net and is responsible for services provided to infants and toddlers aged birth to 3 years enrolled in Early Steps – Developmental Evaluation and Intervention, Part C Federal IDEA. In addition CMS contracts or directly manages the following programs and activities:

✓ **Brain and Spinal Cord Injury Program (BSCIP)**

The BSCIP provides medical services to children with moderate to severe brain and/or spinal cord injury resulting from external trauma. The mission of the program is to provide the service necessary for injured individuals to return home and be reintegrated into their work, school and community. This is a payer of last resort program.

✓ **Child Protection Teams (Not Included in this Initiative)**

This is a medically directed, multidisciplinary statewide program designed to supplement the child protective investigation activities of law enforcement and Family Services in complex cases of child abuse and neglect.

✓ **Children’s Cardiac Program**

The CMS Cardiac Program provides coordinated and family centered health care, including evaluation, diagnosis and treatment, for eligible children requiring medical and/or surgical intervention for their cardiac condition. The Cardiac Program ensures access to cardiac centers of excellence for CMS patients by conducting an on-site review at each center every three years and evaluating data from each center annually to document continued compliance with established standards.

✓ **Children’s Multidisciplinary Assessment Team (CMAT)**

The CMS CMAT determine appropriate levels of care and recommend long-term care services for medically complex and fragile children..

- ✓ **Craniofacial/Cleft Lip and Cleft Palate Program**
The CMS Craniofacial /Cleft Lip and Palate Program provides access to multidisciplinary care for individuals, under the age of 21, born with a cleft lip, cleft palate, or other craniofacial condition. The Cleft Lip/Palate and Craniofacial Program provides CMS patients access to centers of excellence by conducting periodic on-site review of each center and team to ensure continued compliance with established standards.
- ✓ **Diabetes/Endocrine Program**
The CMS Endocrine Program provides coordinated and family centered care and access to centers of excellence for children with endocrine disorders, including diabetes, enrolled in the CMS Network.
- ✓ **High Risk Obstetrical (OB) Satellite Clinics**
The CMS Obstetrical Satellite (OB Sat) Clinic Program increases access to high-risk obstetrical care for indigent women in Florida by providing community-based, high-risk consultative obstetrical outpatient services.
- ✓ **Infant Hearing Program**
The program provides for the early identification of hearing loss to all infants who are deaf or hard of hearing and subsequent intervention strategies to deal with the problems associated with this affliction.
- ✓ **Liver Transplant Program**
The CMS Liver Transplant Program ensures the availability of a multidisciplinary health care team for eligible individuals who will require liver transplantation as a treatment modality for end stage liver disease. The multidisciplinary team ensures that patients receive coordinated, integrated care which includes educating patients and families as well as encouraging compliance with established treatment protocols.
- ✓ **Medical Foster Care Program (MFC)**
Florida's Medical Foster Care Program enhances the quality of life for medically complex foster children by allowing them to develop to their fullest potential in a family based individualized, therapeutic environment of licensed medical foster homes.
- ✓ **Newborn Screening Program**
The Newborn Screening program test all babies born in Florida for metabolic, hematological and genetic disorders. This screen is totally free to families and includes a referral to a regional specialist center for treatment, intervention and counseling.
- ✓ **Pediatric Hematology/Oncology Program**
The CMS Hematology/Oncology Program provides coordinated and family-centered health care, including evaluation, diagnosis and treatment, for eligible children with blood disorders, such as sickle cell disease or hemophilia, or with cancer. The purpose of the Sickle Cell Education and Counseling Program is to provide sickle cell disease and trait education and counseling to the general public.
- ✓ **Pediatric HIV AIDS Program**

The CMS Pediatric HIV Program provides coordinated and family centered care and access to centers of excellence for eligible HIV (Human Immunodeficiency Virus) exposed and infected infants and children.

✓ **Primary Care Program**

The CMS Primary Care Program provides primary care services to all enrolled children in the CMS Network; the program ensures that all enrolled children who are 2 years of age will have received all age appropriate immunizations required for school entry according to the American Academy of Pediatrics Periodicity Schedule; and the program recognizes the family as the primary caregiver and to recognize and be responsive to the family's needs.

✓ **Regional Genetics Program**

The CMS Regional Genetics Program provides genetic evaluation, diagnosis, and counseling for eligible individuals with or at risk for having a genetic disorder.

✓ **Regional Prenatal Intensive Care Centers**

The CMS Regional Prenatal Intensive Care Centers (RPICC) Program provides obstetrical services to women identified as having a high-risk pregnancy and neonatal intensive care services to critically ill/low birth weight newborns.

✓ **Sexual Abuse Treatment Programs (Not Included in this Initiative)**

This program provides a statewide comprehensive community-based family centered treatment system for assisting families who have experienced interfamilial sexual abuse.

✓ **Telemedicine Program**

The CMS Telemedicine Program provides physicians remote access to children who, because of circumstances, are unable to travel to the physician's location. This technology based treatment allows the physicians to visually see their patients via either the DOH statewide computer network data circuit or over the internet connection in real time.

2. Business Objectives

CMS has completed the following objectives:

✓ **Implementation of Electronic File Imaging and Retrieval** for all CMS Area Offices, CMS Central Office and CMS Programs. Imaging files are to be integrated into all other systems that are developed or that will be used by CMS. This includes the conversion of existing files and archives. **(Accomplished FY0708)**

✓ **Development and Implementation of a Provider Management System** (databases) that accepts on-line applications (data) and then report the data from a central database to and from all CMS AO, CMS CO and CMS Programs. This system must link directly to the electronic imaging systems so that electronic records can be called up with in the Provider Management System. The Provider Management function will report on all Providers and Facilities utilized by CMS operations state wide. **(Accomplished FY0708)**

Successful implementation of the CMS Infrastructure Development Project will accomplish the

following:

- ✓ Centralized CMS information and promotes statewide uniformity of business process
- ✓ Automate current business processes that have little or no automation
- ✓ Consolidates multiple different systems for claims processing into a single automated solution
- ✓ Be easily supported in existing DOH technology structure
- ✓ Provide effective reporting of business performance measurements
- ✓ Promote quality of care for children through automation of manual processes and administrative efficiencies.
- ✓ Provide an automated integration with external systems for managing Eligibility and Enrollment information.
- ✓ Provide the ability to generate management reports from a centralized information system
- ✓ Consolidates the process of managing the CMS provider network into a single automated system.
- ✓ Provide the ability for all CMS offices to share a single repository for all provider information
- ✓ Provides a single authoritative repository for provider information from which to pay for health care services
- ✓ Provide the ability to report on provider access and utilization
- ✓ Automate the process of capturing client medical assessment and care coordination information by providing an easy to use interface for Care Coordinators
- ✓ Automate the capture of client medical benefits
- ✓ Automate the linkage between the fiscal payment processes and the benefits structures that dictate what service benefits are to be paid.
- ✓ Provide timely and accurate management reporting of client care coordination service authorization information.
- ✓ Utilize new technologies that allow integration with internet protocols and use of existing CMS and DOH infrastructure.
- ✓ Comply with HIPAA requirements
- ✓ Provide the ability to maintain the system centrally
- ✓ Be accessed through the DOH network

B. Baseline Analysis

The CMS Case Management Data System (CMDS) is the tool currently used by the 21 CMS Area Offices³ and CMS Central Office to process medical provider billings for warrant issue by the State of Florida's Department of Financial Services (DFS). Development of this application was initiated some sixteen years ago, by a former CMS employee, using the old MS-DOS based dBase software. The system is not centralized but rather a stand-alone procedure at each of the 21 CMS Area Offices. It is also being used by a majority of the Primary Care Contractors that provide primary care service and case management for CMS.

This lack of centralization of information creates problems with client information duplication, information sharing and State wide data reporting and analysis. Essentially, most of the features have not changed as the business needs of CMS have changed. It is a distributed system without centralization. Other functions are provided by a patchwork of support systems, but by in large, the work routines are heavily human dependent and use antiquated technologies. Extensive use of MS Access and MS Excel are applied differently in each CMS Area Office or within specific CMS programs, without centralization, coordination or standardization.

The CMS Central Office, using MSSQL, MS Access and MS Excel, has been forced to provide interim database routines to carry on mandated tasks, but this is far from optimal. These are standalone applications reacting to an immediate need, not a planned and coordinated data processing effort.

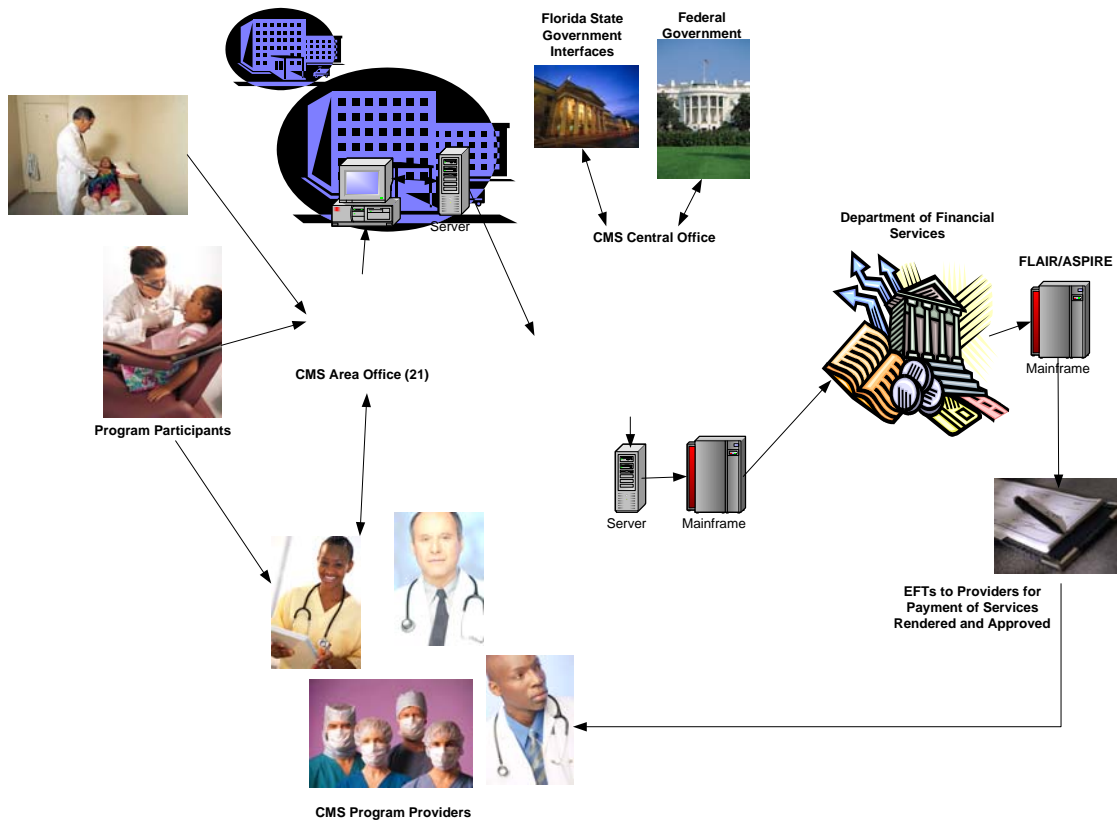
CMDS does not support simultaneous data entry of claims information and will not edit entered information for duplication.

It is clear CMDS has reached the extent of its useful life and should have been replaced several years ago. The only reason CMDS works is that people make it work. The computer systems provider very limited value added.

DOH IT Applications Development, Office of Program Analysis and Governmental Accountability, and the Auditor General have repeatedly criticized the CMDS application and or advised CMS to replace CMDS.

³ There are 21 CMS Area Offices and 1 office in Northern Florida that serves as an auxiliary referral office. The Northern Florida operations refer potential CMS Applicants to the Northern Region CMS AO and it does have limited computer systems capability with the CMS Central Office. In addition to CMS CO access, there are several providers with system access.

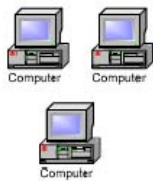
High-Level CMS Process Flow As-Is Model



CMS Operational Requirements

CMS Area Offices

- Pensacola
- Panama City
- Tallahassee
- Gainesville
- Ocala
- Jacksonville
- Daytona Beach
- Tampa
- St. Petersburg
- Lakeland
- Orlando
- Rockledge
- Sarasota
- Ft. Meyer
- Naples
- Ft. Pierce
- West Palm Beach
- Ft. Lauderdale
- Miami-North
- Miami-South
- Marathon



MS Access
MS Excel
Some Intranet Access

CMS Central Office



MS Access
MS Excel
MS SQL
Some Intranet Access

CMS Program Specific

- Brain and Spinal Cord Injury Program
- Child Protection Teams
- Children's Cardiac Program
- Children's Multidisciplinary Assessment Team
- CMS Network
- Craniofacial/Cleft Lip and Cleft Palate Program
- Diabetes/Endocrine Program
- Early Steps
- High Risk Obstetrical Satellite Clinics
- Infant Hearing Program
- Liver Transplant Program
- Medical Foster Care Program
- Newborn Screening Program
- Pediatric Hematology/Oncology Program
- Pediatric HIV/AIDS
- Primary Care
- Regional Genetics
- Regional Prenatal Intensive Care
- Sexual Abuse Treatment Programs Telemedicine



MS Access
MS Excel
Some Intranet Access

- a. **Inputs – Answered above**
- b. **Processing – Answered above**
- c. **Outputs – Answered above**

d. Business Process Interfaces

- ✓ Florida Medicaid Management Information System (FMMIS)
- ✓ Florida Healthy Kids (FHK)
- ✓ Immunization Registry
- ✓ Vital Statistics
- ✓ DCF Behavioral Network (BNET)
- ✓ FLAIR
- ✓ State Labs
- ✓ Title XXI
- ✓ Title XIX
- ✓ PCS Safety-Net
- ✓ Third Party Administrators
- ✓ Early Steps Program and Providers
- ✓ CMDS
- ✓ VPS SQL
- ✓ Cloverleaf
- ✓ Crystal Reports

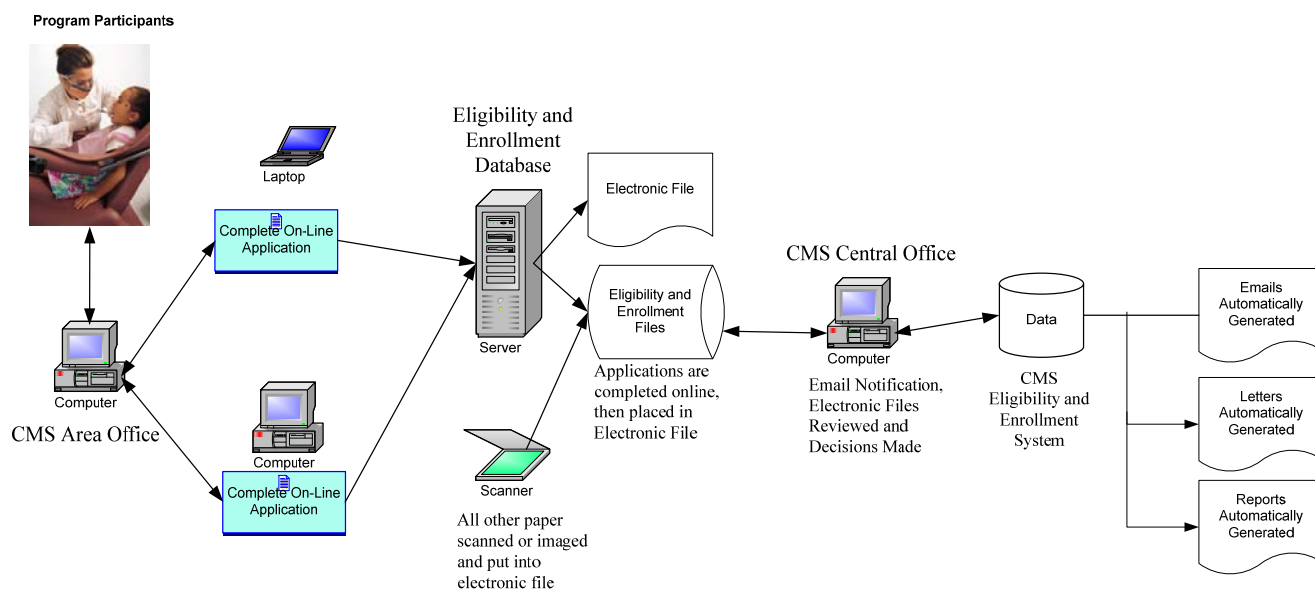
e. Business Process Participants

Key Stakeholders include at a minimum, DOH, CMS, The Surgeon General of DOH, CMS Deputy Secretary, CMS Directors, CMS Area Offices, Providers, Clients, and Children with Special Needs, Citizens of the State of Florida, Project Team and Support Entities. In addition, we expect Third Party Administrators, Title XIX and Title XXI programs and systems. There are approximately 750 system end users spread across 22 CMS Field Offices. In addition, we have multiple interfaces with other DOH and professional medical entities. A fully operational system might be expected of have anywhere from 750 to 2500+ users when all three phases are complete.

f. Processing Mapping

The following High Level Process Maps were extracted from As-Is To-Be Project Deliverables. The maps present to “Future States” for Eligibility and Enrollment Processes. The As-Is To-Be Deliverables are extensive works, over 500+ pages with detailed Flow Charts, Entity Diagrams, Data Flow Diagrams, RUP Vision Statements and RUP Use Cases.

Eligibility and Enrollment To-Be Process Conceptual Model



2. Assumptions and Constraints

Definition of an Assumption

An assumption is a “fact” that is believed to be true without proof. Assumptions are made regarding how the project will function and the results that are to be obtained. A “violation” of an assumption can cause changes to Time, Scope, Quality and Budget.

Project Assumptions

- ✓ The Project Management Plan and overall project approaches are approved by CMS and DOH before April 2007. **(Done)**
- ✓ Project Management Plan phases begin on assigned start dates and finish on or before end dates.
- ✓ The As-Is and To-Be and basic requirements can be done by the PM working as a Systems Analyst. **(Done)**
- ✓ The Florida Legislature funds the project in a timely manner so there is no delay in project execution. **(Funded for FY0910)**
- ✓ TPA conversion and implementation occurs within 18 to 24 months as forecasted
- ✓ The ITN and SOW process times (hang times) are correct. **(Revised to reflect FY0910 Appropriation)**
- ✓ The Monte Carlo Simulation (Model) of the project plan is correct. **(Within Acceptable Limits)**

- ✓ TPAs can be found to link to external Eligibility and Enrollment brokers and can accommodate CMS and Early Step client enrollment entered by staff located at multiple sites across the state, and the cost of doing so is within CMS budgetary constraints. **(In process)**
- ✓ TPAs can be found that can link to the existing CMS Provider Management system and the cost of doing so is within CMS budgetary constraints. **(In process)**
- ✓ The project methodologies provide a clear set of decisions and executable directives to accomplish the objectives of CMS as stated in the Project Management Plan. **(Done)**
- ✓ Middleware can link up disparate systems.
- ✓ The use of .Net architecture using existing equipment is acceptable and doable. **(Internet Based)**
- ✓ CMDS is replaced by outsourcing and web portals. **(Major Goal, Determined Possible)**
- ✓ CMS is able to consolidate all its databases into one unified system. **(Underway)**

Definition of a Constraint

A constraint is any activity or event that will directly affect the quality, the cost of providing or the time frames for delivering the end product. Constraints describe factors that effect Quality, Budget and Schedule. These constraints are monitored and reported by:

- ✓ Compliance to the agreed upon schedule, project management plan or deliverable time tables.
- ✓ Compliance to spending and budget plans
- ✓ Compliance with Testing and Quality Assurance Plans for product that are developed

Project Constraints

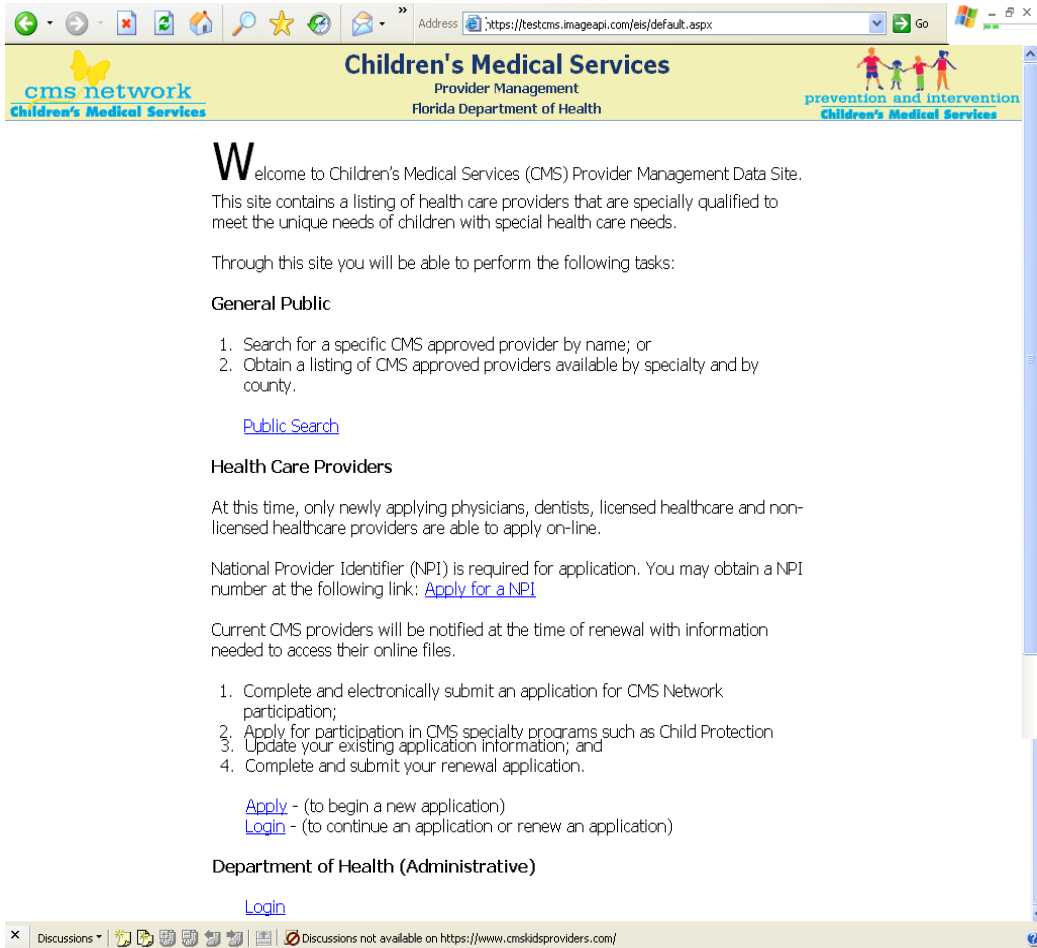
- ✓ The length and complexity of the TPA conversion does not exceed the 18-24 month implementation forecast.
- ✓ CMS Infrastructure Development Project is done in defined Stage Gates. Each Stage Gate requires a Go-No Go Decision. . Each phase must complete before another phase goes forward, and work in one Stage Gate is dependent on the operation of end products from one phase to another.
- ✓ The ability of all project teams to execute the Project Plan as developed.
- ✓ The skill and expertise of the CMS Infrastructure Development Project Team.
- ✓ The skill and expertise of the TPA Project Team.
- ✓ The skill and expertise of the Systems Integrator(s).
- ✓ Development of CMS Infrastructure Development Models that can be successfully executed by Third Party Administrators.
- ✓ The ability to start project on or near 10/19/2009 with the appropriate staffing load.
- ✓ The ability of the SOW and ITN processes to execute as planned within time frames.
- ✓ The ability of the SOW and ITN processes to produce results acceptable to CMS and DOH

- ✓ CMS receives no bid protest nor experiences any significant delays in the SOW and ITN process.
- ✓ Project personnel remain stable and on the project for the duration, turnover is minimal
- ✓ TPA conversion plans are viable, risk adverse and accepted by CMS
- ✓ TPA conversion plans are executed by the project team as designed and within or before stated time frames.
- ✓ Medicaid is integrated into any CMS solution in a seamless manner and without disruption or delay to other aspects of the project.
- ✓ Title XXI is integrated into any CMS solution in a seamless manner and without disruption or delay to other aspects of the project.
- ✓ DBAs are able to get access to multiple databases for data validation and all accesses are granted.
- ✓ The high level system architecture is executable with no major flaws or problems. Data tiering is acceptable and can be implemented with little problems
- ✓ A .Net strategy is acceptable from the CMS Field Office, through the identified data tiers.
- ✓ Middleware can be used to link disparate systems together into one unified enterprise wide resource.
- ✓ An effective Organizational Change Management Plan is developed and executed before rollout of the systems statewide.
- ✓ Project Scope can be effectively managed over the life of the project and that scope of systems are contained to ensure conversion and implementation.
- ✓ TPA and contractors can be found at costs within CMS budgets.
- ✓ TPA develop integrated prototype systems that are acceptable to CMS
- ✓ Conversion of CMS data to TPA occurs faster than planned and systems are operational ahead of forecast.
- ✓ There are no unforeseen events that cancel the project or cause undue delay. This refers to events beyond the control of the project team.
- ✓ Independent Verification and Validation is used and finds little problems with project methodologies at all levels.

C. Proposed Business Process Requirements

The vision is to create a unified system of centralized databases that are repositories for all Provider Management, Eligibility and Enrollment, Electronic Records and Records Archive Retrieval. That is all data from the CMS Central Office, CMS Area Offices and Programs would reside in one place. Processing would be distributed. **Provider Management, Imaging and Box Tracking were all operational at the end of FY0708.**

All data from the CMS Area Offices, Programs and CMS Central Office will be entered in and will be readily accessible in a variety of report formats from the database. System will be Web-Based (.NET architecture). The goal is to eliminate all separate systems and provide one unified centralized system for use throughout CMS. In addition, the CMS Relational Database Management System permits access, query and data transfer to third party databases as required to conduct the CMS mission.

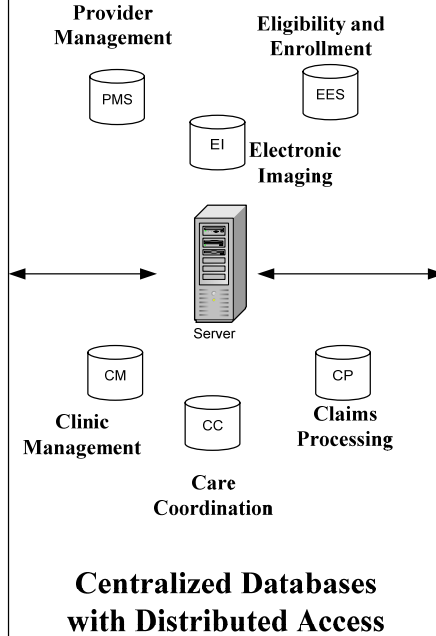


System is up and in production. Can be seen at www.cmskidsproviders.com

CMS Operational Requirements

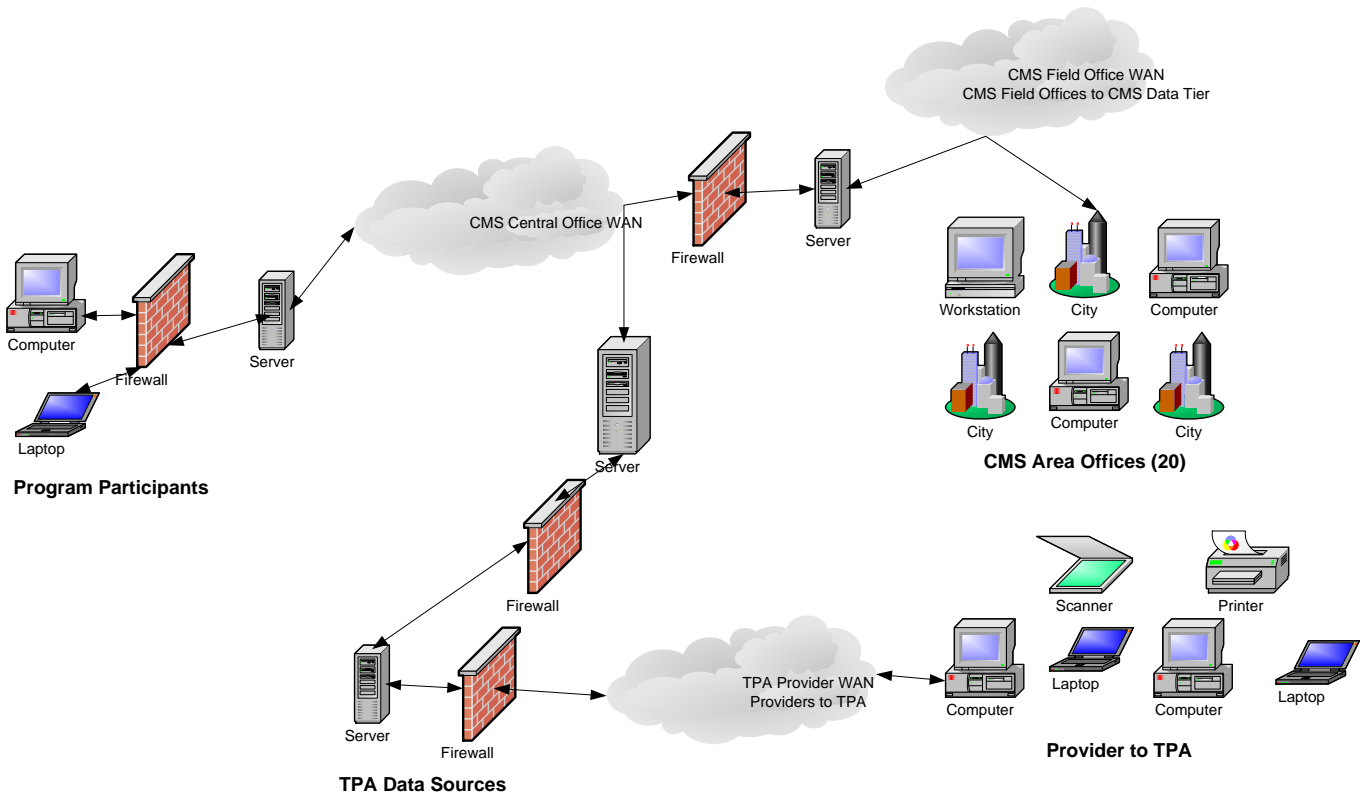
CMS Area Offices

- Pensacola
- Panama City
- Tallahassee
- Gainesville
- Ocala
- Jacksonville
- Daytona Beach
- Tampa
- St. Petersburg
- Lakeland
- Orlando
- Rockledge
- Sarasota
- Ft. Meyer
- Naples
- Ft. Pierce
- West Palm Beach
- Ft. Lauderdale
- Miami-North
- Miami-South
- Marathon



CMS Program Specific

- Brain and Spinal Cord Injury Program
- Child Protection Teams
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- Liver Transplant Program
- Medical Foster Care Program
- Newborn Screening Program
- Pediatric Hematology/Oncology Program
- Pediatric HIV AIDS
- Primary Care
- Regional Genetics
- Regional Prenatal Intensive Care
- Sexual Abuse Treatment Programs Telemedicine



1. Business Solution Alternatives

CMS has for many years faced the problem that the systems and MIS infrastructure currently in use would eventually be incapable of providing for the increasing level of services that has been documented by the CMSN growth. Several previous initiatives were proposed and all abandon or considered impractical. We explained all alternatives in past LBRs (FY0506, FY0607, FY0708, FY0809, FY0910). In addition, the Business Case for the current approach was approved by the Office of Efficient Government Schedule XII For this submission we are including only the approved solution.

Attachment C



CMSIDP FY0809
Schedule XII Bus...

Attachment D



HG Signed Advisory
Report.pdf ...

CMS Infrastructure Development Project

This initiative is currently underway. CMS will have the TPA vendor integrate an existing third party administration system with the CMS Infrastructure. Using these functions as a focal points, CMS will then develop a centrally run system that can be accessed distributed locally by all CMS AO, Providers and eventually Applicants and Clients. The CMS CO will run and maintain the central operation as well as implement policies. The CMS Area Office will all operate using standard tools and support mechanisms. All CMS AOs and TPAs and/or support function data will flow through CMS CO and be available to CMS and other entities as required.

In addition, we expect the new system to accomplish the following internal process changes:

- ✓ Eliminate duplicate routines -- do things once and only once
- ✓ Eliminate identical and/or multiple approvals
- ✓ Substitute computer routines for human processes
- ✓ Complete all forms and processes on-line
- ✓ No paper, screen prints, use electronic images
- ✓ Approval/Disapprovals on-line
- ✓ System can create automated letter generation
- ✓ Only processes mandated by Statute, Law or Sr. Management
- ✓ All processes centralized but locally distributed
- ✓ If artifact must be rejected, reject as early as possible
- ✓ Responses in System will trigger automated routines
- ✓ Collect data one time, use many times

III. Schedule IV-B Cost Benefit Analysis

A. The Cost-Benefit Analysis Forms

CBA Forms 1, 2, and 3 are attached. In addition, see High Level Budget Forecast in Project Management Section.

CMS anticipates that the use of a TPA will create more efficient business processes. However we cannot know with certainty until the TPA Vendor is brought in to perform the Definition and Design phases what economies of scale will be provided and what operations can be completely performed by the TPA. It will take two years to convert CMS to a TPA. We currently anticipate that we will be able to reduce approximately 30 positions (15 FTE & 15 OPS) that are currently involved in paying claims. Pending the results of the Definition and Design phase CMS may request that the legislature allow us to retain these positions with the intent to modify their roles and responsibilities.

Cost projection: The originally forecasted \$2,605,000 cost to implement the TPA was based upon the number of man-hours projected to implement the Feasibility, Definition, Design and Prototype Phases of the project. These funds were to be used between 07/01/2009 and 06/30/2010. This cost has been reduced for FY0910 due to the late start of the project. We are now estimating that \$2,021,566.08 will be spent during FY 0910 assuming a 10/19/09 project start date. First calculations were done by formulae, second and third assessments were backed up by estimates for a project of this size and type provided by the vendors who answered the Request For Information. This is for the Feasibility, Design, Definition and Pilot Phases of the project. Estimated labor was costed at \$1,967,632.62. Monte Carlo Model Simulation of the plan showed a range of labor cost from \$1,947K to \$2,012K. The cost differential between labor is comprised of potential Hardware/Software purchases and contingency funding. Detailed projected expenditures by month for the FY0910 period have been provided to TRW and Legislative Appropriations Staff.

Attachment E



D--CBAFORMS_FY1
0-11 CMSIDP.pdf...

B. CBA Benefits Realization Table

Benefits Realization Table					
	Benefit Description	Tangible or Intangible	Who receives benefit?	How is benefit realized	Realization Date (MM/YY)
1	Development of Electronic Record for Provider Management	Tangible	CMS CO, CMS AO, Providers	Elimination of paper files and electronic access	06/2008 08/29/07
2	Development of Electronic Record for Eligibility and Enrollment	Tangible	CMS CO, CMS AO, CMS Clients	Elimination of paper files and electronic access	06/2008 01/25/2011
3	Development of Automated Provider Applications	Tangible	CMS CO, CMS AO, Providers	Data capture and linkage to electronic record	09/2008 06/30/08
4	Development of Automated Eligibility and Enrollment Applications	Tangible	CMS CO, CMS AO, Providers	Data capture and linkage to electronic record	09/2008 01/25/2011
5	Implementation of Inactive Records Archiving	Tangible	CMS CO, CMS AO	Eliminate of rent and storage by CMS state wide. Implement electronic retrieval of in active records	09/2007 08/29/07

6	Development of centralized Provider Management Database	Tangible	CMS CO, CMS AO	Ability to consolidate all data sources into one location	09/2008 06/30/08
7	Development of centralized Eligibility and Enrollment Database	Tangible	CMS CO, CMS AO	Ability to consolidate all data sources into one location	01/25/2011
8	Ability to report on demand all Clients Eligible for payment from CMS funding sources, i.e. Title XIX, Title XXI and PCS Safety Net	Tangible	CMS CO, CMS AO TPA	TPA need list to automate capitated claims processing and payment	07/08/2011
9	Ability to report on demand all Providers Eligible for payment from CMS funding sources, i.e. Title XIX, Title XXI and PCS Safety Net	Tangible	CMS CO, CMS AO TPA	TPA need list to automated capitated claims processing and payment	07/08/2011
10	CMS Modernized Infrastructure	Tangible	CMS CO, CMS AO TPA CMS Clients All support programs	Ability of CMS to provide expanded services will keeping resources and infrastructure static	07/08/2011 TPA Conversion
11	Reengineer of Business Processes	Tangible	CMS CO, CMS AO	Ability of CMS to achieve major increases in productivity and reduction in cost of providing support services	07/08/2011 In Process

12	Use of Middleware Routines	Tangible	CMS CO, CMS AO Outside Support Entities	Ability of CMS and partners to electronic exchange information and perform online validation. Significant reduction in work times	09/2011
13	Elimination of MS Access, MS Excel and MS SQL siloed databases	Tangible	CMS CO, CMS AO, Individual employees	Use of centralized database will eliminate duplicate and unproductive work. One system for everyone, not multiple systems for individual. Standardization	09/2008 06/30/08
14	Ability to Produce on demand a list of all Providers and Facilities in the CMSN	Tangible	CMS CO, CMS AO, TPA	Required to move CMDS Operations to TPAs	09/2008 06/30/08

Steps 2, 3 and 4 not required at this time.

C. Cost-Benefit Analysis Results

Not required at this time.

IV. Major Project Risk Assessment Component

A. Risk Assessment Tool

Risk Assessment Document Completed (All Sections), See Attachment –IT Project Risk Assessment Tool



E--RiskAssessment_
FY10-11 V1.p...

Attachment F

B. Risk Assessment Summary

The overall Risk Assessment of the CMS Infrastructure Development Project is rated as “Medium.” Of the eight categories, Risk Exposure was listed “Low” in six areas and ”Medium” in one area and “High” in one area. What follows is a brief summary and analysis of the Risk Assessment Summary Areas.

Strategic Area

Risk is **low** in this assessment as the project goals and objectives have been clearly defined and are understood by all stakeholder groups. Project is 3 to 5 years in duration and has minimal public visibility. In addition, project is not dependent on Agency personnel and will accomplish by System Integrators and Consultants.

Technology Exposure

Risk is **low** in this assessment as the proposed technology solutions along with the required business objectives and the agency has had experience in same like and kind projects. The propose solution uses existing infrastructure with some modification and development.

Organizational Change Management

Risk is **medium** in this assessment and there will be moderate changes and most if not all the changes have been defined and documented in the As-Is To-Be Deliverables. However, there is no documented Organizational Change Management Plan at this time, as we believe it is premature to develop this until we know how the solutions will be implemented. However, organization change management is addressed in several project deliverables.

Communication Area

Risk is **low** in this assessment. A formal Communications Plan has been written, approved and signed by CMS Sr. Management and DOH PMO. Plan is staffed and resources and in play at this time.

Fiscal Assessment

Risk is **low** in this assessment as funding must come from multiple years. While there is a spending plan, we have made estimates based upon assumptions and constraints that could change. Project lifecycle is in two phases lasting 3 years. Although CBA and other estimates require 5 year projections. We anticipate the use of System Integrators and Consultants using a FFP managed through Earned Value Management System. Payback and ROI have been forecasted in the CBA.

Project Organization

Risk is **low** in this assessment. The project organization has been clearly identified for CMS/DOH. A full time project manager has been assigned to the project. In addition, there will be three or more directors from CMS involved. We also have a formal CMS Steering Committee and are using outside consultants for IV&V analysis.

Project Management

Risk is **low** in this assessment as there is a detailed Project Management Plan and multiple support and analytical documents that have been reviewed, approved and signed by managing stakeholders. Project scheduled have been constructed and risk tested with Monte Carlo Simulations. Standard project methodologies are in place and being used. CMS has direct experience in managing project of this size and complexity.

Project Complexity

Risk is **High** for this assessment. Project will be implemented at CMS Central Office and 22 CMS Area Office locations and 18 Early Steps facilities. There will be more than three external organizations involved, if the solution is implemented as planned. All development and implementation to be done by contracted TPA. There will be no development by DOH or CMS personnel. The project is a combination of Infrastructure Upgrade, Implementation and Business Process Re-engineering.

V. Technology Planning Component

Technology Planning Section	Small Projects (\$0.5 – 1.99 M)	Medium Projects (\$2 – 10 M)		Large Projects (> \$10 M)
		Routine upgrades & infrastructure	Business or organizational change	
Current Information Technology Environment		X	X	X
Proposed Solution Description	X	X	X	X
Capacity Planning	X	X	X	X
Analysis of Alternatives	X	X	X	X

A. Current Information Technology Environment

1. Current System

a. Description of current system

Refer to Baseline Analysis – Section IIB

Current System Statistics and Descriptors

- ✓ Approximately 750 users
- ✓ No public access availability and not HIPAA compliant
- ✓ Fragmented system:
- ✓ Distributed server environment, standard routine backups to tape
- ✓ Character based systems developed in MS-DOS based dBase IV and Clipper
- ✓ External mainframe based sub-process application (FLAIR)
- ✓ Outdated Users Guide
- ✓ No automated interfaces
- ✓ Not consistent with Department software standards
- ✓ Not optimized for Department's hardware platforms
- ✓ Not scalable beyond present usage
- ✓ Work around developed using VPS SQL and Cloverleaf to extend operational life

Strategic Information Technology Direction

- ✓ Development and Implementation of Open Architecture Systems
- ✓ Ability to link with third party systems and resources
- ✓ Ability to use systems anywhere within and outside of CMS with property security
- ✓ Ability to exploit ETL and EDI strategies
- ✓ Integration with State Enterprise Wide initiatives
- ✓ Ability to integrate with other enterprise information system both now and in the future
- ✓ Service oriented architecture
- ✓ Must be HIPAA compliant
- ✓ Ability of system to accept modules at any time during the operations process
- ✓ Central management with distributed operations, elimination of data silos
- ✓ Ability to report on CMS operations system wide on demand

Information Technology Standards

- ✓ Microsoft Network Architecture
- ✓ Microsoft Framework
- ✓ MS SQL
- ✓ Open Architecture
- ✓ .NET
- ✓ Web-based, thin client solutions
- ✓ Iterative development methodologies
- ✓ Maximum use of Prototyping and EDD strategies
- ✓ Easy and cost effective to maintain over a number of years and system lifetime

Performance Standards

The system must meet the following performance standards:

- ✓ Network and system availability – 99%, usage during normal working hours
- ✓ Network and system reliability – 99%
- ✓ Network and system backup and operational recovery – Daily incremental backups, weekly full backups, offsite storage of backups, redundancy preferred
- ✓ Scalability to meet long-term system and network requirements. System should scale and be able to meet new business requirements with modification
- ✓ Performance –response time/transaction: no more than 5 – 8 seconds
- ✓ Electronic Imaging/Records must integrate with .Net programs not only as embeds but as standalone functions
- ✓ Electronic Records must be callable on demand and not forced into predetermine queuing routines.

B. Proposed Solution Description

The focus of the Children's Medical Services Infrastructure Development Project is to replace the current client service claims payment processing and data management system with a system that is operated by an external Third Party Administrator. This action is necessary to operate the statewide managed care network administered and directed by the Children's Medical Services Network. This request is for the second year of development and implementation of the Third party Administrator that will begin in October of 2009 as approved in the FY 09/10 General Appropriations Act.

Summary Description

- ✓ Internet and Intranet accessible
- ✓ HIPAA Compliant
- ✓ Modularized and expandable at will
- ✓ Ability to interface with Third Party Administrators
- ✓ Ability to interface with other programs and systems through middleware, EDI and ETL routines
- ✓ Ability for all CMS Area Office to communicate through the system with any other CMS AO in the system
- ✓ Ability for CMS CO to coordinate all CMS AO activities
- ✓ Ability of Providers to complete applications and requirements on-line
- ✓ Ability of CMS and Early Steps staff to complete Eligibility and Enrollment functions on-line
- ✓ Title XIX Integration
- ✓ Title XXI Integration
- ✓ PCS Safety-Net Integration
- ✓ Consolidation and incorporation of the Early Steps Program service claims payments into CMS Systems
- ✓ Integration of University of Florida Operations as required

Interfaces

- | | |
|---|---|
| ✓ Title XIX Program (Medicaid) | ✓ Third Party Administrator Systems |
| ✓ Title XXI Program (Florida Health Kids) | ✓ Federal Government Databases as required |
| ✓ PCS Safety Net | ✓ State Government Databases as required |
| ✓ Early Steps Program | ✓ Commercial Databases as required |
| ✓ All specialized CMS Programs | ✓ ImageAPI Provider Management Database Systems |
| ✓ FMMIS database | |

C. Capacity Planning

CMS has not historically captured system performance data due to the distributed nature of the MS-DOS based CMDS. Such statistics would vary significantly from CMS field office to field office due to the differing line speeds of their LANs, computer generation of client workstation, operating system, server and server operating system, number of users in the office and the number of clients served (increased total system record volume). It is difficult to show a system performance trend since the current system is a distributed (stove pipe) system. The new system now under development will be centralized and store all data. Consequently no performance charts are offered but performance requirements, indicated above, are expectations of the proposal. The following statistics and their source are presented in following tables below.

Children’s Medical Services directs and pays support activities from multiple sources. This includes the CMS Network, Early Steps, Title XIX Pilot, Title XXI, and contracted Integrated Care Systems operations. Claims processed directly by CMS are paid using the CMDS / VPS system through FLAIR. Early Steps claims are paid directly by UF and Early Steps local offices. Contracted ICS operation pay directly as part of their services.

For FY0809, it is estimated that Children’s Medical Services processed 1,017,815 claim lines for the CMS Network and Early Steps. Based on the standards applied for use of a HICFA 1500 claim form, this would translate to 169,635 paid claims. Not all claims, i.e. Early Steps and Safety Net follow the standard medical model. As a result the actual “number” of claims is higher than if all lines paid are related to the HICFA 1500.

Clients versus Line Count versus Claims

Component	Line Count	HICFA Equivalent	Number of Clients
CMDS	270,440	45,073	76,046
Early Steps	584,457	97,409	38,000
ICS – CMS Title XXI contract	302,711	50,451	13,805
Totals	1,157,608	192,933	127,851

Number of Unduplicated Clients by Funding Source

Component	FY0607	FY0708	FY0809
Safety Net	6,962	5,153	6,546
Title XXI	19,119	24,405	33,404
Title XIX	38,723	43,664	49,901
Totals	64,804	73,222	89,851
Growth Rate		+13%	+22.7%

Provider Data (Extracted from Provider Management System)

Physicians	Licensed Health Care	Non-Licensed Healthcare
5,281	3,216	674

✓ **System Users** – currently CMS has about 750 employees that can and will use the new system

developed. The internet architecture and the requirement to permit access to the General Public, all Early Steps Local Offices, Providers and TPA support operations will drastically increase the number and types of users that will work the system. We initially anticipate 1500 and more as the system is rolled out. We are unable to provide a based forecast at this time

D. Analysis of Alternatives

Detailed Alternative Analyses were presented in previous LBRs and to the OEG. The solution now being pursued is the recommended and approved option and is in its second year of implementation.

VI. Project Management Planning Component

Project Management Section	Small Projects (\$.5 – 1.99 M)	Medium Projects (\$2 – 10 M)		Large Projects (> \$10 M)
		Routine upgrades & infrastructure	Business or organizational change	
Project Charter	X	X	X	X
Work Breakdown Structure	X	X	X	X
Project Schedule	X	X	X	X
Project Budget	X	X	X	X
Project Organization			X	X
Project Quality Control			X	X
External Project Oversight			X	X
Risk Management			X	X
Organizational Change Management			X	X
Project Communication			X	X
Special Authorization Requirements			X	X

A. Project Charter



Charter and Project Plan FY06...

Attachment G

B. Work Breakdown Structure (WBS)

The Work Break Down Schedules and project plans explain in detail the work to be done by the TPA Vendor, the TPA Consultants IV&V, CMS and CMS PM. For this LBR we have two plans. One plan covers the FY0910 timeframe and the second project work to be done in FY1011. All data presented ties back to the LBR and LBC spending plans. To facilitate analysis, we have used **WBS Pro** which provides automated reporting of WBS functions. Two views have been provided for each sub-project. “Cost View 2” shows the date and time of each task within a Phase. The “Hours and Cost View” show the hours and cost associated with each task. To address the Optimistic, Most Likely and Pessimistic completion dates, we use Risk+ Monte Carlo Simulation Software by Deltek. This is the Department of Defense Standard and reports probabilities of complete. A full analysis is provided in Section C “Resource Loaded Project Schedule Analysis.

FY0910 Forecasted Project Plan



FY0910 WBS Critical Path View ...

WBS CPV2 Attachment H



FY0910 WBS Hours and Cost View...

WBS Cost and Hours Attachment I



FY0910 OPML Report.pdf (55 KB)..

WBS OPML Analysis Attachment J

FY1011 Forecasted Project Plan



FY1011 WBS Critical Path View ...

WBS CPV2 Attachment K



FY1011 WBS Hours and Cost View...

WBS Cost and Hours Attachment L



FY1011 OPML Report.pdf (42 KB)..

WBS OPML Analysis Attachment M

C. Resource Loaded Project Schedule

FY0910 Forecasted Project Plan



FY0910 Forecasted
Project Plan...



FY0910 TPA
Transition MPP PERT..



FY0910 TPA
Transition Plan MPP ..



FY0910 EVMS
Costs.pdf (14 KB)

**Resource Loaded MPP
Attachment N**

**PERT
Attachment O**

**GANTT
Attachment P**

**EVMS Report
Attachment Q**



FY0910 MC
Stogram.pdf (51 KB)

**Monte Carlo Analysis
Attachment R**

FY1011 Forecasted Project Plan



FY1011 TPA
Transition MPP.pdf ..



FY1011 TPA
Transition Plan MPP..



FY1011 TPA
Transition Plan MPP..



FY1011 EVMS
Costs.pdf (36 KB)

**Resource Loaded MPP
Attachment S**

**PERT
Attachment T**

**GANTT
Attachment U**

**EVMS Report
Attachment V**



FY1011 MC
Stogram.pdf (74 KB)

**Monte Carlo Analysis
Attachment W**

D. Project Budget



2_FY0910
recasted Budget Spe

FY0910 Spending Plan Attachment X



FY1011 Forecasted
Budget Spend...

FY1011 Spending Plan Attachment Y

E. Project Organization



Visio-Schedule IVB
Organizatio...

Attachment Z

F. Project Quality Control

Project Quality Control is part of DOH PMO and PMBOK requirements. These plans are created during the Definition and Design Phases of the project and are up dated throughout the project.

G. External Project Oversight

DOH PMO provides formal oversight and compliance, independent verification and validation throughout the life of the project. The PM will request formal project review as part of standard project procedures. Currently Ms. Carol Waugh, PMP and Ms. Bebe Horton, PMP are monitoring the CMS Infrastructure and Development Project. In addition, CMS has retained two expert TPA Consultants to review project operations and vendor compliance. (Mr. Gary Crayton and Mr. Jay Ter Louw, Health Management Associates and Brandt).

H. Risk Management

Risks were identified in previous sections. Project will have formalized Risk and Issue Management control in accordance with IEEE and PMBOK requirements. See “Project Constraints”, Page 17.



Risk Management
Plan.pdf (76 K...

Attachment AA

I. Organizational Change Management

The CMS PM has requested that professional Organization Change Management consultants be retained and used for the project.

J. Project Communication



CMSDIP
Communications Plan FI

Attachment BB

K. Special Authorization Requirements

Project is under Legislative Budget Committee oversight. Funds will be released by Quarters. Attached are the Quarterly Release Plans.



OWP CMSIDP
V3.pdf (497 KB)



Cash Flow Qtrly
Budget Release...



Executive Summary
Quarterly Fu...



4_Worksheet LBC
Document FY091...

Attachment CC Attachment DD Attachment EE Attachment FF



5_Worksheet LBC
Document FY091...



6_FY0910
jectSpendingPlan V

Attachment GG Attachment HH

L. Monte Carlo Analysis – Narrative and Explanation of Findings

FY0910 Forecasted Project Plan

This model predicts vendor operations for the Feasibility, Definition and Design Phases of the Project. The end deliverable is a Pilot Operation in the Tallahassee, Pensacola and Panama City Offices. There are multiple fixed tasks.

The original plans called for a 07/01/09 project start date. MS Project Plans were designed to operate with Fiscal Years. Because the project was not funded in FY 0809 we are now forecasting a project start date of 10/19/09. The Monte Carlo Simulations confirm the project completion dates being pushed out, although all other factors remain constant.

FY1011 Forecasted Project Plan

The FY1011 MS Project Plans continues the work started in FY0910. If the FY0910 Plan completes late, the start of the FY1011 Plan is delayed. Dates in this plan are based upon a 10/19/09 Start for the FY0910 Plan and a completion date of 09/22/10 to 10/04/10 for the FY0910 Plan.

M. Approved Budget Initiative Proposal FY1011



CMSIDP225 BIP
Form FY1011 V2.p...

Attachment II

N. D-3A Narrative



D-3A FY1011
v2.pdf (24 KB)

Attachment JJ

VII. Appendices

Attachment A	DOH08-126 CMS Invitation to Negotiate
Attachment B	ITN Evaluation Manual
Attachment C	CMSIDF FY0809 Schedule XII Business Case OEG
Attachment D	OEG Signed Advisory Letter
Attachment E	CBA Form FY0910, No Change for FY1011
Attachment F	Risk Assessment Form FY1011
Attachment G	Original Charter and Project Play FY0607
Attachment H	WBS Critical Path View 2 FY0910
Attachment I	WBS Cost and Hours FY0910
Attachment J	WBS Optimistic-Pessimistic-Most Likely Analysis FY0910
Attachment K	WBS Critical Path View 2 FY1011
Attachment L	WBS Cost and Hours FY1011
Attachment M	WBS Optimistic-Pessimistic-Most Likely Analysis FY1011
Attachment N	Resource Loaded MPP FY0910
Attachment O	PERT Chart FY0910
Attachment P	GANTT Chart FY0910
Attachment Q	Earned Value Management Report FY0910
Attachment R	Monte Carlo Analysis of FY0910 MPP
Attachment S	Resource Loaded MPP FY1011
Attachment T	PERT Chart FY1011
Attachment U	GANTT Chart FY1011
Attachment V	Earned Value Management Report FY1011
Attachment W	Monte Carlo Analysis of FY1011 MPP
Attachment X	FY0910 Spending Plan
Attachment Y	FY1011 Spending Plan
Attachment Z	Project Organization Chart
Attachment AA	Risk Management Plan
Attachment BB	Project Communications Plan
Attachment CC	Operational Work Plan (LBC) FY0910
Attachment DD	Cash Flow Quarterly Release Budget Not Leveled
Attachment EE	Executive Summary Quarterly Release Request Leveled
Attachment FF	Worksheet LBC FY0910 Deliverables
Attachment GG	Work sheet LBC FY0910 By Phase
Attachment HH	FY0910 Project Spending Plan(TRW/LBC)
Attachment II	Approved Budget Initiative Proposal (BIP) FY1011
Attachment JJ	D-3A Narrative FY1011

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Invitation to Negotiate (ITN)

for a

Third Party Administrator

[Feasibility, Design, Programming, and Operations]

ITN-DOH08-126

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF CHILDREN'S MEDICAL SERVICES

June 30, 2009

Table of Contents

ITN Timeline.....	11
1 General Instructions to Vendors (PUR 1001)	12
2 General Terms and Conditions (PUR 1000)	12
3 Introductory Materials	13
3.1 Term	13
3.2 Definitions and Acronyms	13
4 Technical Specifications	19
4.1 Scope of Services.....	20
4.2 Programmatic Authority	20
4.3 Major Program Goals.....	21
4.3.1 Program Goals	21
4.3.2 Program Objectives.....	21
4.3.3 Additional Program Considerations.....	22
4.4 Client General Description	22
4.4.1 Medicaid (Title XIX)	23
4.4.2 KidCare (Title XXI).....	24
4.4.3 CMS SafetyNet.....	24
4.4.4 Early Steps	26
4.4.4.1 Organization and Funding.....	26
4.4.4.2 Early Steps Processing.....	29
4.5 Eligibility	30
4.5.1 Medicaid (Title XIX)	30
4.5.2 KidCare (Title XXI).....	32
4.5.3 CMS SafetyNet	33
4.5.4 Early Steps	33
4.6 Client Determination.....	33
4.7 Client Contract Limits	34
4.8 Task List.....	34
4.8.1 General Requirements.....	35
4.8.1.1 General Requirements Objectives	35
4.8.1.2 System Deliverable Standards and Requirements	35
4.8.1.3 Document Deliverable Standards and Requirements	36
4.8.1.4 System HIPAA and Other Privacy Requirements.....	37
4.8.1.5 General Requirements Deliverables	44
4.8.2 Project Management and Control Requirements	44
4.8.2.1 Project Management and Control Objectives	44

4.8.2.2	Project Management Plan	45
4.8.2.3	Communication Management Requirements.....	46
4.8.2.4	Scope Management Requirements.....	47
4.8.2.5	Work Breakdown Structure (WBS) Requirements	47
4.8.2.6	Risk Management Requirements	50
4.8.2.7	Cost Management Requirements	51
4.8.2.8	Quality Assurance Plan and Testing	52
4.8.2.9	Time Management Planning Requirements.....	55
4.8.2.10	Staffing Management Planning Requirements	56
4.8.2.11	Project Management and Control Deliverables	57
4.8.3	Feasibility Phase Requirements	58
4.8.3.1	Feasibility Objectives	59
4.8.3.2	Feasibility Phase Activities	60
4.8.3.3	Feasibility Deliverables	61
4.8.4	Project Definition Phase Requirements	61
4.8.4.1	Project Definition Objectives.....	61
4.8.4.2	Project Definition Activities	62
4.8.4.3	Project Definition Deliverables	65
4.8.5	System Design Phase Requirements.....	65
4.8.5.1	System Design Phase Objectives.....	65
4.8.5.2	System Design Phase Activities.....	66
4.8.5.3	System Design Phase Deliverables.....	70
4.8.6	System Construction Requirements.....	71
4.8.6.1	System Construction Objectives.....	71
4.8.6.2	System Construction Activities.....	71
4.8.6.3	System Construction Deliverables.....	74
4.8.7	System Rollout Requirements.....	74
4.8.7.1	System Rollout Objectives.....	74
4.8.7.2	System Rollout Activities	75
4.8.7.3	System Rollout Deliverables	75
4.8.8	Operational Requirements	75
4.8.8.1	Operational Objectives	75
4.8.8.2	Operational Performance Standards	75
4.8.8.3	Call Center Operational Requirements.....	76
4.8.8.4	Operations Testing Requirements	77
4.8.8.5	Operational Deliverables	77
4.8.9	System Turnover Requirements.....	78
4.8.9.1	Turnover Phase Objectives	78

4.8.9.2	Turnover Phase Activities	78
4.8.9.3	Turnover Phase Deliverables	81
4.8.10	Eligibility and Enrollment Contractor Tasks	81
4.8.10.1	Eligibility and Enrollment Objectives	81
4.8.10.2	Eligibility and Enrollment Record Maintenance Requirements	81
4.8.10.3	Eligibility and Enrollment Interface Requirements	82
4.8.10.4	Application for CMS Programs and Eligibility Determination	83
4.8.10.5	Enrollment Requirements	84
4.8.10.6	Eligibility and Enrollment Processing and Reporting Requirements ...	85
4.8.10.7	Eligibility and Enrollment Deliverables	85
4.8.11	Provider Administration Contractor Tasks.....	86
4.8.11.1	Provider Administration Objectives.....	86
4.8.11.2	Provider Record Maintenance Requirements	87
4.8.11.3	Provider Interface Requirements	88
4.8.11.4	Provider Enrollment Requirements	88
4.8.11.5	Provider Credentialing Requirements.....	88
4.8.11.6	Provider Processing and Reporting Requirements	88
4.8.11.7	Provider Training and Communication Requirements	89
4.8.11.8	Provider Administration Deliverables	89
4.8.12	Claims Processing Contractor Tasks.....	90
4.8.12.1	Claims Processing Objectives.....	90
4.8.12.2	Claims Processing Record Maintenance Requirements	90
4.8.12.3	Claims Adjudication Requirements	95
4.8.12.4	Claims Resolution Requirements.....	98
4.8.12.5	Claims Payment Requirements.....	99
4.8.12.6	Claims Processing Deliverables.....	102
4.8.13	Service Authorization Objectives	103
4.8.13.1	Service Authorization Record Maintenance	103
4.8.13.2	Service Authorization Processing Requirements.....	105
4.8.13.3	Service Authorization Reporting and Communication Requirements	106
4.8.13.4	Service Authorization Deliverables	107
4.8.14	Fiscal Operations Contractor Tasks	107
4.8.14.1	Fiscal Operations Objectives	107
4.8.14.2	Fund Allocation Requirements	108
4.8.14.3	Bank Account or Chief Financial Officer Management of Contractor Tasks	109
4.8.14.4	Financial Controls Contractor Tasks.....	109
4.8.14.5	Financial Reporting Contractor Tasks	110

4.8.14.6	Fiscal Operations Deliverables	111
4.9	Task Limits	112
4.9.1	Designation of CMS Project Manager and Sponsor	112
4.9.2	Project Phases	112
4.9.2.1	Feasibility Phase	112
4.9.2.2	Definition Phase.....	113
4.9.2.3	Design Phase.....	113
4.9.2.4	Construction Phase	113
4.9.2.5	Rollout Phase	114
4.9.2.6	Operations Phase.....	114
4.9.2.7	Turnover Phase	114
4.10	Staffing Levels	114
4.10.1	Definition of Staff	114
4.10.1.1	Named Staff	114
4.10.1.2	Minimum Numbers of Categorized Staff	115
4.10.1.3	Sufficient Numbers of Categorized Staff.....	115
4.10.1.4	Staff Cost Categories	115
4.10.2	General Requirements for Employees	115
4.10.2.1	Residency and Work Status.....	116
4.10.2.2	Background Checks	116
4.10.2.3	Bonding.....	116
4.10.2.4	Conflict of Interest.....	116
4.10.3	Staffing Requirements for Feasibility, Definition, Design, and Construction Phases	116
4.10.3.1	Named Staff	116
4.10.3.2	Sufficient Numbers of Categorized Staff.....	117
4.10.4	Staffing Requirements for Operations Phase	117
4.10.4.1	Named Staff	117
4.10.4.2	Minimum Numbers of Categorized Staff	117
4.10.4.3	Sufficient Numbers of Categorized Staff.....	118
4.11	Professional Qualifications	119
4.11.1	Staff Definition and Qualifications	119
4.11.1.1	Systems Development Manager (Management).....	119
4.11.1.2	Project Management Professional (Management).....	119
4.11.1.3	Project Management Specialist (Project Management Staff)	120
4.11.1.4	Project Manager (Management)	120
4.11.1.5	Deputy Project Manager (Management).....	120
4.11.1.6	Claims Operations Manager (Management).....	120

4.11.1.7	Call Center Manager (Management)	120
4.11.1.8	Quality Assurance Manager (Management)	120
4.11.1.9	Data Conversion Manager (Management)	120
4.11.1.10	Provider/Recipient Services Manager (Management)	120
4.11.1.11	Finance/Banking Manager (Management)	121
4.11.1.12	Manager (Management)	121
4.11.1.13	Supervisor (Supervision)	121
4.11.1.14	Professional (Other Professionals)	121
4.11.1.15	Data Base Administrator (Data Administrator)	121
4.11.1.16	Application Senior Systems Analyst (Senior Programmer/Analyst)	121
4.11.1.17	Systems Engineer (Data Administrator)	121
4.11.1.18	Application Programmer/Analyst (Programmer/Analyst)	121
4.11.1.19	Internet/Intranet Programmer Analyst (Programmer/Analyst)	121
4.11.1.20	PC Programmer Analyst (Programmer/Analyst)	122
4.11.1.21	Documentation Specialists (Programmer/Analyst)	122
4.11.1.22	Data Entry Operator (Clerical)	122
4.11.1.23	Clerical Staff (Clerical)	122
4.11.1.24	Provider Field Representative (Field Representative)	122
4.11.1.25	Instructional Design Specialist (Other Professionals)	122
4.11.1.26	Training Supervisor (Supervision)	122
4.11.1.27	Training Specialists (Trainer/Publications)	122
4.11.1.28	Publications Coordinator (Trainer/Publications)	123
4.11.1.29	Quality Assurance Support Staff (QA Staff)	123
4.11.1.30	Telephone/Inquiry Support Staff (Service Representative)	123
4.12	Staffing Changes	123
4.13	References	123
4.14	Service Delivery Location	123
4.14.1	Computer Resources	124
4.14.2	Location of Backup and Contingency Facilities	124
4.14.3	Location of System Analysis and Programming Resources	125
4.14.4	Location of Subcontractors	125
4.15	Service Times	126
4.16	Changes in Location	126
4.17	Equipment	126

4.17.1	Physical Facilities Build-out	126
4.17.2	Purchase and Distribution of Equipment Inventory, Supplies and Materials	126
4.17.3	Telecommunications System	126
4.17.4	Network.....	127
4.17.5	Workstations and Other Equipment	127
4.18	Service Units.....	127
4.19	Reports	127
4.20	Records and Documentation.....	127
4.21	Outcomes and Outputs (Performance Measures)	128
4.22	Provider Unique Activities.....	140
4.23	Coordination with Other Entities	140
4.24	Department Obligations.....	140
4.25	Department Determinations	140
4.26	Financial Specifications.....	140
4.26.1	Funding Source	140
4.26.2	Allowable Costs	140
4.26.3	Invoicing and Payment of Invoice	141
4.27	Recipient/Sub-recipient of State and Federal Funds.....	141
4.27.1	Documentation.....	141
4.27.2	Financial Report.....	141
4.28	Cost Proposal	141
4.28.1	Feasibility, Definition, Design and Construction.....	142
4.28.2	Operations Price.....	142
4.28.3	Signature Block.....	142
4.28.4	Claim Volume	142
4.28.5	Pricing Schedule A.....	144
4.28.6	Pricing Schedule B.....	144
4.28.7	Pricing Schedule C.....	144
4.28.8	Pricing Schedules C1 – C4	144
4.28.9	Pricing Schedules.....	145
4.29	Documentation Checklist.....	153
4.30	Evaluation of Proposal.....	154
4.30.1	Evaluation Procedures	155
4.30.2	Evaluation Organization	155
4.30.3	Phase 1 – Acknowledging Receipt of Technical and Cost Proposals	155
4.30.4	Phase 2 – Evaluation of Technical Proposals.....	156
4.30.4.1	Technical Proposal Points (700 points).....	156

4.30.4.2	Technical Approach to Feasibility, Definition, Design, and Construction (200 Points)	156
4.30.4.3	Technical Approach to Rollout (50 Points).....	158
4.30.4.4	Technical Approach to Operations (200 Points).....	159
4.30.4.5	Technical Approach to Turnover (50 Points).....	160
4.30.4.6	Data Processing (100 Points).....	161
4.30.4.7	Staffing and Organizational Capacity (100 Points)	162
4.30.4.8	Technical Proposal Scoring.....	163
4.30.5	Phase 3 – Evaluation of Requirements of Cost Proposal.....	163
4.30.6	Phase 4 – Evaluation of Cost Proposals.....	163
4.30.7	Phase 5 – Ranking.....	164
4.30.8	Phase 6 – Negotiations.....	164
4.31	Description of Approach to Performing Task	164
4.31.1	Technical Proposal Instructions	164
4.31.2	TAB 1 – Required Forms	165
4.31.3	TAB 2 – Title Page and Summary	165
4.31.3.1	Title Page	165
4.31.3.2	Transmittal Letter.....	165
4.31.3.3	Executive Summary	167
4.31.4	TAB 3 – Proposal Guarantee	167
4.31.5	TAB 4 – Technical Approach to Feasibility, Definition, Design and Construction.....	167
4.31.5.1	Planning	167
4.31.5.2	Feasibility Phase	167
4.31.5.3	Definition Phase.....	167
4.31.5.4	Design Phase.....	168
4.31.5.5	Construction.....	168
4.31.5.6	Deliverables Prototypes for Each Milestone in This Phase	169
4.31.5.7	Staffing for Feasibility, Definition, Design and Construction Phase..	169
4.31.6	TAB 5 – Technical Approach to Rollout.....	170
4.31.6.1	Planning	170
4.31.6.2	Installation and Deployment.....	170
4.31.6.3	Risk Analysis and Contingency Planning.....	170
4.31.6.4	Deliverables Prototypes for Each Milestone in This Phase	170
4.31.6.5	Staff for Rollout Phase.....	170
4.31.7	TAB 6 – Technical Approach to Operations	171
4.31.8	TAB 7 – Technical Approach to Turnover	171
4.31.8.1	Planning	171
4.31.8.2	Provide Turnover Services.....	171

4.31.8.3	Deliverables Prototypes for Each Milestone in This Phase	171
4.31.8.4	Staffing for Turnover	172
4.31.9	TAB 8 – Data Processing	172
4.31.10	TAB 9 – Staffing and Organizational Capacity	173
4.31.11	TAB 10 – Performance Bond.....	173
4.32	Description of Staffing and Organizational Capacity	173
4.32.1	Corporate Background.....	173
4.32.2	Corporate Financial Statements	174
4.32.3	Corporate Experience.....	174
4.32.4	Corporate References.....	175
4.33	Cross Reference Table	175
5	Special Instructions to Vendors.....	177
5.1	Instructions for Submitting Proposals.....	177
5.2	Public Records and Trade Secrets.....	177
5.3	Instructions for Formatting Proposals.....	177
5.4	Vendors Inquiries	178
5.5	Pre-Proposal Conference	179
5.6	Special Accommodations.....	179
5.7	Subcontractors	179
5.8	Actual and Liquidated Damages.....	179
5.8.1	Transfer of Named Staff Proposed.....	180
5.8.1.1	Requirements	180
5.8.1.2	Liquidated Damages	180
5.8.2	Named Staff Vacancy	180
5.8.2.1	Liquidated Damages	180
5.8.3	Staffing Levels and Staffing Rate of Pay	180
5.8.3.1	Requirements	180
5.8.3.2	Liquidated Damages	181
5.8.4	Outcomes and Outputs: Performance Measures	181
5.8.4.1	Requirements	181
5.8.4.2	Liquidated Damages	181
5.8.5	Performance Monitoring.....	181
5.8.5.1	Requirements	181
5.8.5.2	Liquidated Damages	181
5.8.6	Provider Activation Prior to Meeting Eligibility Requirements	181
5.8.6.1	Requirements	181
5.8.6.2	Actual Damages.....	181

5.8.7	Systems Documentation.....	182
5.8.7.1	Requirements	182
5.8.7.2	Liquidated Damages	182
5.8.8	Correctness of Payments.....	182
5.8.8.1	Requirements	182
5.8.8.2	Actual Damages.....	182
5.8.9	Data Conversion.....	182
5.8.9.1	Requirements	182
5.8.9.2	Liquidated Damages	183
5.8.10	Milestones or Phases.....	183
5.8.10.1	Requirements	183
5.8.10.2	Liquidated Damages	183
5.8.11	Data Communications.....	183
5.8.11.1	Requirements	183
5.8.11.2	Liquidated Damages	183
5.8.12	EDP Audit	183
5.8.12.1	Requirements	183
5.8.12.2	Liquidated Damages	184
5.8.13	Record Retention and Access Requirements	184
5.8.13.1	Requirements	184
5.8.13.2	Liquidated Damages	184
5.8.14	Backup Site/Data	184
5.8.14.1	Requirements	184
5.8.14.2	Liquidated Damages	184
5.8.15	System Capacity.....	184
5.8.15.1	Requirements	184
5.8.15.2	Liquidated Damages	185
5.8.16	Bank Reconciliation.....	185
5.8.16.1	Requirements	185
5.8.16.2	Liquidated Damages	185
5.8.17	HIPAA Compliance.....	185
5.8.17.1	Requirements	185
5.8.17.2	Actual Damages.....	186
5.8.18	Correction of Deficiencies Identified by CMS	186
5.8.18.1	Requirements	186
5.8.18.2	Liquidated Damages	186
5.8.19	Deduction of Damages from Payments	186
5.8.19.1	Liquidated and Actual Damages	186

6	Special Conditions	187
6.1	Cost of Preparation	187
6.2	Vendor Registration	187
6.3	Identical Tie Proposals.....	187
6.4	Contract Renewal.....	187
6.5	Verbal Instructions Procedure.....	188
6.6	Addenda	188
6.7	Unauthorized Aliens	188
6.8	Certificate of Authority	188
6.9	Minority and Service-Disabled Veteran Business Participation	188
6.10	Proposal Guarantee	188
6.11	Performance Bond	189
6.12	Standard Contract/Purchase Order.....	189
6.13	Licensures, Permits, and Taxes	189
6.14	Conflict of Interest	189
	ATTACHMENT I TITLE PAGE	191
	ATTACHMENT II PURCHASE ORDER TERMS AND CONDITIONS.....	192
	ATTACHMENT III DEPARTMENT OF HEALTH REPORTING OF SUBCONTRACTOR EXPENDITURES	194
	ATTACHMENT IV REQUIRED CERTIFICATIONS.....	196
	ATTACHMENT V STANDARD CONTRACT	197

ITN Timeline
DOH08-126

ACTIVITY	Date / Time	LOCATION
ITN Issued by FDOH	6/30/2009	Vendor Bid System http://fcn.state.fl.us/owa_vbswww.main.Menu
Vendor's Conference	7/22/2009 1:30 PM	Florida Dept. of Health Children's Medical Services Bldg 4025, RM 301 Capital Complex Tallahassee, FL 32399
Deadline for Receipt of Written Inquiries	Prior to 5:00 pm 07/31/2009	Florida Dept. of Health Purchasing – Janice Brown, Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749
Anticipated Date for Agency Responses to Written Inquiries	08/07/2009	Vendor Bid System http://fcn.state.fl.us/owa_vbswww.main.Menu
Sealed Proposals Due & Public Opening of Technical Proposals	Must be received prior to: 09/08/09 2:30 PM	Florida Dept. of Health Purchasing – Janice Brown, Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749
Anticipated Begin Evaluation of Technical Proposals	09/08/09	Individual team members begin review
Public Opening of Cost Proposals	09/21/2009 @ 2:30 PM	Florida Dept. of Health Purchasing – Janice Brown, Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749
Anticipate Begin Negotiations	09/28/2009 - 10/05/2009	Florida Dept. of Health Children's Medical Services Bldg 4025, RM 301 Capital Complex Tallahassee, FL 32311
Anticipated Posting of Notice of Intent to Award	10/12/2009	Vendor Bid System http://fcn.state.fl.us/owa_vbswww.main.Menu
Project to Begin	10/19/2009	CMS DOH Project Management

1 General Instructions to Vendors (PUR 1001)

This section explains the General Instructions to Respondents (PUR 1001) of the solicitation process. This is a downloadable document. Please download and save this document to your computer for further review. There is no need to return this document back to the Department of Health.

<http://dms.myflorida.com/content/download/2934/11780>

2 General Terms and Conditions (PUR 1000)

This section explains the General Contract Conditions (PUR 1000) of the solicitation process. This is a downloadable document. Please download and save this document to your computer for further review. There is no need to return this document back to the Department of Health.

<http://dms.myflorida.com/content/download/2933/11777>

3 Introductory Materials

Award of a Contract resulting from this ITN is contingent upon State of Florida legislative authority to spend funds that have been allocated for this purpose. Respondents may submit replies at their own risk. Depending on legislative authority, CMS may or may not issue a Contract, or may discontinue evaluation at any time.

3.1 Term

The initial term of this contract is four (4) years, from the date of Contract Award through June 30, 2013. CMS reserves the right to negotiate two one-year renewals, through June 30, 2015. CMS also reserves the right to negotiate the price of the renewal terms based upon satisfactory performance evaluations.

3.2 Definitions and Acronyms

When necessary, definitions for terms that are unfamiliar, unusual or unique to this ITN, including those for contract terminology, program or service specific terminology, standards definitions, performance definitions are provided:

Term	Definition
ACWP	Actual Cost of Work Performed. This is the actual amount of effort used to date toward the completion of any activity in a Microsoft Project Plan (MPP).
Adjudicate	Process all of the information in a claim record and make a determination about edits and audits that apply to the claim, and a determination about whether the claim should be set to pay, deny or suspend. For claims set to suspend, determine the location or locations the claim must route or process through to resolve the reason for suspension.
Adjustment	A transaction that changes any payment information on a previously paid claim.
AHCA	Agency for Health Care Administration
ANSI X12	American National Standards Institute's Electronic Data Interchange (EDI) standards.

Term	Definition
Applicant	A person under consideration for coverage in any CMS program for whom eligibility (financial or clinical) has not yet been determined.
BCWP	Budgeted Cost of Work Performed. This is the amount of work scheduled in an approved Microsoft Project Plan (MPP) for any activity (the Budgeted Cost of Work Scheduled, or BCWS) multiplied by the percentage of work on that activity that has been completed, as reported by the Contractor and accepted CMS.
BCWS	Budgeted Cost of Work Scheduled. This is the amount of work scheduled in an approved Microsoft Project Plan (MPP) for any activity, usually expressed in hours or days of effort.
CD	Compact Disk
Claim	A paper or electronic record of a service performed and submitted as a charge or encounter record to the Contractor. Except when specifically excluded, claims always refers to both claims (payable charges) and encounter records (reportable services). A claim includes all line items and details from a single paper claim form or single 837 transaction.
CMDS	Case Management Data System
CMS	Children's Medical Services
CMS PM	The Children's Medical Services (CMS) Project Manager, a staff person designated by CMS to manage the Contract that may result from this ITN.
Contractor	The vendor notified, awarded and signing a valid contract resulting from this Invitation To Negotiate.
COTS	Commercial-Off-The-Shelf
Covered Services	Mandatory medical services required by CMS and optional medical services approved by the State for which enrolled providers will be reimbursed for services provided to eligible recipients.
Day	Calendar day, unless specified as a workday.
Deliverable	All software, documentation, reports, manuals, and any other item that the Contractor is required to produce and/or tender to CMS under terms and conditions of the contract.

Term	Definition
Design Objective	A desired performance characteristic that is based on engineering analyses but is not considered feasible to mandate in a standard or has not been tested.
DOH	Department of Health
EFT	Electronic Funds Transfer
EOB	Explanation of Benefits. An explanation of denial or reduced payment included on the provider's remittance advice.
ES	Early Steps
Evaluation	The in-depth review and analysis of vendor's proposals.
EVMS	Earned Value Management System. A management methodology for integrating scope, schedule, and resources, and for objectively measuring project performance and progress. Performance is measured by determining the budgeted cost of work performed (BCWP, <i>i.e.</i> , earned value) and comparing it to the actual cost of work performed (ACWP, <i>i.e.</i> , actual cost). Progress is measured by comparing the earned value to the budgeted cost of work scheduled (BCWS, <i>i.e.</i> , planned value).
FSPSA	Family Support Plan Service Authorization
FTP	File Transfer Protocol
Gross Adjustment	A financial adjustment to a provider's payment or account that cannot be associated specifically with individual claim records.
HIPAA	Health Insurance Portability and Accountability Act (HIPAA)
HMO	Health Maintenance Organization
IDEA	Individuals with Disabilities Education Act
IFSP	Individual Family Support Plan
ISDM	Information Systems Development Methodology. A formal process to organize, execute, and document the development of information systems projects, approved by CMS to manage the work and produce artifacts appropriate to the platforms being used for development.
ITN	Invitation to Negotiate
LAN	Local Area Network. Backbone and Network Servers.

Term	Definition
LEA	Local Education Agency
LES	Local Early Steps
Lock-in	A requirement for a recipient to obtain services from a single provider, single network or group of providers, or single provider for a given type of services for a span of dates.
Mass Adjustment	A financial or claim detail adjustment to multiple individual claims for a single provider or multiple providers processed by running a program or automated process.
Medicaid	The state/federal health care program as described in Title XIX of the Social Security Act.
Medicaid Reform	Pilot reform efforts to contain the cost of Medicaid program in Florida.
Milestone	The measuring point used to review and approve progress, to authorize continuation of work, and, depending on the terms of the contract, to pay for work completed.
MITA	Medicaid Information Technology Architecture. An initiative by the federal Centers for Medicare and Medicaid Services to modernize Medicaid Management Information Systems operated by CMS by promoting greater interoperability with other systems, use of Commercial-Off-The-Shelf software, reusable programs and systems, and system analysis that allows business needs to drive system development.
MPP	Microsoft Project Plan. A representation of the Work Breakdown Structure (WBS) for the project or some portion of the project developed by the Contractor and processed by CMS according to the terms of the Contract.
NCPDP 5.1	National Council for Prescription Drug Programs, Inc. NCPDP Version 5.1 defines the data structure and content of single Point of Sale (POS) transmissions.
ORT	Operational Readiness Testing. Demonstration with real work simulation that the Contractor is ready and capable to use the TPA system to perform the manual operations required, including: claims screening and imaging; manual claims resolution; call center operations; handling correspondence; daily cycle operation; and all other functions of the system.

Term	Definition
Paid Claim	A claim that has resulted in the provider being reimbursed for some dollar amount or a zero paid amount.
PCS	Purchased Client Services: A combination of state and federal funds that are used to pay for care rendered to CMS patients classified as Safety Net Patients. PCS funds may also pay for services for a Medicaid recipient that are not authorized by Medicaid. These funds may also be used to purchase staffing to supplement the local CMS office workforce.
PDF	Portable Document Format (Adobe)
PHI	Protected Health Information as defined by the Health Insurance Portability and Accountability Act.
PMO	Project Management Office
PMP	Project Management Professional
PQI	Planning and Quality Improvement
RUP	Rational Unified Process
Service Authorization	Any form of authorization required as a prerequisite for claim payment, including prior authorizations, drug authorizations, authorizations after the fact, referrals, number and range of services (procedure codes) authorized for a span of time, plans of care, dollar-limit authorizations, provider lock-ins, or other authorizations identified by CMS during the design phase.
Shadow Budget	An accounting category established to record budget and expenditures made directly by CMS but reported by the Third Party Administrator.
TCN	Transaction Control Number. A serial number applied to each claim, encounter or other transaction to identify the date and uniquely identify the transaction.
Title XIX	Title Nineteen – A section of the federal Social Security Act that covers Medicaid, administered in Florida by The Agency for Health Care Administration (AHCA), with eligibility determination performed by and through the Department of Children and Families (DCF).
Title XXI	Title Twenty-One – A section of the federal Social Security Act that covers the state children’s health insurance program known as

Term	Definition
	KidCare in Florida, administered in Florida by the Florida Healthy Kids Corporation (FHKC).
TPA	Third Party Administrator
TPA System	The computer system installed and revised by the Contractor to meet the requirements of the Contract resulting from this ITN
Vendor	A respondent to this ITN.
WBS	Work Breakdown Structure. An annotated set of all significant activities necessary to achieve the objectives of the project as a whole or a discreet portion of the project, prepared by the Contractor according to Contract requirements and approved by CMS.

4 Technical Specifications

This Invitation to Negotiate (ITN) is issued to solicit replies to secure a Third Party Administrator to provide Third Party Administrator operations for Children's Medical Services (CMS). CMS, a division of the Florida Department of Health, invites interested entities to submit responses in accordance with this solicitation document.

CMS is seeking a single Contractor to meet all requirements of the ITN. The selected Contractor will be responsible for all Contractor requirements defined in this ITN throughout the term of the contract. Vendors responding to this ITN will be expected to have extensive, current experience as a Third Party Administrator, fiscal agent or intermediary for a large health care claims processing entity.

CMS will make resource documents available to all potential Respondents in a Procurement Library via the Internet. These documents will include studies of current CMS operations, As-is and To-be analyses, current software documentation and data systems documentation. It is advisable that interested Vendors carefully read, study, analyze, and understand all sections and provisions of the ITN and reference material contained in the Procurement Library.

The deliverables and Contractor requirements identified in this ITN represent obligations that will be enforced in a contract that may result from this procurement, unless they may be modified during negotiations. Respondents to this ITN must explain their ability and method for meeting all the requirements of the ITN, and indicate any they would be unable to meet. It is important for Respondents to do more than commit to meeting these requirements—the Respondents must explain in their proposal how the requirements will be met. The cost proposal submitted by each Respondent will be the starting point for any price negotiations, if the Respondent is selected for negotiation.

The proposals submitted by the various Respondents will be scored as a mechanism for CMS to determine which Respondent or Respondents may be invited to negotiate. CMS reserves the right to negotiate with one or more of the Respondents based on the priority determined by scoring.

- CMS may negotiate with only the highest scoring Respondent, and proceed to negotiate with one or more other Respondents in priority order only if agreement can not be reached with that Respondent.
- CMS may negotiate with a short list of Respondents who achieved certain minimum scores.
- CMS may negotiate with all Respondents.

Negotiations will finalize the requirements, establish agreement regarding the methods to be used in meeting requirements, and determine the contract price. Each Vendor responding to this ITN must reply with detailed explanations related to each numbered point of the technical specifications in Sections 4.8 through 4.27.

The written proposals submitted by the Respondents will be evaluated by CMS based on the instructions provided in this ITN. Vendors are not to simply provide statements that the requirements of the ITN will be met, but to respond concisely but fully with their approach and how they will comply with the requirements in each item listed in “Contractor’s Responsibilities” in Section 4.8 of this ITN. The criteria used to evaluate the Technical Proposals are described in the subsections below. CMS reserves the right to reject any and all proposals.

4.1 Scope of Services

CMS is seeking a vendor with comprehensive experience as a Third Party Administrator in health care eligibility and enrollment, provider administration, claims processing and payment, fee collection and processing, service authorization, fiscal operations, and utilization review and management, development and implementation of clinic management and care coordination software. Within these areas of experience, this ITN describes services that must be provided during a pilot phase and an initial statewide implementation. Other services, such as clinic management and care coordination software may be implemented later under separate contract amendments or additional procurements.

The vendor selected in this ITN process must provide and install a computer system to handle these functions, modify the system to meet CMS requirements for each CMS program, modify the system to provide each of the functions identified in the ITN, deploy the system in three pilot areas to prove its usability and efficiency, and eventually deploy the system for statewide use. The selected Contractor must operate the system and act as the agent for CMS to execute the functions required under the ITN.

4.2 Programmatic Authority

The Contractor must comply with all laws and regulations of the State of Florida, and shall be liable for any costs or damages resulting from a failure to comply with laws or regulations.

In addition, the Contractor must comply with the Health Insurance and Portability Acts of 1996 (HIPAA), Florida laws regarding privacy and confidentiality of patient information, and Department of Health information technology security policies. These include requirements to protect patient privacy, to protect security of electronic medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly

identify providers. In some cases, Florida law has requirements more stringent than those of HIPAA.

4.3 Major Program Goals

4.3.1 Program Goals

CMS has multiple goals in this procurement.

1. CMS intends to serve the children and families who qualify for CMS, including Early Steps as a result of their financial or clinical eligibility.
2. CMS intends to implement TPA services for all of the functions identified above and others that may improve the efficiency of CMS operations.
3. CMS intends to deploy TPA services statewide.

The overriding goal, however, is for the deployment of TPA services to be successful in the long run. It is most important for the selected Contractor to implement core services for the identified groups in a limited area with a certainty of success. To that end, the project will begin with a Feasibility Phase, in which the selected Contractor must work with CMS to chart a certain course to build and implement the TPA system and assume operations. During this phase, the vendor and CMS will agree on what eligibility groups will be initially served, what components will be initially installed, what areas will be used for the pilot, and what the schedule of deployment will be. These plans will be confirmed at the beginning of each successive project phase.

The selected Contractor must work using the document templates and development methods provided and approved by CMS to carefully plan and monitor progress step-by-step. When the project is adequately defined to the satisfaction of CMS, system design can begin.

CMS is therefore seeking a vendor that is willing to work under the cooperative methodology proposed by CMS in this ITN, and that will support and allow CMS to control the development process. Success in the project is the overriding, mutual goal that will result in more effective processing and improved coordination of services for the children and families affected by CMS programs.

4.3.2 Program Objectives

The objectives for the TPA Contractor are:

1. Conversion of existing CMS Area Offices, Early Steps Local Offices and CMS Central Office Claims Payment Operations into Third Party Administration Systems. This means the conversion of 22 CMS Area Offices and Local Early Steps Offices (8 regions) through the entire State of Florida.
2. Implement the ability to pay claims submitted directly by CMS-Approved Providers anywhere in the State of Florida or out-of-state as required.

3. Implement the ability to validate and verify Providers from data provided by CMS. Vendors should anticipate provider approval and management activities in the future.
4. Implement the ability to validate eligibility of CMS clients from data provided by CMS.
5. Implement the ability to bill and receive funds from Title XIX, Title XXI, SafetyNet, and Early Steps funding sources to pay claims.
6. Implement the ability for any CMS entity to have on-line access to any claims payment information, subject to system security controls.
7. Implement data systems that can facilitate electronic data interfaces/exchanges for CMS Central Office, State, and Federal Report requirements.
8. Creation of a “Front and Back Office” model where all claims processing and payment is handled by the TPA but managed and controlled directly by CMS Area Offices and the CMS Central Office.
9. Pilot a completed system in one CMS Area Office and one Local Early Steps office, when accepted, expand the operation by CMS Region.

4.3.3 Additional Program Considerations

CMS and the Local Early Steps Agencies will directly manage client eligibility, care coordination activities, and provider credentialing and enrollment as they currently do. It is expected that the TPA Contractor will implement conversion to a new system as described in section 4.3.2, and then provide long-term operational services.

CMS currently uses a provider management and imaging system vendor and system, ImageAPI (IAPI). The Contractor must write programs and develop procedures to efficiently integrate with IAPI, and may propose services under this ITN to eventually assume provider approval activities, enrollment and document imaging functions. Such services will be clarified in future procurement activities of CMS.

CMS currently uses a Pharmacy Benefits Manager (PBM), MedImpact, under a contract that extends to June 30, 2010. The Contractor must write programs and develop procedures to interface with the PBM contractor, and may propose services under this ITN to eventually assume PBM responsibilities. Such services will be clarified in future procurement activities of CMS.

4.4 Client General Description

Children’s Medical Services (CMS) provides a managed system of services for special needs children throughout the State of Florida, including infants and toddlers who qualify for the Early Steps Program. Currently, CMS processes claims for medical and other authorized services. Claims are paid from multiple

sources, including Title XIX (Medicaid), Title XXI (KidCare), general revenue, other state and federal trust funds, and Department of Education funding (Early Steps).

There are four major eligibility groups covered by CMS:

1. Medicaid (Title XIX)
2. KidCare (Title XXI)
3. CMS SafetyNet
4. Early Steps

With the State's Medicaid Reform Initiative, CMS anticipates a ten-fold increase in the number of line items and the amount of "claims" processed coupled with a major increase in the number of children served. CMS believes the Medicaid Initiative will translate into the need to process at least 5,000,000 claims/line items per year.

The current CMS information technology and human resources infrastructure simply cannot provide the level of administrative services required by this anticipated increase. The Florida Legislature has authorized CMS to make use of a Third Party Administrator(s) to provide claims processing operations for CMS. As a result, CMS wishes to outsource Claims Processing, Payment, and Billing to a Third Party Administrator(s).

It is expected the TPA will implement conversion to the new system and then provide long-term ongoing services. CMS will continue to directly manage client eligibility, care coordination, provider approval and provider enrollment activities. The TPA will provide computer support, software and interfaces to be used in these activities.

4.4.1 Medicaid (Title XIX)

Medicaid was established in 1965 under Title XIX of the Social Security Act. It is the state and federal partnership that provides health coverage for selected categories of people with low incomes. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children. Medicaid is a state-administered program and each state sets its own guidelines regarding eligibility and services.

Florida implemented the Medicaid program on January 1, 1970, to provide medical services to indigent people. Over the years, the Florida Legislature has authorized Medicaid reimbursement for additional services. A major expansion occurred in 1989, when the United States Congress mandated that states provide all medically necessary services allowable under the Social Security Act to children under the age of 21.

In Florida, the Agency for Health Care Administration (AHCA) develops and carries out policies related to the Medicaid program. As part of an agreement with AHCA, CMS is in the list of managed care providers under the state's Medicaid reform program. The fee-for-service (FFS) provider service networks (PSNs) that contract with CMS work to meet the needs of beneficiaries under the age of 21 with chronic conditions and illnesses.

Under this agreement, Medicaid reform beneficiaries must meet CMS medical screening criteria in order to be eligible for enrollment in the reform specialty plan. Once eligibility requirements are met, beneficiaries may join the specialty plan, making their siblings automatically eligible to participate. CMS is the first specialty plan under reform. The plan will ensure children with chronic conditions are provided quality care to meet their unique needs.

4.4.2 KidCare (Title XXI)

Approved in 1997, Title XXI of the Social Security Act helped to address the issue of a tremendous lack of health care coverage for thousands of children. This Act established the State Children's Health Insurance Program (SCHIP), which allows states to receive matching funds for children's healthcare.

As a result of the Balanced Budget Act of 1997 and other federal and state legislation, the State of Florida may opt to cover certain children, living in families whose income falls below a defined threshold. In 1998 the Florida Legislature enacted the Florida KidCare program to provide Title XXI coverage to previously uninsured children. CMS is a Title XXI specialty plan for any child who meets clinical eligibility requirements and qualifies financially for Title XXI coverage.

The CMS KidCare Program provides a complete array of Medicaid services that mirrors the mandatory Medicaid benefits for children ages 1 to 19.

4.4.3 CMS SafetyNet

The CMS SafetyNet Program currently provides services to children with special health care needs who do not qualify for Title XIX or XXI. Benefits include medically indicated treatment services, including case management, but services are limited and subject to the availability of funds. Purchased Client Services funds (PCS) are used to support the services. These funds are a combination of state and federal funds.

Potentially eligible persons are children with special health care needs 0 to 21 years old as determined through a clinical screening instrument and who are not covered through Medicaid or KidCare. The children may have commercial insurance or be uninsured.

In addition, children over 200% of the Federal Poverty Level who have special health care needs may be considered for the Safety Net Program provided their projected annual cost of care “spends the family income down” to the current Medicaid income threshold for the age of the child. These families financially participate in the care of the child; however, this is not accomplished through the collection of fees from the family.

All potentially eligible persons may receive initial screening services regardless of income. Services are provided by CMS approved physicians through CMS clinics, designated hospitals, convalescent facilities, specialized treatment centers, regional and satellite clinics, and in participating physicians’ private offices.

1. Examples of specialty clinics/programs include:
 - a. Brain and Spinal Cord Injury
 - b. Neurology/Neurosurgery
 - c. Renal
 - d. Cardiac
 - e. Organ Transplant
 - f. Speech and Hearing
 - g. Cleft Lip/Palate & Craniofacial
 - h. Orthopedic
 - i. Spina Bifida
 - j. Hematology/Oncology
 - k. Pediatric
 - l. Vision
 - m. Pediatric Pulmonary
2. Examples of CMS Contract Programs and Clinics include:
 - a. Adolescent and Young Adult
 - b. Genetics
 - c. Pediatric Rheumatology
 - d. Apnea Monitoring Program
 - e. Infant Hearing Impairment
 - f. Perinatal Intensive Care
 - g. Comprehensive Children’s
 - h. Infant Screening

- i. Poison Information
- j. Diabetes
- k. Kidney Failure Centers
- l. Rheumatic Fever and
- m. Early Intervention Program
- n. Liver/GI/Transplant
- o. Rheumatic Heart
- p. Endocrine
- q. Pediatric Primary Care

CMS is payor of last resort; all potential alternative financial resources must be investigated first, including insurance, personal injury judgments or settlements, Medicaid, or other federal or local governmental benefits.

CMS coordinates services with multiple private/public agencies. Care coordination is provided by nurses and social workers.

4.4.4 Early Steps

Early Steps is a federal entitlement program under the federal Individuals with Disabilities Education Act (IDEA), Part C, which provides services to children birth to three years old with developmental delays and their families. CMS has been charged with oversight of this program. The Program was attached to an existing Developmental Evaluation and Intervention Program (DEI) that provided early intervention services primarily to children who come out of neonatal intensive care centers. The DEI component is limited in scope and is funded through general revenue funds. The majority of DEI recipients are covered through Medicaid. Early Steps (ES) enrolls children in 15 Local Early Steps (LES) contracted programs located in 8 regions. Each region has a network of community providers who provide the authorized services under either a subcontract of the LES provider or provider agreement.

4.4.4.1 Organization and Funding

Early Steps is a major program under Children's Medical Services (CMS). CMS operates 15 Local Early Steps (LES) offices throughout the State of Florida servicing a specific population of clients between the ages of birth to 3 years old.

Clients come to the LES offices for intake. At intake, the Service Coordinator develops an Individualized Family Support Plan (IFSP). This document explains the recommended course of treatment and services for the Early Steps client.

A second set of documents or records are created from the IFSP—specific Service Authorizations that detail what treatments and services can be paid by a Third Party Administrator. The Service Authorization records must indicate the service authorized, the frequency (i.e. 2 times per month), the intensity (i.e. 30 minutes), and the duration (i.e. from 4/19/08 through 10/19/08), the funding source or sources, and the hierarchy of funding.

1. Once the Service Authorizations are in place, services are provided to the client either by LES-authorized providers in the community (Early Steps Community Provider) or by the LES office. At this point, there are five possible processing streams or outcomes.
 - a. Stream 1: The Early Steps Community Provider directly bills a private insurance company, Medicaid, or another payor on behalf of the client. The TPA will have no responsibility or interface for such transactions.
 - b. Stream 2: The Early Steps Community Provider directly bills CMS through the TPA for services authorized to be paid by the TPA.
 - c. Stream 3: The LES office bills private insurance on behalf of the Early Steps client. The TPA will have no responsibility or interface for such transactions.
 - d. Stream 4: The LES office bills Medicaid through the TPA. The TPA must provide data entry screens and software to allow such claims to be created and recorded.
 - e. Stream 5: The LES office directly bills CMS through the TPA for services authorized to be paid by the TPA.
2. There is a defined hierarchy of payment.
 - a. Every effort is made to bill private insurance first. If a claim cannot be submitted to private insurance, or if a claim is denied by private insurance, or private insurance only pays part of the claim, the LES office works the claim. This is all done at the LES office level, with no involvement from the TPA.
 - b. If the client is Medicaid eligible, the LES office will use TPA data entry screens to create a claim to be processed by Florida Medicaid. If Medicaid does not pay the claim, the LES office receives notice of the denial and works the claim.
 - c. If the claim is rejected or not fully paid by the combination of private insurance and Medicaid, the LES office may apply local funding sources to cover the service. This is done at the LES office level, with no involvement from the TPA.

- d. If after applying this hierarchy the claim has not been fully paid, and if authorized and allowable under CMS rules, the LES office may submit the claim to the TPA to be paid from funds controlled by CMS, applying an additional, internal hierarchy of funding sources.
3. The TPA under this contract will:
 - a. Allow LES staff to enter claims into the TPA System and process those claims for direct services by LES staff
 - b. Submit claims prepared and entered by the LES office to Medicaid
 - c. Coordinate benefits with Medicaid and other payors
 - d. Receive and process encounter records for services provided by the LES but funded through the general payment for operations
 - e. Allow entry of Service Authorization records
 - (1) These records must include components for service, frequency, intensity, duration, funding source and hierarchy of payment
 - (2) Meet additional requirements developed during the design phase
 - (3) Be used in the processing of claims submitted by Early Steps Community Providers and the LES offices
4. External providers may:
 - a. Bill other payors directly, such as Medicaid. These claims may include the TPA System as a secondary or tertiary payor to allow the TPA to receive data on the service provided, even if no payment is generated by the TPA System.
 - b. Provide the services under agreements with the LES. These may be reported to the TPA as encounter records.
 - c. Submit bills directly or through the LES that must be processed for payment or denial by the TPA. Such claims will be subject to the Service Authorization process.
5. Service Providers are paid from the following funding sources.
 - a. Private Insurance
 - b. Medicaid
 - c. Local Education Agencies
 - d. Other Local Funding Sources
 - e. Funding the LES contracts from Children's Medical Services comprised of the following:
 - (1) State General Revenue
 - (2) State Tobacco Trust Fund (paid through Early Steps contracts)

- (3) Federal IDEA Part B LEA Grant (paid through Early Steps contracts)
- (4) Federal IDEA Part C Grant (paid through Early Steps contracts)
- (5) Welfare Transition Temporary Assistance to Needy Families (paid through Early Steps contracts)

4.4.4.2 Early Steps Processing

The current Early Steps Data System is provided under a contract with the University of Florida. The system does not have the capacity for the level of administrative services required for full claims processing. Currently the Early Steps Data System bills for Medicaid Targeted Case Management Services on behalf of the LES Regions and some early intervention, therapy and medical services. The Contractor must plan for and integrate Early Steps into the TPA System on a schedule to be approved by CMS.

Details on the current system and operations are available in the Procurement Library. As-is and to-be descriptions and documents are available in the procurement library. Vendors are expected to become familiar with the complexity, purpose and direction of Early Steps program before responding to this ITN.

Early Steps services are individually determined based on the concerns and priorities of the family for their child by a team consisting of the family, the service coordinator, and professionals appropriate to the child's delays. Services are authorized on an Individualized Family Support Plan (IFSP) and entered in the Early Steps Data System as a Family Support Plan Service Authorization (FSPSA).

Services are generally provided either by employees of the Local Early Steps contracted provider or community providers with contracts or provider agreements with the Local Early Steps. Many are directly affiliated with hospitals or university teaching centers. CMS/Early Steps manages the operations but the services are provided by approved providers.

The Contractor must include features in its processing system to accommodate the following requirements:

1. Early Steps services are paid from multiple funding sources and with multiple methods.
2. Some services are not paid individually, but are expected to be covered through a general payment for operations. Such services may need to be reported as encounter records or shadow claims, but will not generate additional payment to the LES office.
3. Some services are billed directly from external providers to Medicaid or private insurance. Such services may need to be tracked by the TPA as part of the Service Authorization process.

4. The TPA System will be used by the LES to generate claims to be billed to Medicaid, and may involve HIPAA coordination of benefits activities for which the Contractor will be responsible.
5. The TPA will pay some claims submitted by the LES offices from funding sources and using a hierarchy of funding source and other rules determined by CMS.
6. Rates paid for Early Steps services may be different from rates paid for the same services in other programs.
7. Some services may be subject to co-pay or family share of cost, or the TPA system may pay a co-pay for a service covered by another payor.
8. The Contractor will maintain the specific Service Authorizations necessary to control payment of Early Steps claims and to properly determine funding sources. The TPA will not pay claims for any service that is not authorized by such specific Service Authorization.

4.5 Eligibility

CMS recipients from the four eligibility groups previously described must qualify for the program based on financial eligibility or other entitlement criteria. In addition, CMS must determine if the individual is clinically eligible.

For three of the programs, eligibility determination usually begins as the children apply for Medicaid or KidCare. The KidCare application contains a question that triggers a referral to CMS for the purposes of clinical eligibility. Medicaid choice counselors also ask screening questions that trigger a referral to CMS for clinical eligibility determination. Children must also qualify financially for these CMS eligibility groups. They must meet income criteria established for Medicaid, KidCare or Safety Net.

The Local Early Steps Programs use a set of clinical or functional criteria to determine program eligibility. There are no financial eligibility requirements for Early Steps.

4.5.1 Medicaid (Title XIX)

Recipient eligibility for Medicaid is determined by the Florida Department of Children and Families (DCF) or the Social Security Administration. DCF determines Medicaid eligibility for individuals who may be served by CMS in the following categories. In some cases, factors related to the parent or family members may affect the individual's eligibility. Medicaid eligibility rules are summarized here for general reference only. Eligibility rules and their impact on CMS programs will be finalized during the Design Phase.

1. Low-Income Families With Children
 - a. The State of Florida has several programs designed to provide Medicaid to parents or specified relatives and children in low-income families. Specified relatives include grandparents, aunts, uncles, first cousins, and others who are within the fifth degree of relationship to the child.
 - b. Children up to age 18 and their parents or specified relatives may be eligible for Medicaid if countable income does not exceed the income limits and countable assets are not above \$2,000.
 - (1) Individuals that are receiving Temporary Cash Assistance (TCA) are eligible for Medicaid. Individuals that are eligible for TCA, but choose not to receive it, may still be eligible for Medicaid.
 - (2) Families that lose Medicaid eligibility due to earned income may be eligible for up to 12 additional months of Medicaid, if they meet certain requirements.
 - (3) Families that lose Medicaid eligibility due to child support or alimony may be eligible for 4 additional months of Medicaid.
2. Children Only
 - a. The State of Florida has several programs designed to provide Medicaid for children only. The income limits for most of these programs vary based on the age of the child. Only the income of the child and parent(s) is counted when determining the child's eligibility.
 - b. Families that wish to apply for Medicaid just for their children may do so through the KidCare program. The KidCare application can be mailed in and does not require an interview with DCF.
 - c. Children who do not qualify for Medicaid may be eligible for other KidCare coverage if income is less than 200% of the Federal Poverty Level and will be referred to Florida Healthy Kids for this determination.
3. Non-Citizens With Medical Emergencies
 - a. Non-citizens that would be Medicaid eligible on all factors other than their citizenship status may be eligible for Medicaid to cover medical emergencies, including the birth of a child.
 - b. Before Medicaid may be authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition. The proof also must include the dates of the emergency.
 - c. Non-citizens that are in the United States for a temporary reason, such as tourists, students, or those traveling for business, are not eligible for Emergency Medical Assistance.

4. Medically Needy Program
 - a. Individuals that are not eligible for Medicaid because their income or assets exceed the Medicaid program limits may qualify for the Medically Needy program. Individuals enrolled in Medically Needy must incur a certain amount of medical bills each month before Medicaid can be approved. This is referred to as a “share of cost” and it varies depending on the household’s size and income.
 - b. Once an individual incurs enough medical bills to meet the share of cost for the month, the individual should contact DCF to complete bill tracking and approve Medicaid for the remainder of the month.

4.5.2 KidCare (Title XXI)

The Florida KidCare State Children’s Health Insurance Program (SCHIP) has four partner agencies:

1. The Agency for Health Care Administration administers the MediKids program for children ages 1 through 4. The Agency also works with the federal government to make sure the program follows all federal laws and rules.
2. The Department of Children and Families determines eligibility for the Medicaid program.
3. The Department of Health administers the Children’s Medical Services (CMS) Network for children with special health care needs from birth through age 18.
4. The Florida Healthy Kids Corporation administers the Florida Healthy Kids program for children ages 5 through 18. The Corporation also determines eligibility for the non-Medicaid parts of the program, collects monthly premiums, and manages the customer service call center.

To qualify for eligibility benefits under KidCare, a child must:

1. Be under age 19,
2. Be uninsured,
3. Meet income eligibility requirements,
4. Be a U.S. citizen or qualified non-citizen,
5. Not be the dependent of a state employee eligible for health insurance, and
6. Not be in a public institution.

4.5.3 CMS SafetyNet

The CMS Safety Net Program provides services to children with special health care needs who:

1. are younger than 21 years of age;
2. physically reside within the state of Florida with the intent to remain;
3. meet the clinical criteria on a screening instrument;
4. do not qualify for Title XIX or XXI;
5. may have incomes over 200% of the Federal Poverty Level provided the projected annual cost of care adjusts the family income to the current Medicaid income level for the child's age.

4.5.4 Early Steps

The Early Steps program provides early intervention services at service areas throughout the state for qualified at-risk infants and toddlers. The eligibility requirements are:

1. Infants and toddlers (birth to 3 years old) with, or at risk for, significant developmental delays
2. Medically confirmed disorders:
 - a. Genetic/metabolic disorder
 - b. Neurological disorder
 - c. Severe attachment disorder
 - d. Sensory impairment
 - e. Developmental delay
3. The eligibility process also considers cultural, socioeconomic, and other factors that affect a child's development. There are no financial eligibility criteria for Early Steps (Part C).

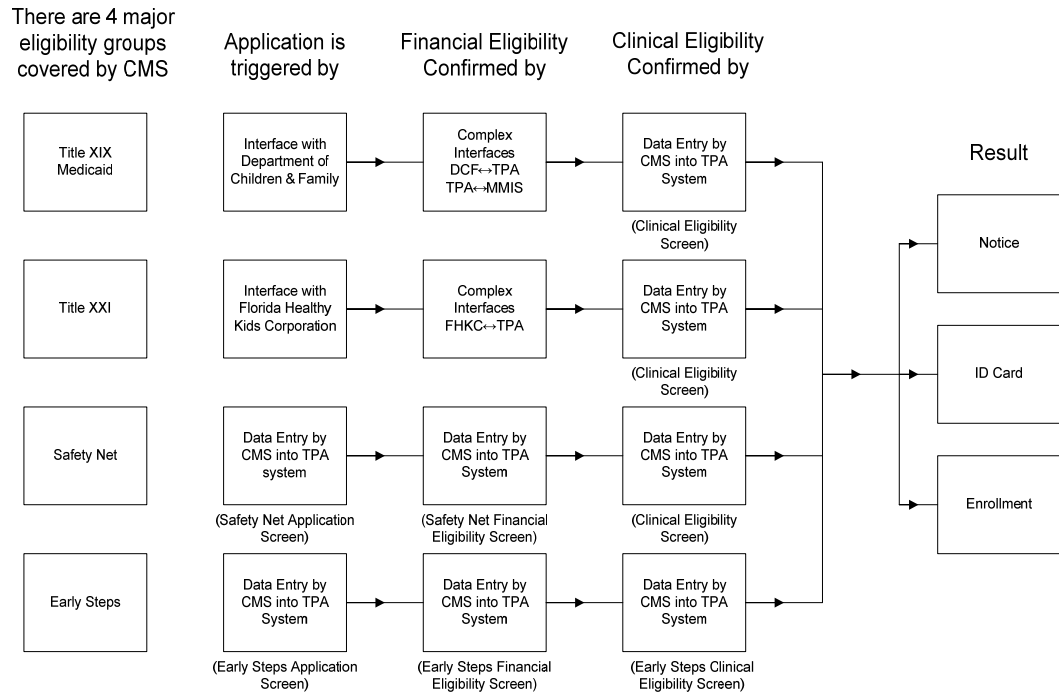
4.6 Client Determination

Those who seek CMS services in the programs covered by CMS must meet financial eligibility and clinical eligibility requirements. These requirements are different for each of the programs.

For Medicaid and Title XXI, external entities determine financial eligibility as described in section 4.5. For SafetyNet, CMS determines financial eligibility using two different methods. Early Steps (Part C) has no financial eligibility criteria.

CMS determines clinical eligibility for Medicaid, Title XXI and SafetyNet using one method, and for Early Steps using another.

The following diagram will generally illustrate processing for Eligibility and Enrollment:



4.7 Client Contract Limits

There are currently 60,000 children served across four major CMS programs in Florida:

Title XIX Medicaid: 25,000 children

Title XXI: 15,000 children

Safety Net: 8,000 children

Early Steps: 12,000 children

The above numbers of clients to be served are planning estimates only and the department reserves the right to alter or adjust the locations and the number of affected clients by any amount.

4.8 Task List

The Task list in section 4.8 identifies the specific objectives, activities and deliverables that must be undertaken and completed by the Contractor in the various phases of the Contract. Each specific task will have a statement of objectives, one or more sub-sections that explain the activities for which the Contractor will be responsible, and a deliverables sub-section that will summarize deliverables associated with the task.

4.8.1 General Requirements

The deliverables and Contractor requirements identified in this ITN represent obligations that will be enforced in a contract that may result from this procurement, unless they are modified during negotiations. Respondents to this ITN must explain their ability and method for meeting all the requirements of the ITN, and indicate any they would be unable to meet. It is important for Respondents to do more than commit to meeting these requirements—the Respondents must explain in their proposal how the requirements will be met.

Each Vendor responding to this ITN must reply with detailed explanations related to each numbered point of the technical specifications in Sections 4.8 through 4.27.

4.8.1.1 General Requirements Objectives

This section describes requirements that apply throughout the project to all construction, hardware delivery and installation, software creation and modification, programming work, documents, communications, work activities, deliveries and all work products associated with this project.

The Contractor must work and act at all times in a professional, ethical and lawful manner. All representatives and employees of the Contractor are subject to the same standards of professionalism.

Work must be controlled by the Contractor to assure timely, quality delivery. No work should be presented to CMS without adequate review by quality assurance or management staff. No system component may be delivered to CMS for approval or testing before the Contractor has completed an appropriate level of testing.

4.8.1.2 System Deliverable Standards and Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to establish and meet system deliverables standards for the project.

1. Write and deliver (during the Definition Phase) an Information Systems Development Methodology (ISDM) and programming standards document subject to CMS approval. All computer programs, interfaces, web pages, reports, batch jobs, data tables, and other system artifacts documents delivered for the project will be subject to the standards of this deliverable.
 - a. The ISDM must represent a waterfall process, not an iterative process, to assure that CMS has approved each major step before the Contractor proceeds to the next stage of development.

- b. There will be no Agile or Rational Unified Processes (RUP) used to manage the project. (The Contractor can use Agile or RUP internally, but the project plan will not use the Initiation, Elaboration, Construction and Transition phases for reporting and control purposes.)
2. As a minimum, the ISDM must have sections that address:
 - a. The flow and process of system development, including customer approvals
 - b. The programming standards that will apply for each language used
 - c. The method of system documentation for tables, programs, screens, reports, scripts, routines, batch jobs, communications, networking, and all other components, both internal (within programs) and external (stand-alone documents and reference materials)
 - d. The methods for preserving version control and data integrity
 - e. The methods for documenting system architecture and major design elements and providing high-level overviews
 - f. The methods for handling change control, including approvals, scope determinations, and updating documentation
 - g. The methods for testing and promoting changes as they apply to each programming language or method

4.8.1.3 Document Deliverable Standards and Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to plan and manage all aspects of the project.

1. Develop a Document Management Plan (using the CMS Document Management Plan Template) in cooperation with the CMS Project Management Office (PMO) subject to the approval of CMS during the Feasibility Phase. All documents delivered for the project will be subject to the standards of this deliverable. See a Sample Document Management Plan in the Procurement Library. As a minimum, the Document Management Plan must have sections that address:
 - a. Introduction
 - b. Roles and Responsibilities for Documents
 - c. Type of Documentation and Work Products
 - d. Document Standards
 - e. Document Submission and Comment Resolution Process
 - f. Code Storage and Retention
 - g. Deliverables List with Descriptions

- h. Signature and Acceptance Page
 - i. Additional topics as directed by CMS
2. Produce all deliverables using CMS templates that have been agreed upon by the Contractor and CMS. CMS can and will provide samples of templates as required for Contractor use.
3. Use and deliver all documents and work products in formats acceptable to CMS, using the software standards of CMS that include 2003 versions of:
 - a. Microsoft Word
 - b. Microsoft Excel
 - c. Microsoft Outlook
 - d. Microsoft Access
 - e. Microsoft Visio
 - f. Microsoft Project
 - g. PERT Pro
 - h. WBS Pro
 - i. Adobe version 7.0
4. Deliver all electronic files without password protection. CMS will maintain the official archive of project artifacts, and will make copies available to the Contractor.
5. Provide copies of all deliverables in both paper and electronic format unless otherwise approved by CMS. All paper documents will be printed back to back.
6. Provide management signature and certification that any document is accurate and ready for review before submitting to CMS for approval or acceptance.
 - a. This will be the standard method for approving deliverables. Movement from one project Stage Gate to the next is dependent on the acceptance of the required deliverables for each project phase.
 - b. Email with acknowledgement is a generally acceptable form of communication for all but the most formal communications. Exceptions will be contract documents, official legal notices, invoices, and other items specifically designated by CMS.

4.8.1.4 System HIPAA and Other Privacy Requirements

The following specific tasks must be performed by the Contractor, subject to the approval of CMS, to address all system Health Insurance Portability and Accountability Act (HIPAA) and other privacy requirements of the project:

1. Agree to the following in order to maintain confidentiality of Protected Health Information (PHI):
 - a. not to use or further disclose PHI other than as permitted or required by this Agreement or as Required By Law;
 - b. to establish, maintain, and use appropriate safeguards to prevent use or disclosure of the PHI other than as permitted herein;
 - c. to report to CMS any use, access, or disclosure of the PHI not provided for by this Invitation to Negotiate (ITN) and any addenda, the Contractor's proposal, and any contract or agreement between CMS and the Contractor, or any misuse of the PHI, including but not limited to system compromises of which it becomes aware and to mitigate, to the extent practicable, any harmful effect that is known to the Contractor as a result thereof;
 - d. to enforce and maintain appropriate policies, procedures, and access control mechanisms to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Contractor on behalf of CMS, agrees to the same restrictions and conditions that apply through this ITN and any addenda, the Contractor's proposal, and any contract or agreement between CMS and the Contractor, to the Contractor with respect to such information. The access and privileges granted to any such agent shall be the minimum necessary to perform the assigned functions;
 - e. to provide access, at the request of CMS, and in the time and manner reasonably designated by CMS, to PHI in a Designated Record Set (as defined in the Privacy Rule), to CMS or, as directed by CMS, to an approved Individual in order to meet the requirements under 45 CFR §164.524;
 - f. to make any amendment(s) to PHI in a Designated Record Set that CMS directs or agrees to pursuant to 45 CFR §164.526 at the request of CMS or an approved Individual, and in the time and manner reasonably requested by CMS;
 - g. to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the Contractor on behalf of, CMS available to CMS, or at the request of CMS to the Secretary of the U.S. Department of Health and Human Services, in a time and manner reasonably requested by CMS or designated by the Secretary, for purposes of the Secretary determining CMS compliance with the Privacy Rule;
 - h. to document such disclosures of PHI, and information related to such disclosures, as would be required for CMS to respond to a request by an

approved Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528;

- i. to provide to CMS or an Individual, in a time and manner reasonably requested by CMS, information collected in accordance with this section to permit CMS to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528;
 - j. to promptly notify CMS of all actual or suspected instances of deliberate unauthorized attempts (both successful and unsuccessful) to access PHI;
 - k. to maintain and enforce policies, procedures, and processes to protect physical access to hardware, software, and/or media containing PHI (*e.g.*, hardcopy, tapes, removable media, etc.) against unauthorized physical access during use, storage, transportation, disposition, and/or destruction;
 - l. to ensure that access controls are in place to protect PHI and processing resources from unauthorized access are controlled by two-factor identification and authentication: a user ID and a Token, Password, or Biometrics.
2. Ensure that all federal, state, and local regulations regarding standards for privacy, security, and individually identifiable health information as identified in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 are met.
 3. Deliver, maintain, and operate the TPA system in full compliance with HIPAA, including but not limited to:
 - a. the transaction and code set (TCS) standards,
 - b. the privacy and security standards, and
 - c. the identifier standards.
 4. Keep the system up to date with new HIPAA requirements as they are promulgated.
 5. Send and receive all electronic transactions covered under HIPAA in the approved electronic format.
 6. Acknowledge and commit to responsibility for HIPAA compliance of the TPA system and all TPA operations regardless of its status as a covered entity or business associate of CMS.
 - a. The actual damages for the Contractor's failure to comply with the HIPAA standards shall be any penalties that CMS is assessed.
 7. Grant access permissions down to the data element level to:
 - a. ensure compliance with HIPAA security requirements,
 - b. preserve recipient Protected Health Information (PHI), and
 - c. provide audit trails for all changes.

8. Send and receive all HIPAA transaction sets.
 - a. Send and receive intake imaged and scanned documents.
 - b. Link automatically both the HIPAA transaction and the imaged document(s) together in history.
9. Test and validate HIPAA transaction processing according to guidelines developed by the Strategic National Implementation Process (SNIP):
 - a. Test for integrity and syntax.
 - b. Test for adherence to national implementation guides.
 - c. Test for balancing.
 - d. Test for situational elements in CMS implementation guide.
 - e. Test for code set conformance.
 - f. Test for each specialty, line of business, or provider class.
10. Ensure that the TPA system conforms to the relevant principles of the following Federal Information Processing Standards (FIPS) Publications, government documents, and any updated publications:
 - a. Automatic Data Processing Physical Security and Risk Management (FIPS PUB 31);
 - b. Computer Security Guidelines for Implementing the Privacy Act of 1974 (FIPS BUS 41);
 - c. HIPAA Privacy and Security Rules; and
 - d. Agency for Health Care Administration (AHCA) Information Technology (IT) Security Manual.
 - e. DOH Information Technology Security Policies
11. Implement a role-based security system that can limit certain users to inquiry-only access, and can restrict access to screens and data elements for both read and update based on job function and authorization.
 - a. CMS will approve CMS personnel authorized to access the TPA system in any mode.
 - b. Security codes must be controlled as directed by CMS.
12. Ensure that all systems, procedures, practices, and facilities are fully secure and protected.
 - a. It is the intent of CMS that all the activity covered by this ITN be fully secured and protected by satisfactory security arrangements. CMS and the Contractor will establish a joint security management team to accomplish these objectives.

- b. The Contractor must treat all information obtained through its performance under the contract in accordance with federal and state laws and Department of Health policies, maintaining the confidentiality of any protected health information and using it only as necessary for the proper discharge of its obligations.
 - c. State or federal officials, or representatives of these parties as authorized by federal law or regulations, will have access to all confidential information in accordance with the requirements of State and federal laws and regulations. CMS will have absolute authority to determine if and when any other party is allowed to access confidential information.
13. Satisfy the following data security requirements:
- a. Provide both column- and row-level security access for enhanced HIPAA security on a need-to-know basis.
 - b. Provide a secure, climate-controlled area for storage of large volumes of paper files (including takeover of currently archived documents), such as medical records, in close proximity to the Contractor's office building location.
 - c. Provide secure transmission of batch and all other claims.
 - d. Provide secure email for all Contractor staff, including mail services to determine when email must be encrypted, and executing that encryption;
 - e. Secure all Internet and communication links among the Contractor, CMS and any other parties in all cases where Protected Health Information may be exchanged.
 - f. Provide password protection and password renewal capability. The TPA system may not allow generic or shared passwords, except as specifically authorized by CMS.
 - g. Provide authorized providers with the capability to:
 - (1) access and view a claim(s) as they submitted it;
 - (2) inquire on recipient eligibility
 - (3) obtain Service Authorization status
 - (4) Check the status of claims
 - h. Prepare for possible future enhancements, including giving recipients their own secure "portal," providing them with online and real-time ability to:
 - (1) view their personal data,
 - (2) request changes,
 - (3) request protected health information (PHI), and

(4) view claims filed on their behalf from providers.

14. Provide the following controls, products, protections, and functions:

- a. Complete control and accounting of all data received, stored, used, or transmitted by the Contractor for CMS to assure administrative, physical, and technical security of the data;
- b. A system security software product which is fully functional and operational in the CMS TPA environment, including that portion controlled by the Contractor and that portion controlled by CMS. In managing this feature, the Contractor must:
 - (1) log and report to the full security management team all unauthorized attempts to access the TPA system;
 - (2) establish a limit of unsuccessful attempts to access the TPA system after which the user will be disconnected;
 - (3) disconnect any user for whom a limit has been reached; and
 - (4) provide automatic logoff of a user if a key is not depressed within the time established by CMS.
- c. Control the security of all remote access to the TPA system to assure that only authorized users have access, that unencrypted Protected Health Information is not transmitted, and that unauthorized login attempts are recorded and reported.
- d. Complete confidentiality of all passwords and IDs used by the Contractor and State employees.
 - (1) No individuals will be allowed to share password IDs with each other.
- e. Ensure the security of all State documents and data.
 - (1) The Contractor must provide complete segregation of CMS data and files from the data and files of other Contractor customers.
- f. Provide access to all new State and Contractor staff within two (2) workdays of employment, following all required security checks and protocols.
- g. Terminate access for all terminated Contractor employees by the end of their last business day, and within one (1) workday of notification by CMS for State-designated staff.
- h. Set up, at the direction of CMS, a system to automatically terminate all users who have not accessed the system in a specified number of days.
- i. Conduct monthly physical security audit of selected requirements to ensure compliance with HIPAA.

15. Establish security access to the TPA system for TPA users, for CMS staff, and for all other State-authorized staff:
 - a. Use convenient, secure, and Web-based methods to receive requests for authorization to access the TPA system and for State staff to approve and grant access.
 - b. Load lists of authorized users from data sources supplied by CMS.
 - c. Design, distribute, gather, process, and file paper Security Authorization Forms to ensure access is granted only to State-authorized staff.
 - d. Process Security Authorization Forms for those users of the TPA system authorized by CMS. Methods and procedures to authorize, authenticate and set up users are subject to the approval of CMS.
16. Employ traffic and network monitoring software and tools on a regular basis to identify obstacles to optimum performance.
 - a. Identify email and Internet spam and scams and restrict or track user access to appropriate Web sites;
 - b. Detect and prevent hacking, intrusion and other unauthorized use of Contractor resources;
 - c. Prevent adware or spyware from deteriorating system performance;
 - d. Update virus blocking software daily and aggressively monitor for and protect against viruses;
 - e. Monitor bandwidth usage and identify bottlenecks that impede performance;
 - f. Provide methods to flag recipient data to exclude PHI from data exchanges as approved by CMS, and to comply with recipient rights under the HIPAA privacy law for:
 - (1) Requests for restriction of the uses and disclosures on PHI (45 CFR 164.522(a));
 - (2) Requests for confidential communications (45 CFR 164.522(b)); and
 - (3) Requests for amendment of PHI (45 CFR 164.526).
17. Write and deliver a HIPAA compliance plan subject to CMS approval during the design phase.
 - a. The plan must describe in detail the policies and procedures necessary to comply with
 - (1) Privacy Standards
 - (2) Security Standards
 - (3) Transaction and Code Set Standards

- (4) National Provider Identifier (NPI) Standards
 - (5) State requirements which may be more stringent than HIPAA requirements to protect patient privacy and confidentiality rights.
- b. The plan must assign responsibility for HIPAA compliance to Contractor resources, including:
- (1) a Privacy Official
 - (2) a Security Official
 - (3) a technical resource knowledgeable in HIPAA transaction processing requirements and capable of enforcing transaction, code set, and NPI compliance

4.8.1.5 General Requirements Deliverables

The Contractor must provide the following specific deliverables to meet the general requirements of this ITN, subject to the approval of CMS:

1. The Information Systems Development Methodology (ISDM) described in section 4.8.1.2 (during the Definition Phase)
2. The Document Management plan described in section 4.8.1.3
3. HIPAA-compliant software, policies and procedures, technical controls, administrative controls, and physical controls described in section 4.8.1.4
4. The HIPAA Compliance Plan described in section 4.8.1.4

4.8.2 Project Management and Control Requirements

4.8.2.1 Project Management and Control Objectives

The successful delivery of the products and services requested under this ITN is of strategic importance to the Department of Health and is critical to the future well-being of the clients served by CMS programs. This is an especially vulnerable population served by caring and dedicated staff from CMS and its team of medical and service providers.

Critical goals for the success of this project include:

- Accurate and timely determination of client eligibility for CMS programs
- Timely and appropriate delivery of needed medical and ancillary services
- Accurate and timely payment of valid provider claims
- Providing efficiency and consistency across the multiple programs and jurisdictions of CMS
- Successful, step-by-step development and implementation of a TPA system and service that meets the goals stated above.

The major project control objective is for CMS to run and control the project and for the Contractor to follow an executable plan that is 100% trackable and accountable. CMS must report to several State and DOH governing bodies. As a result, all reporting mechanisms must give CMS complete control of the project.

All time must be accountable and all time and efforts must end in an acceptable product and direct benefit to CMS. CMS requires all artifacts be completed, approved and signed by CMS before movement to the next Stage Gate. There will be no fast-tracking in the Feasibility, Definition, and Design Phases.

4.8.2.2 Project Management Plan

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to plan and manage all aspects of the project. The anticipated timeframe for the completion of the Project Management Plan is 4 – 6 weeks.

1. Write and deliver a Project Management Plan subject to CMS approval. This is the key deliverable for the Feasibility Phase. It explains at very high levels how the project will be run, provides basic project management artifacts (Communications Plan, Risk Plan and more). It will answer the question. Can the Contractor's product and project management approach accomplish the goals within the time frames and cost required by CMS? See Appendix, Sample Project Management Plan.
 - a. The CMS-designated project manager for the project (See section 4.9.1, the CMS PM) will help the Contractor project team prepare the document.
 - b. The Project Management Plan will contain sections identified below:
 - (1) Purpose of Document
 - (2) Program Background
 - (3) Project Description and Scope
 - (4) TPA and CMS Project Management Roles
 - (5) Stakeholder and Project Participants
 - (6) Project Execution Strategy
 - (7) Conceptual Data Architecture – High Level
 - (8) Success Criteria
 - (9) Quality Assurance Plan (Testing Approach)
 - (10) Risk Management Plan
 - (11) Project Organization
 - (12) Communications Plan

- (13) Major Milestones and Schedule
 - (14) Risk, Constraints and Assumptions
 - (15) Financial and/or Spending Plan
 - (16) Change Management Process
 - (17) Signature and Acceptance Page
 - (18) Attachments
2. Submit the Project Management Plan to CMS for review and approval by the CMS steering committee for the project. Revise the plan according to their comments. The Contractor will not be allowed to enter the Definition Phase of the project without the approval of the Project Plan.

4.8.2.3 Communication Management Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to plan and manage communication with the Contractor's staff, state staff, stakeholders and project managers:

1. Write and deliver a Communications Plan (a component of the Project Management Plan) based on the template provided by CMS. See a Sample Communications Plan in the procurement library.
 - a. The Communications Plan is a deliverable completed in the Feasibility Phase and updated throughout the life of the project.
 - b. The Communications Plan will have at least the following sections:
 - (1) What – Title of Communications
 - (2) Why – Purpose of Communication
 - (3) Who – Name and Role of Person Who will be communicated to
 - (4) How – Method of Communications
 - (5) When – Daily, Weekly, Monthly, Quarterly
 - (6) Owner – Who is responsible for communications
2. Conduct interviews with CMS-identified stakeholders to determine their communication requirements, and apply Project Management Body of Knowledge (PMBOK) principles of communication to determine timeframes and methods for all project communications with staff, CMS, stakeholders and project managers.

4.8.2.4 Scope Management Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to refine and document the scope of activities necessary to meet all of the Contract requirements, as agreed by all parties.

1. Write and deliver a Scope Statement subject to the approval of CMS. The scope statement will be presented as part of the formal Project Management Plan presented in the Feasibility Phase of the Project.
 - a. The Scope Statement will document that what is agreed to at the end of the Definition Phase will be the scope for the remainder of the project.
 - b. The content of the formal scope statement will include but not be limited to:
 - (1) What services the Contractor will provide for Provider Management;
 - (2) What services the Contractor will provide for Eligibility and Enrollment;
 - (3) What services the Contractor will provide for Claims Payment;
 - (4) What services the Contractor will provide for Claims Processing;
 - (5) What services the Contractor will provide for Care Coordination;
 - (6) What services the Contractor will provide for Clinic Management;
 - (7) What services the Contractor will provide for Call Center Operations,
 - (8) What services will not be provided,
 - (9) What support and assistance will be required by CMS? What does CMS have to do to support the Contractor;
 - (10) What systems can and will be operational at the end of Fiscal Year 2009 – 10; and
 - (11) What systems can and will be operational at the end of Fiscal Year 20010 – 11.

4.8.2.5 Work Breakdown Structure (WBS) Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to create and maintain the Work Breakdown Structure (WBS). The Work Breakdown Structure must clearly and in a quantitative manner identify action tasks that will complete the required project phases and deliverables. All tasks must be action items, be fully resourced and have clearly defined predecessors and successors. CMS will test the MPP and approve any MPP before it is executed. It is the intent of CMS to run the Contractor's Plan with the Contractor reporting progress on a weekly basis.

1. Create and deliver Microsoft Project Plans (MPPs) that record all significant activities required to meet the deliverables of the project.
2. Provide accurate data to estimate or project values for future work and to record actual values for completed work for all of the following columns in the plan. Display these columns in copies of the MPPs provided to CMS at any time during the project, unless directed otherwise by CMS:
 - a. ID
 - b. Task Name
 - c. Duration
 - d. Work
 - e. Actual Work
 - f. Budgeted Cost of Work Scheduled (BCWS)
 - g. Budgeted Cost of Work Performed (BCWP)
 - h. Actual Cost of Work Performed (ACWP)
 - i. Actual Start
 - j. Start
 - k. Finish
 - l. % Complete
 - m. Predecessor
 - n. Successor
 - o. Resource Name
3. Decompose the work so that each task is a cohesive package of work that can be monitored and tracked.
 - a. Any task that spans more than a month will be broken up into multiple tasks.
 - b. Each block of tasks will have a Milestone or completion check point.
 - c. Each element of work should be assigned to only one level of effort.
 - d. A narrative and/or descriptor with verb must describe the task.
 - e. Task must be quantitative, *i.e.* measurable.
 - f. At all levels, the WBS should provide measurable deliverables for each aspect of the project.
 - g. Normally tasks will not be over 40 hours each, with three or fewer resources.
 - h. When the task is longer than this, the task will be subdivided.

- i. Identify and record in the MPPs all resources necessary to complete each task or activity. Level the resources and assure that they are not overloaded. All WBS will have resources and properly calculated costs assigned.
 - j. All WBS Tasks in the MPP will have successors and predecessors properly identified and recorded. Accurately identify and record in the MPPs all dependencies from task to task.
 - k. The Plan will have a critical path, and all tasks will be dependent. That is each task must have a predecessor and successor and resource loaded.
4. Modify the MPPs prior to the beginning of each phase for approval of CMS. Modify the MPP when directed or approved by CMS. The MPPs approved by CMS will serve as the project baseline against which Contractor performance and project progress will be measured.
 5. Create separate MPPs for each State fiscal year. Because CMS must relate all projects to Fiscal Year Appropriations, plans will run within Fiscal Years. Thus the Contractor will produce one plan for Fiscal Year 2009 – 10 and a second plan for Fiscal Year 2010 – 11.
 6. Submit all MPPs to CMS so that CMS can run Monte Carlo simulation software. Correct plans with guidance from CMS until the MPPs attain at least a 90% simulation score.
 7. Create and submit a financial plan that forecasts by month the expected budget for the Fiscal Year. This will become the Project Spending Plan. CMS uses a specific template provided by the DOH PMO. Template will be made available to the Contractor.
 - a. The CMS PM will use Chart Pro (PERT and WBS) to test the plan prior to acceptance and will recommend to the CMS Steering Committee acceptance or rejection of the Contractor strategy. The Contractor may not proceed without this approval.
 - b. The MPP and Spending Plan must always be synchronized. That is the budget on the MPP and the Spending Plan must match.
 8. Report weekly on the current progress of every activity in the MPPs, updating the percentage of completion for each task. Payments to the Contractor prior to operations will be based on Budgeted Cost of Work Performed (BCWP) for the month invoiced.
 - a. The CMS PM is required to make several reports every Monday. To do this, the Contractor PM will report by close of business (COB) the previous Friday what tasks have been started or completed and the percentage complete for any worked on task. The Contractor PM will also report any change in task start and finish dates.

- b. The CMS PM will update MS Project Plan, Task Reports and other databases. Report by email directly to the CMS PM is requested. When the CMS PM updates reports, a copy of the updated databases and artifacts will be sent back to Contractor for its project files and archives.
 - c. The CMS PM will maintain the official, master copies of all project artifacts, including plans, deliverables, templates, documentation, manuals, procedures, system designs, approvals, reports, and official notifications to and from the Contractor.
9. Update the MPPs with actual start and finish dates and percentage of task completion and submit to CMS each Friday. The CMS PM will run reports based on the MPPs submitted.
- a. CMS PM will update MPPs and maintain a Task Control Database.
 - (1) CMS will database the WBS from the MPP to create Task Tracking Report.
 - (2) The database and MPP must be synchronized.
 - (3) The CMS PM and Contractor PM will work to make this so.
 - (4) The CMS PM will incorporate the Contractor MPP into a database and send the Contractor a set of project artifacts weekly (Updated Task Control Database and Updated MPPs). The CMS PM will provide the following reports: Open, Closed, Late, Task(s) that Must Complete in the Next Two Weeks, Milestones and Percent Complete Report.
 - b. Monthly, the CMS PM will provide updated Gantt, PERT Charts, Updated Spending Plan, and Monte Carlo Analysis with Probability Analyses.
10. Submit invoices monthly based on Budgeted Cost of Work Performed that is in the MPPs under control of the CMS PM. Invoice amount cannot exceed BCWP for month.

4.8.2.6 Risk Management Requirements

The risk plan is part of the Project Management Plan. All risk are accounted for and reported from the Risk Management Database.

The following specific tasks must be performed by the Contractor toward risk management planning efforts:

1. Write and deliver a Risk Plan (a component of the Project Management Plan) based on the template provided by CMS. See a Sample Risk Management Plan in the procurement library. The Risk Plan must:
 - a. address the process and timing for risk identification.
 - b. describe the process for tracking and monitoring risks.

- c. identify the Contractor staff that will be involved in the risk management process.
 - d. identify the tools and techniques that will be used in risk identification and analysis.
 - e. describe how risks will be quantified and qualified.
 - f. describe how the Contractor will perform risk response planning.
 - g. include aggressive monitoring for risks.
 - h. identify the frequency of risk reports.
 - i. describe the plan for timely notification to CMS of any changes in risk or trigger-of-risk events.
2. Create and maintain a Risk Management Database in cooperation with CMS, to be developed in the Feasibility Phase.
 - a. Update the database weekly and extract and produce risk reports weekly
 - b. Report the following items at a minimum for all risks identified:
 - (1) ID
 - (2) Identified Risk
 - (3) Assigned Probability
 - (4) Assigned Impact
 - (5) Probability * Impact
 - (6) Mitigation Strategy
 - (7) Assigned to
 - (8) Ranking of Priority
 - (9) Reviewer
 - (10) Date Risk Identified
 - (11) Action Date
 3. Identify risks early in the initiation of the project and throughout the life of the project. Allow CMS to nominate and declare risks at their discretion.

4.8.2.7 Cost Management Requirements

CMS is subject to the State appropriations process, and will use the Earned Value Management System (EVMS) in conjunction with the MS Project Plan and Monthly Spending Plans to control costs associated with this project. Vendor payments are constrained by the monthly budget and the EVMS. Payments can be made only to the degree that the Budgeted Cost of Work Performed (BCWP) equals or exceeds the Budgeted Cost of Work Scheduled (BCWS).

A general budget has been determined based on percentages of the over- project budget available for the various phases of the project. For the design and development phases, the following percentages have been estimated:

Waterfall – Stage Gates			Project Phases up to the Beginning of Operations	
Feasibility	5%	Stage Gate 1	Feasibility Phase	Is it possible?
Definition	10%	Stage Gate 2	Definition Phase	What are we going to do?
Design	15%	Stage Gate 3	Design Phase	How are we going to do it?
Construction	65%	Stage Gate 4	Construction Phase	Plans to action!
Rollout	5%	Stage Gate 5	Rollout Phase	Present Final Product!

The following specific tasks must be performed by the Contractor to control the costs of the project:

1. Write and deliver a monthly Spending Plan based on the project budget established and approved at the beginning of the project and the Microsoft Project Plan (MPP) record of the Work Breakdown Structure (WBS). See a Sample Spending Plan in the procurement library.
2. Reconcile the monthly Spending Plan at the end of each month to the WBS and deliver data files and reports necessary for CMS to verify work completion, determine budget and schedule variance, and project future funding needs.
3. Submit invoices monthly within 5 days of the end of the month. If the Contractor submits an invoice more than the amount of worked earned based on the BCWP, CMS may withhold payment of unearned monies until such time as the BCWP equals or exceeds the billing.

4.8.2.8 Quality Assurance Plan and Testing

Quality management is addressed in general in the Project Management Plan. A test plan template is required as part of the Definition Phase of the project. A formal testing plan is required as part of the Design Phase of the project. The Contractor must use a Requirements Traceability Matrix (RTM) to assure that components to meet all Contract requirements are constructed and tested to the satisfaction of CMS before the Construction Stage Gate is approved.

The following specific tasks must be performed by the Contractor to assure quality of all deliverables and to assure adequate testing:

1. Write and deliver the Quality Assurance Plan section of the Project Management Plan during the Feasibility Phase of the project, subject to CMS approval.
 - a. Include narrative indicating the Contractor's approach and commitment to Quality.
 - b. Include checklists, measures and tools that the Contractor will use to monitor and report on the quality of work products and deliverables.
 - c. Allocate staff and identify specific quality management and monitoring responsibilities. Assure that responsibilities are assigned through a separate reporting structure.
 - d. Identify reports that will be provided to assure that CMS has visibility into the quality management process.
 - e. Identify reports that will measure and report on the quality of each significant deliverable and work product.
 - f. Develop and describe the process that will be used for sampling and audits and for continuous quality improvement.
2. Write and deliver the Initial Testing Template during the Definition Phase of the project subject to CMS approval.
3. Create and maintain the Requirements Traceability Matrix (RTM) Database as directed by CMS during the Design Phase.
 - a. CMS will provide the database structure and reporting
 - b. A sample RTM Form is included in Appendix.
 - c. The RTM Database will report at a minimum:
 - (1) Requirement Number
 - (2) Type
 - (3) Requirements
 - (4) Testing Demonstrator
 - (5) Where in Code – Identify
 - (6) Proven by Artifact
 - (7) Pass or Fail
 - (8) Date Verified
 - (9) Who Validated

- (10) Comments
 - (11) Status
 - (12) Vendor Requirement Clarification.
4. Write and deliver a Test Plan during the Design Phase.
- a. The Test Plan explains the strategies and methodologies that will be used to make certain that the requirements listed in the Requirements Traceability Matrix (RTM) are met developed and implemented by Contractor. The functionality and requirements to be entered into the RTM are determined in the Systems Analysis or Software Design Plans during the Design Phase.
 - b. The Test Plan has the following objectives:
 - (1) Identify existing project information and the software components that should be tested.
 - (2) List the recommended Requirements for Test (high level).
 - (3) Recommend and describe the testing strategies to be employed.
 - (4) Identify the required resources and provide an estimate of the test efforts.
 - (5) List the deliverable elements of the test project.
 - c. The Test Plan must meet the requirements and specification the IEEE 829 Test Plan Template. See the procurement library for a Sample Test Plan template and a Sample Test Plan. This will cover as a minimum:
 - (1) Test Items
 - (2) Features to be Tested
 - (3) Features Not to Be Tested
 - (4) Approach
 - (5) Items Pass/Fail Criteria
 - (6) Suspension Criteria and Resumption Requirements
 - (7) Test Deliverables
 - (8) Testing Tasks
 - (9) Environmental Needs
 - (10) Responsibilities
 - (11) Staffing and Training Needs

- (12) Schedule
 - (13) Risk and Contingencies
 - (14) Approval
- d. Add any sections or items to the testing plan as determined necessary by the Contractor and approved by CMS, or as determined necessary by CMS. The goal is for CMS to understand exactly how product will be tested and what responsibilities all parties have in Quality Management.

4.8.2.9 Time Management Planning Requirements

The Contractor will address time management requirements in the Project Plan submitted as part of the Feasibility Phase. The project will run in five phases up to the point of the beginning of Operations.

Waterfall – Stage Gates			Project Phases up to the Beginning of Operations	
Feasibility	5%	Stage Gate 1	Feasibility Phase	Is it possible?
Definition	10%	Stage Gate 2	Definition Phase	What are we going to do?
Design	15%	Stage Gate 3	Design Phase	How are we going to do it?
Construction	65%	Stage Gate 4	Construction Phase	Plans to action!
Rollout	5%	Stage Gate 5	Rollout Phase	Present Final Product!

CMS anticipates that the five phases will have 12 to 24 months’ duration. The percentages in the Stage Gate Chart relate to the amount of project time and budget allocated for each phase. Phases will run sequentially. However, time can be moved and reduced from the Construction Phase into moved and/or added to the Design if the project would be better serviced by doing so.

The following specific tasks must be performed by the Contractor to properly manage time and schedules of the project:

1. Complete all tasks on the schedule approved by CMS.
 - a. Recognize that there is a finite time to complete project. Contractor can work any hours and any time required completing job with budget and allocations.
 - b. CMS will be available normal business hours only. The Contractor's Project Manager or a designee must be available at any time, day or night to resolve emergency issues. Similarly, the CMS PM or a designee will be available at all times.
2. Realize that all other time issues are accounted for in the MS Project Plan and are the responsibility of the Contractor. CMS is not paying for hours or resources. CMS is paying for performance and results.

4.8.2.10 Staffing Management Planning Requirements

The Contractor will address time management requirements in the Project Plan submitted as part of the Feasibility Phase.

The following specific tasks must be performed by the Contractor to properly manage staff to accomplish the objectives of the project:

1. Write and deliver a Staffing Plan as a component of the Project Management Plan required during the Feasibility Phase, for approval by CMS using the template in Appendix (PMO Project Staffing Plan). The Staffing Plan will also be included in the Project Management Plan as an independent reporting section. Maintain and update the Staffing Plan at least monthly, matching the resources from the WBS and Spending Plan at all times.
2. Complete all tasks on the schedule approved by CMS.
 - a. Provide all labor required to complete the tasks and projects as promised.
 - b. All staffing requirements must appear on the MS Project Plan.
 - c. Any time that is billed to the project must appear on the MS Project Plan and Spending Plans.
 - d. There will be no off shore development. All development must occur at locations within the United States approved by CMS. All activities that require interface with CMS must be conducted locally, except as expressly permitted by CMS.
 - e. The Contractor is solely responsible for the development and implementation of promised products, regardless of who does the work or where it is done.
 - f. All sub-contractors or any labor changes to key personnel must be approved by CMS.

4.8.2.11 Project Management and Control Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of Project Management and Control, subject to the general requirements of the ITN and the approval of CMS:

1. Project Management Plan (Formal Document)
2. Risk to be reported and the Risk Database to be updated Weekly
3. Issues to be reported and the Issues Database to be updated Weekly
4. Requirements Traceability Matrix RTM to be updated Weekly
5. Task Reports to be issued by CMS PM Weekly
6. Contractor will provide invoice dollar amount for budget at end of each month so that Spending Plan can be updated monthly.
7. Contractor will be available for Senior CMS Management meetings as required in the Communications Plan.
8. When in build, defects will be reported to CMS PM and refactoring or corrections reported.
9. When in build, testing results to be report to CMS PM.
10. The CMS PM will issue Weekly Status Reports.
11. The CMS PM will issue Monthly Status Reports.
12. Contractor and CMS Senior Management Teams will meet at least once a month and more if required.

4.8.3 Feasibility Phase Requirements

The project is organized in multiple phases as described in section 4.9. The following table summarizes the primary requirements for each phase. The table illustrates the five phases with a duration of 13 – 17 months.

Phase/Time/Percentage	Purpose	Main Deliverables
Feasibility 4 – 6 weeks 5%	Is it possible	<ul style="list-style-type: none"> • Project Management Plan • Communications Plan • Risk Plan • Quality Assurance Plan • Spending Plan • Issue Management Plan • Change Management Plan • Transition Plan Template • Systems Analysis Template • Design Plan Template • Work Breakdown Structure • PERT Charts • Gantt Charts • Monte Carlo Simulations (Modeling) • Microsoft Project Plan • Accept and Approval by CMS for Stage Gate Move
Definition 8 – 10 weeks 10%	What	<ul style="list-style-type: none"> • Systems Analysis Document • Requirements Traceability Matrix • Information Systems Development Methodology (ISDM) • System Design Plan Template • Test Plan Template • Updated Project Management Plan • Updated Microsoft Project Plan • Updated Spending Plan • Monte Carlo Simulation (Final Action Plan)
Design 12 – 15 weeks 15%	How	<ul style="list-style-type: none"> • System Design Plan (based on Systems Analysis Document and System Design Plan Template) • Updated Systems Analysis Document • Prototype models (based on their existing system using sample data) • Updated Test Plan • System Test Case • Integration Test Case • Regression Test Case • Performance Test Case • Configuration Management Plan • HIPAA Compliance Plan • Operational Plan • Rollout Plan

		<ul style="list-style-type: none"> • Rollback Plan • Update Requirement Traceability Matrix • Updated Project Plan (Final through Close) • Updated Spending Plan (Final through Close) • Basic Rules Engine • Reporting Requirements • Front Office/Back Office Data Interfaces • User Acceptance Testing of Prototype • Implement Pilot Sites
Construction 6 – 8 months 65%	Build, Test and Deliver TPA System	<ul style="list-style-type: none"> • Test Plan (based on template above, early in the construction phase) • Procure hardware and software • Install base system • Write and test programs to meet requirements • System, user documentation, procedure manuals, training materials • Testing, including UAT and ORT
Rollout 1 month 5%	Pilot and Fix	<ul style="list-style-type: none"> • Monitoring • Defect identification and correction • Retesting
Operations 2-5 years N/A	Operate 2-5 years or more	<ul style="list-style-type: none"> • Monitoring, ongoing operations
Turnover 6 months N/A	Transition to successor	<ul style="list-style-type: none"> • Prepare plan • Assist successor • Transfer phone numbers, Internet addresses, post office boxes • Turn over files, papers, system components • Prepare final reports • Complete bank balancing and audits, close accounts • Final invoice, reconcile damages

4.8.3.1 Feasibility Objectives

The purpose of the Feasibility Phase is to establish how the project will work and to put key project management artifacts into place.

The primary objectives to establish how the project will work and establish the management framework are an acceptable Project Management Plan and a trackable, resource-loaded Microsoft Project Plan based on a viable Work Breakdown Structure.

CMS will provide checklists, templates and databases. The Contractor is responsible to perform the activities and produce the deliverables in this phase with the assistance of CMS.

CMS anticipates that the Feasibility Phase will run 4 to 6 weeks or less and will not exceed 5% of the total project budget. The project will not move to the

Definition Phase until all Feasibility deliverables artifacts are reviewed, approved and signed by CMS.

4.8.3.2 Feasibility Phase Activities

The following specific tasks must be performed by the Contractor during the Feasibility Phase of the project:

1. Create a checklist of items that must be completed to demonstrate success of the Feasibility Phase for approval by CMS. Any required deliverable that is not provided will be accounted for by “Managed by Except Report.” The CMS PM and Contract PM will determine Checklist Items at the beginning of the Phase. Follow, complete and receive CMS signoff on all checklist items before proceeding to the next phase.
2. Write and deliver a Project Management Plan subject to CMS approval that fulfills all the requirements of sections 4.8.2.2 and 4.8.2.4 (Scope Management).
3. Create and maintain a Microsoft Project Plan (MPP) subject to CMS approval that fulfills all the requirements of section 4.8.2.5.
 - a. Maintain the underlying Work Breakdown Structure to meet all the requirements for activity sequencing, task identification, task relationships, resourcing and costing.
 - b. Produce all required reports, including PERT charts, GANTT Charts, and data for CMS to produce Monte Carlo Simulations.
 - c. Maintain the WBS and MPP to produce a Task Reporting Control database that allows update of start and finish dates and percentage of completion on the required schedule.
4. Write and deliver a Communications Plan subject to CMS approval that fulfills all the requirements of section 4.8.2.3.
5. Create, maintain and deliver a Risk Management Plan and database subject to CMS approval that fulfills all the requirements of section 4.8.2.6.
6. Create, maintain, and deliver an Issues Management Plan and database subject to CMS approval that will record any issues identified by CMS or the Contractor that may impede the success of the project. Maintain data elements as mutually agreed or as directed by CMS.
7. Write and deliver a Change Management Plan subject to CMS approval.
8. Write and deliver a Quality Assurance Plan subject to CMS approval that fulfills all the requirements of section 4.8.2.8.
9. Write and deliver a Spending Plan subject to CMS approval that fulfills all the requirements of section 4.8.2.7.

10. Write and deliver a Transition Plan Template, working with CMS, a mutually agreed schedule and plan to incorporate existing data and processes into the TPA System and operations.
11. Write and deliver a Systems Analysis Template subject to CMS approval. This is the outline and content definition for the Systems Analysis Document to be delivered to meet the requirements of section 4.8.4.2, Items 3 and 4.
12. Write and deliver a Design Plan Template subject to CMS approval. This is the outline and content definition for the System Design Plan to be delivered to meet the requirements of section 4.8.4.2, Item 5.

4.8.3.3 Feasibility Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the Feasibility Phase, subject to the general requirements of the ITN and the approval of CMS:

1. Feasibility Phase Checklists, to be developed with CMS PM
2. Project Management Plan (Formal Document)
3. MS Project Plan (Support), including Work Breakdown Structure, PERT charts, GANTT charts, and Monte Carlo Simulations.
4. Communications Plan (Formal Document)
5. Risk Plan (Database)
6. Issues Management Plan (Database)
7. Change Management Plan (Support)
8. Quality Assurance Plan (Database)
9. Spending Plan (Database)
10. Transition Plan Template, to be developed with CMS PM
11. Systems Analysis Template
12. Design Plan Template
13. Acceptance and Approval by CMS for Stage Gate Move

4.8.4 Project Definition Phase Requirements

4.8.4.1 Project Definition Objectives

The purpose of the Definition Phase is to identify all system requirements and end deliverables that the Contractor will design and construct. This is a key phase, because it is here that CMS and the Contractor will understand and agree to exactly what is going to be delivered, and the methodology that will be used to deliver it.

There will be no iterative or Agile method building. What is agreed to here is what will be implemented in the prototype and in the Construction Phase.

The key deliverables in this phase are the Systems Analysis Document and System Design Plan. The Systems Analysis Document explains what CMS wants; the System Design Plan explains how the Contractor will use its system to achieve CMS objectives.

Both plans must be reviewed, approved and signed off before the project can move to the Design Phase.

CMS anticipates that the Definition Phase will run 8 to 10 weeks or less and will not exceed 10% of the total project budget. The project will not move to the Design Phase until all Definition Phase deliverables are reviewed, approved and signed by CMS.

4.8.4.2 Project Definition Activities

The following specific tasks must be performed by the Contractor during the Project Definition Phase of the project:

1. Create a checklist of items that must be completed to demonstrate success of the System Definition Phase for approval by CMS. Follow, complete and receive CMS signoff on all checklist items before proceeding to the next phase.
2. Write and deliver an Information Systems Development Methodology (ISDM) meeting the requirements of section 4.8.1.2 subject to approval by CMS that will become the standard and method for all systems development work under the Contract.
3. Write and deliver a System Analysis Document for approval by CMS using the template supplied by CMS. See Sample System Analysis Document in Appendix.
 - a. The purpose of the Systems Analysis Document is to clearly identify the As-Is and To-Be states for the CMS TPA Conversion. The Document must focus on design objectives from a business perspective and express the success criteria for meeting the requirements of CMS as determined in work sessions between the Contractor and CMS. These criteria will be used by CMS to develop User Acceptance Testing (UAT) for all covered processes.
 - b. This document must reflect and document requirements analysis as determined jointly between the Contractor and CMS.
 - c. This document must be comprehensive and show that the Contractor completely understands CMS business process and how to apply its product to CMS business needs.

4. The Systems Analysis Document must have at a minimum the following sections:
 - a. Executive Summary
 - b. Table of Contents
 - c. Scope statement, identifying all of the processes that will be covered by the Document
 - d. Narrative overview of all processes, whether manual or automatic, whether performed by CMS, Contractor or other entity
 - e. Overview and purpose of all interfaces
 - f. Narrative discussion of the design implications of each major element of the requirements, including general hardware, software, connectivity, process, and staffing that may be impacted by the requirements
 - g. User interface requirements
 - h. High-level entity relationship diagrams
 - i. Narrative, high-level discussion of the system design or modification that may be required to fulfill the requirements
 - j. General report definitions for all major reports
 - k. Storyboards for Applications, including the requirements described in ITN sections 4.8.10 through 4.8.14.
 - (1) Eligibility and Enrollment for each of the major eligibility groups
 - (2) Provider Administration, including Call Center Operations
 - (3) Claims Processing and Payment
 - (4) Service Authorizations
 - (5) Fiscal Operations
 - l. General screen definitions for all major screens
 - m. Flowcharts that map all of the processes included in the narrative overviews and compare the As-Is to the To-Be state. As-Is flow charts for many of the existing processes are available in the procurement library.
 - n. Frequency and volume estimates for each Design Objective identified above, including the number and character of users.
 - o. Requirements and the Requirements Traceability Matrix
 - p. Conditions of Satisfaction and the general testing strategy

- q. Data and/or Database Views (Erwin Models)
 - (1) Logical Model
 - (2) Physical Model
 - (3) Data Warehouse
 - r. Development and Test Environments
 - (1) Description of the Test Environment
 - (2) Functional Unit Testing
 - (3) Systems Level Testing
 - (4) Database Testing
 - (5) Report Testing
 - (6) User Acceptance Testing
 - (7) Stress Testing and Load Testing and Database Testing
 - s. System Architecture Diagrams
 - t. MS Project Plan for Conversion/Transition
 - u. Signature and Acceptance Page
5. Write and deliver a System Design Plan Template for approval by CMS.
- a. This plan must explain in detail how the requirements and business processes identified in the Systems Analysis Document will be addressed by the new system.
 - b. The plan must explain how the system will be built and how CMS will transition to the new system.
 - (1) High Level Development Plan
 - (2) System build strategy and build considerations
 - (3) Source Code Organization
 - (4) Development Environment
 - c. The plan must also contain the following sections at a minimum:
 - (1) The architecture, design and transition plan for Eligibility and Enrollment
 - (2) The architecture, design and transition plan for Provider Administration, including Call Center Operations
 - (3) The architecture, design and transition plan for Claims Processing and Payment
 - (4) The architecture, design and transition plan for Care Coordination and Service Authorizations

- (5) The architecture, design and transition plan for Fiscal Operations
 - (6) Architecture and design for applying the edits, audits, exceptional claims processing and other business rules of CMS in the Contractor's system
 - (7) The plan for data conversion or data loading from files supplied by CMS and other entities
 - (8) Signature and Acceptance Page
6. Write and deliver a Test Plan Template subject to CMS approval that fulfills all the requirements of section 4.8.6.2.

4.8.4.3 Project Definition Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the Feasibility Phase, subject to the general requirements of the ITN and the approval of CMS:

1. Project Definition Checklist, to be developed with CMS PM
2. Information Systems Development Methodology (ISDM) as described in section 4.8.1.2
3. Systems Analysis Document as described in section 4.8.4.2
4. System Design Plan Template as described in section 4.8.4.2
5. Test Plan Template as described in section 4.8.4.2
6. Updated Project Management Plan
7. Updated Work Breakdown Structure, Microsoft Project Plan, Requirements Traceability matrix, and other control artifacts of the project
8. Updated Spending Plan
9. Hardware and Software Procurement Plan, if required. CMS and Contract will develop template for deliverable production
10. CMS-run Monte Carlo Simulation on Final Action Plan.

4.8.5 System Design Phase Requirements

4.8.5.1 System Design Phase Objectives

In the Design Phase, the Contractor will design the products that will later be built and rolled out in the Construction Phase. The key deliverables in this phase are a revised Systems Design Plan that was originally started and approved in the Definition Phase and a revised Systems Analysis Document that was originally started and approved in the Definition Phase, Technical Design Document (in the Systems Design Document) and prototype models that can be reviewed and approved by CMS. The prototypes, while not ready for roll-out, must

demonstrate the capabilities of the Contractor's system to the satisfaction of CMS.

CMS anticipates that the Design Phase will run 12 to 15 weeks and will not exceed 15% of the total project budget. Time can be shifted from the Construction Phase if needed and if the project would be better served. The project will not move to the Construction Phase until all Design Phase deliverables are reviewed, approved and signed by CMS.

4.8.5.2 System Design Phase Activities

The following specific tasks must be performed by the Contractor during the Project Definition Phase of the project:

1. Create a checklist of items that must be completed to demonstrate success of the System Design Phase for approval by CMS. Follow, complete and receive CMS signoff on all checklist items before proceeding to the next phase.
2. Write and deliver a revised System Design Plan (SDP) with Technical Design specifications for approval by CMS that represents the approved technical design for handling all claims processing functions. The SDP must focus on the technical specifications that will satisfy all the objectives identified in the System Analysis Document. The SDP must express the technical specifications in sufficient detail to allow programmers and document writers to complete the development of screens, programs, reports, interfaces and processes, without further direction, except for occasional minor clarifications.
3. Include sections to address each of the following in the SDP:
 - a. Specific hardware requirements to fulfill all requirements in the Requirements Traceability Matrix (RTM).
 - b. Specific operating and ancillary software requirements to fulfill all RTM objectives.
 - c. Specific database requirements, including data tables and elements to be created or accessed, database design specifications, complete entity relationship models and definitions. These must be presented in large format printouts or modeled in software approved by CMS and supplied by the Contractor at no cost to CMS for five CMS-approved users.
 - d. Specific file conversion, Electronic Data Interchange (EDI) and interface specifications, including file layouts, data maps, field definitions, conversion and translation specifications for each field.
 - e. Specifications necessary for each program, screen and report to be developed, including details for processing, editing, auditing, managing information and work flow, user interface, and help functionality.
 - f. Flow charts as necessary to document complex program or process flows.

- g. Specifications and outlines for each system or procedure manual necessary to complete the RTM objectives.
 - h. Call Center Architecture Requirements
 - i. Interface requirements and specifications
 - j. Data Processing Standards
 - k. Security Requirements
 - l. System HIPAA and Other Privacy Requirements
 - m. Web-Portal Architecture Requirements
 - n. Data Imaging Requirements
 - o. Data Quality Control Requirements
 - p. Systems Document Requirements
4. The Contractor will develop and demonstrate the following prototype models, using sample CMS data:
 - a. Eligibility and Enrollment data entry, interfaces, and file maintenance
 - b. Provider Administration interfaces, file maintenance and call center operations
 - c. Claims Processing and Payment for Medicaid
 - d. Claims Processing and Payment for Title XXI
 - e. Claims Processing and Payment for SafetyNet
 - f. Claims Processing and Payment for Early Steps
 - g. Service Authorization and Care Coordination work flow, data entry, file maintenance and reporting
 - h. Fiscal Operations controls, accounting and reports
5. Write and deliver an Integrated Testing Plan (ITP) that represents the method and commitment of the Contractor to conduct unit, bench, integrated and other tests prior to the delivery of any component to CMS for User Acceptance testing. The ITP must contain the following sections:
 - a. The general strategy and method which the Contractor will use to test the individual technical components before assembly.

- b. The specific end-to-end tests the Contractor will use, prior to delivery of components to CMS, to test the end-to-end functionality required by the Requirements Traceability Matrix and meet each of the Design Objectives.
 - c. The commitment of the Contractor to affirm that the tests identified above have passed successfully prior to delivery to CMS for UAT, subject to liquidated damages.
6. Write and deliver a Configuration Management Plan (CMP), subject to CMS approval. The CMS must provide for and describe:
- a. Multiple, segregated regions or environments for development, testing and production:
 - (1) separate test regions (*e.g.*, unit, system, integration, and user acceptance, etc.),
 - (2) separate test data,
 - (3) appropriate copies of the logic modules that make up the system.
 - b. The use of version control procedures and update schedules to:
 - (1) facilitate tests,
 - (2) track discrepancies,
 - (3) facilitate regression test analysis.
 - c. A User Acceptance Testing Environment (UAT) – an environment that allows users to perform system functions to ensure that the system meets the requirements and expectations of the user community. This environment will allow:
 - (1) users to perform scenarios that mimic production work to ensure the system acts and performs as expected.
 - (2) scenarios to be defined to ensure that requirements are thoroughly tested by the user.
 - (3) User Acceptance Testing to include scenarios that test all components and interfaces.
 - d. An Impact Analysis Environment – an environment that allows business users to test actual or potential changes to business rules and procedures.
 - (1) This environment will allow the business user to perform “what if” testing to assess the impact of a proposed business rules change resulting from policy/legislation changes.

- e. A Training Environment – an environment that allows CMS to provide hands-on training for users.
 - (1) This environment will allow CMS to maintain unique data for use in training and to conduct training without interference with other test and production environments.
- f. Separate development and testing environments that:
 - (1) mirror all programs in production, including reports and financial records.
 - (2) include a complete online test system, including a test version of all batch and online programs and files to be used for testing releases and non-release changes.
 - (3) provide a library of test cases that may be selected and modified by the user for testing. The library must have search capability that is cross-referenced to the logic/edit that any given test case is designed to test.
 - (4) provide the ability to execute impact analysis testing of any proposed change.
 - (5) provide the ability to create “what-if” scenarios and compare results between scenarios in a test environment.
 - (6) provide the ability to estimate what changes would need to take place in benefit plans (service limitations, aggregate dollar ceilings, provider payment rates, or other combinations) to control CMS overall expenditures to a specified growth rate from one State fiscal year to the next.
 - (7) provide the ability to maintain regression test cases to support regression testing.
 - (8) Provide the ability to save and reuse test cases without the need to re-enter the data.
 - (9) are available to all appropriate Contractor and CMS-designated staff.
 - (10) provide for testing of all Customer Service Requests (CSRs) before implementation.
 - (11) allow users to create and edit provider, recipient, and health plan records for testing.
- 7. Write and deliver the HIPAA Compliance Plan described in section 4.8.1.4, item 17.

8. Write and deliver an Operational Plan Template subject to CMS approval.
9. Write and deliver a Rollout Plan Template subject to CMS approval.
10. Write and deliver a Rollback Plan Template subject to CMS approval.

4.8.5.3 System Design Phase Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the System Design Phase, subject to the general requirements of the ITN and the approval of CMS:

1. Revised System Design Plan document that spells out in detail the Technical Design of the system, as described in section 4.8.5.2
2. Revised Systems Analysis Document to support the revised System Design Deliverable.
3. Prototype Models as described in section 4.8.5.2
4. Updated Test Plan
5. Configuration Management Plan as described in section 4.8.5.2
6. System Test Case
7. Integration Test Case
8. Regression Test Case
9. Performance Test Case
10. Write and deliver the HIPAA Compliance Plan described in section 4.8.1.4, item 17
11. Operational Plan (Template for completion in Construction Phase)
12. Rollout Plan (Template for completion in Construction Phase)
13. Rollback Plan (Template for completion in Construction Phase)
14. Update Requirement Traceability Matrix
15. Updated Project Plan (Final through Close)
16. Updated Spending Plan (Final through Close)
17. Business Continuity and Disaster Recovery Plans
18. Implement Pilot Sites for Final CMS Sponsor Approval

4.8.6 System Construction Requirements

4.8.6.1 System Construction Objectives

For this project, the Design Phase should produce a plan that will allow the Contractor to complete the build for the system based upon the Revised Systems Design Document that incorporates the Technical Design identified and approved in the Definition Phase and the prototypes and to rollout a completed product for CMS use, first in three pilot areas and then statewide.

We anticipate the build will produce a module at a time, *i.e.*, Claims Payment, Claims Processing, Eligibility, Enrollment, Provider Management, Care Coordination, Clinic Management, Call Center, etc. Because of the nature of this project, Design and Construction Phases will integrate.

Our key requirement is that all project actions are trackable and reportable and that all requirements identified in the Requirements Traceability Matrix have been identified in the end products and verified by CMS.

A key concern is system testing and we expect extensive system testing and reporting to be done in this Phase. The Contractor will report all defects and can use such tools as ClearQuest as long as CMS is on the message distribution list and the Contractor can provide reports to CMS on demand. All construction and coding activities are to be transparent and performed on a trackable schedule.

Phase Checklists are specifically developed for each project. This document will be modified to reflect the Construction Phase for the TPA Project.

Traditionally, the Construction Phase should take between 6 to 8 months or longer to complete. Time from Construction can be shifted back to Design if required.

With acceptance and sign-off by CMS on the required deliverables and the Construction Phase Checklist, the project will move into the Rollout Phase. The Construction Phase can fast-track with the Rollout Phase, if products can be implemented system-wide.

The Contractor must prove to CMS that each module is ready for CMS wide rollout through UAT and Demonstration. CMS will approve and sign off prior to implementation.

4.8.6.2 System Construction Activities

The following specific tasks must be performed by the Contractor during the System Construction Phase of the project:

1. Create a checklist of items that must be completed to demonstrate success of the System Construction Phase for approval by CMS. Follow, complete and receive CMS signoff on all checklist items before proceeding to the next phase.
2. Set up environments for development and testing according to the Configuration Management Plan.

3. Write and Deliver a formal Test Plan to address:
 - a. Bench and/or unit tests that ensure the following:
 - (1) Programs or program changes meet the intended purpose.
 - (2) Programs or program changes do not cause unintended consequences (regression testing).
 - b. Structured Data tests that include the following:
 - (1) Creating test scenarios or use cases before construction with the anticipated outcome for each scenario
 - (2) Presenting reports to CMS on the structured data test, including the anticipated and actual outcomes
 - (3) Allowing CMS to submit scenarios
 - (4) Documenting the tests, identifying and explaining discrepancies.
 - c. Volume and stress testing that include the following:
 - (1) Testing for production based on estimates of transaction volume supplied by CMS
 - (2) Use of volume simulating tools and methods
 - (3) Documenting the tests.
 - d. Operations Readiness Testing that includes the following:
 - (1) Proving to CMS that the Contractor is ready to begin operations by demonstrating the application of approved manual procedures and the use of the Contractor's computer system
 - (2) Timing and performance measuring to demonstrate that required time frames can be met
 - (3) Proving the effectiveness of staff training
 - (4) Documenting the tests.
 - e. Beta Testing that includes the following:
 - (1) Analysis of functions that affect external users
 - (2) Participation of a small group of external users in tests to confirm the usability of those functions
 - (3) Documenting the tests.
 - f. User Acceptance Testing (UAT) that includes the following:
 - (1) A design and schedule for UAT that allows sufficient time for CMS to verify that all items in the Requirements Traceability Matrix have been constructed and are ready for deployment without

- significant errors that affect the usability of the system for each function
- (2) An aggressive plan to correct defects identified
 - (3) Reporting on testing progress, documenting the tests, and documenting the correction of defects.
- g. Regression Testing that includes the following:
- (1) Maintaining documented version control procedures that include the performance of regression tests whenever a code change or new software version is installed
 - (2) Maintaining an established baseline of test cases to be executed before and after each update to identify differences.
 - (3) Documenting the tests.
- h. Retesting after defects are corrected.
4. Procure all hardware and software necessary for the systems development and operation according to the schedule approved by CMS
 5. Install base system into required configuration environments for development and testing according to the specifications in the Configuration Management Plan and System Design Plan
 6. Write and unit test programs to meet all requirements in the Requirements Traceability Matrix (RTM) in accordance with policies and procedures of the Systems Development Methodology approved by CMS
 7. Perform integrated, end-to-end tests as necessary to identify all significant defects or deficiencies in meeting all items in the RTM
 - a. Report test results, defects, deficiencies, and testing progress as they occur
 - b. Maintain the testing schedule approved by CMS
 8. Correct and retest all significant defects and deficiencies identified above until they are all resolved to the satisfaction of CMS
 9. Write and deliver for CMS approval all system documentation, user documentation, procedure and operations manuals necessary to provide Contractor staff, CMS monitors and successor operators all of the information necessary to operate the system
 10. Write and deliver for CMS approval all training materials necessary to train Contractor staff, CMS staff and successors in system operation
 11. Conduct training of Contractor and CMS staff in advance of User Acceptance Testing and the Rollout Phase

12. Assist CMS as they request in the conduct and documentation of User Acceptance Testing (UAT)
13. Resolve all significant defects and deficiencies revealed in UAT

4.8.6.3 System Construction Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the System Construction Phase, subject to the general requirements of the ITN and the approval of CMS:

1. Procurement of all hardware and software necessary to develop and operate the TPA System
2. Installation of the Contractor's base system for modification to meet CMS needs
3. Set up environments for development, testing and production.
4. The Test Plan described in section 4.8.6.2.
5. Written and tested programs, screens, reports, interfaces to meet all requirements identified in the Requirements Traceability Matrix described in section 4.8.6.2.
6. End-to-end, integrated testing with test results, defect identification and test statistics described in section 4.8.6.2.
7. Defect and deficiency correction and retesting described in section 4.8.6.2.
8. System documentation, user documentation, operations and procedure manuals described in section 4.8.6.2.
9. Training materials described in section 4.8.6.2.
10. Training sessions described in section 4.8.6.2.
11. Assistance as requested in User Acceptance Testing (UAT) described in section 4.8.6.2.
12. Resolution of defects and deficiencies identified in UAT described in section 4.8.6.2.

4.8.7 System Rollout Requirements

4.8.7.1 System Rollout Objectives

The Contractor must deploy the TPA System and begin operations for about three pilot areas as determined by CMS, executing all the functions required for operations. This is actual operation (not prototype or sample data), but in a limited area. This will allow the Contractor to resolve any remaining defects or deficiencies, tune the system for efficiency, prove its operability, demonstrate the ability of Contractor staff to manage and operate the system, and prepare for statewide deployment.

4.8.7.2 System Rollout Activities

The following specific tasks must be performed by the Contractor during the System Rollout Phase of the project:

1. Create a checklist of items that must be completed to demonstrate success of the Rollout Phase for approval by CMS. Follow, complete and receive CMS signoff on all checklist items before proceeding to the next phase.
2. Install and deploy the TPA System for use in approximately three pilot areas determined by CMS.
3. Train CMS users at headquarters and in the pilot areas in the use of the system.
4. Execute all functions required for the Operations Phase for the pilot areas.
5. Monitor and report on pilot operations to identify system defects, deficiencies, performance improvements, processing efficiencies, and make recommendations concerning and retest when necessary.

4.8.7.3 System Rollout Deliverables

1. The TPA System, acceptable to CMS and ready for pilot deployment
2. Contractor staff, ready to operate the TPA System
3. Operations in the pilot areas, meeting all requirements for the operations Phase
4. Monitoring reports, defect and system corrections

4.8.8 Operational Requirements

4.8.8.1 Operational Objectives

The Contractor must act as the Third Party Administrator for CMS programs under the direction and monitoring of CMS staff and designated oversight personnel. The Contractor must meet all obligations described in detail in sections 4.8.10 through 4.8.14 except as agreed in writing during the earlier phases of the project. Since the project is based on phasing in of some programs, jurisdictions, functions and components as determined during the negotiations and early phases of the project, the specific operational requirements will be clarified before operations begin.

4.8.8.2 Operational Performance Standards

The Contractor must meet the operational standards specified in section 4.8.10 through 4.8.14 for each component of the system in operation. The Contractor must meet all staffing requirements in sections 4.10 and 4.11. In addition, performance standards have been established in section 4.21 and in chapter 5. Some of these may subject the Contractor to liquidated damages if not met, or may require the Contractor to create and adhere to a corrective action plan.

4.8.8.3 Call Center Operational Requirements

The Contractor must provide the following specific deliverables to meet the requirements for a Call Center to handle provider and recipient inquiries, assistance to claims submitters and CMS staff

1. Maintain and staff a Call Center that includes toll free telephone lines.
2. Staff operators must be available to answer calls from 7:00 AM to 6:00 PM, Eastern Time, Monday through Friday.
3. Automatically answer calls at all times. Install and use a Call Center Management system that provides for answering calls in sequence, recording and printing statistics, and indicating calls that have been placed on hold for a specific time limit, blocked call rates, abandonment rate, etc.
 - a. All menus and messages are subject to approval by CMS.
 - b. All call center stations must provide voice mail and return-calling capabilities.
4. Provide reports generated from this system to CMS at least monthly. Assure that the system automatically notifies CMS when performance is outside the tolerance limits that will be established during the Design Phase.
5. Add and maintain a sufficient number of telephone lines and staff so that at least 95% of incoming calls per day are answered and handled.
6. Return all calls within four (4) hours of receipt. CMS will monitor the Contractor's performance and blockage rate by calculating monthly averages. Submit reports from the voice telecommunications vendor at CMS request to allow this calculation to be made.
7. Assure that a caller will not be placed on hold for more than one minute without response by a human operator to the caller's inquiry.
8. Respond to all verbal provider inquiries on recipient eligibility, provider status, claim status, billing procedures, and remittance vouchers immediately, if possible. If immediate verbal responses are not possible, written responses to verbal inquiries will be made within five (5) workdays of the date of the call. CMS will approve all form letters in writing before they are put in use.
9. Maintain and review statistics showing the reasons for calls, and initiate enhancements to reduce the number, duration, and manual processing time for calls through better automation, and/or training.
10. Provide dedicated (individual) phone lines to all Contractor staff with telephone call message mailbox capability. The Contractor staff shall review and respond to all phone messages within two (2) workdays. Log messages with the date of the message and date the call is returned, including the provider number, provider name, telephone number and contact person.

11. Provide menus, messages, and operators who speak English, Spanish and Creole in ratios approved by CMS to meet the needs of providers and recipients in Florida.
12. Use an approved interpretation services vendor.
13. Provide, maintain and use a call-tracking system to record information about each telephone call.
 - c. Record information about the date, time, operator, subject, and answers given.
 - d. Record information as determined during the design and development phase and as directed by CMS.
 - e. Make call tracking information available to CMS and Contractor staff.
14. Write and deliver a Call Center Procedures Manual that describes all of the automated and manual procedures described in this section.
 - a. Provide detailed instructions to operators for every category of anticipated question.
 - b. Track the types of questions that are asked in telephone calls, and update the manual with answers to common questions at least quarterly.
 - c. Train all call center staff on topics in the manual that affect them in the performance of their work.
 - d. Adhere to the Call Center Procedures Manual during pilot and operations.

4.8.8.4 Operations Testing Requirements

1. Create and execute a CMS-approved test plan for each Customer Service Request (CSR) before the CSR is implemented.
2. Conduct repeatable testing in accordance with written processes and procedures approved by CMS. The processes and procedures will not be changed without prior approval by CMS. Test plans will be created for major system changes or as otherwise requested by CMS and must include all Test Plan requirements specified in this section.
3. Give documentation of test results on all system changes to CMS for review.
4. Begin implementation only after approval from CMS.

4.8.8.5 Operational Deliverables

The deliverables for operations are described in detail in sections 4.8.10 through 4.8.14.

4.8.9 System Turnover Requirements

4.8.9.1 Turnover Phase Objectives

The Contractor must prepare for turning over responsibilities and operations at the end of the contract. The Contractor must cooperate with the successor TPA, other contractors, and CMS in the planning and transfer of operations. The Contractor must dedicate special additional resources to this phase. This phase will begin about twelve months before the end of the contract period and end about six months after the end of the contract period, or as extended by the exercise of contract provisions or amendments to the contract.

4.8.9.2 Turnover Phase Activities

The Contractor as part of the Turnover Phase must conduct the following activities:

1. Conduct all planning activities necessary for the successful turnover of TPA operations to a successor contractor or to CMS
 - a. Create and deliver a schedule for the TPA system turnover activities subject to CMS approval between 6 and 12 months of the expected end of operations, or whenever directed to do so by CMS.
 - b. Work closely with the successor contractor during the planning for the Turnover Phase.
2. Provide a Turnover Plan to CMS. As part of Turnover Plan development, the Contractor must perform the following tasks:
 - a. Propose an approach to the turnover.
 - b. Create tasks and sub-tasks for the turnover.
 - c. Submit to CMS a comprehensive list of all TPA production data, program libraries, and documentation, including documentation update procedures for the turnover.
3. Deliver to CMS a statement of resource requirements that would be required by CMS or a successor contractor to take over the TPA system.
 - a. Supply an estimate of the number, type, and salary of personnel to operate the equipment and other functions of the TPA system. The estimate shall be separated by type of activity of the personnel, including, but not limited to, the following categories:
 - (1) Data processing staff;
 - (2) Computer operators;
 - (3) Systems analysts;
 - (4) Systems programmers;

- (5) Programmer/analysts;
 - (6) Project management staff;
 - (7) Data entry and imaging operators;
 - (8) Provider services staff;
 - (9) Administrative staff;
 - (10) Provider field representatives;
 - (11) Clerks; and
 - (12) Managers.
- b. Provide a statement that includes all facilities and any other resources required to operate the TPA system, including, but not limited to:
- (1) Data processing and imaging equipment;
 - (2) System and special software;
 - (3) Other equipment;
 - (4) Telecommunications circuits;
 - (5) Telephones; and
 - (6) Office space.
- c. Provide a statement that includes all resource requirements based on the Contractor's experience; include in this statement the actual Contractor resources devoted to the operation of the TPA system.
- d. Provide a detailed organizational chart depicting the Contractor's total TPA operation.
4. Cooperate with the successor contractor while providing all required turnover services. This will include performing the following activities:
- a. Meet with the successor to devise work schedules that are agreeable for both State and the successor contractor.
 - b. Obtain CMS approval for the proposed work schedules.
5. Transfer all archived materials to CMS or the successor contractor. The Contractor will complete the following tasks:
- a. Transfer to CMS or its designated agent all data tables, source program code, business rules, files, batch programs, web site source code, system documentation, user documentation, training materials, publication materials, and all other materials necessary for ongoing operations by FTP or on magnetic media approved by CMS

- b. Transfer the data multiple times, or produce multiple versions of data and test files to assist the successor contractor in programming, configuring and testing a successor system.
 - c. Transfer all paper materials including files, provider records, claims, archived materials, manuals, operating procedures, training materials and any other paper documents determined by CMS to be needed for ongoing operations.
 - d. Incur all associated shipping charges associated with the turnover of archived materials.
6. Complete the closeout services associated with the Turnover Phase, including the following activities:
- a. Conduct the Financial Reconciliation. This includes:
 - (1) Completing final reconciliation of the TPA bank account;
 - (2) Providing CMS with a detailed final settlement of all outstanding financial transactions in the bank account;
 - (3) Providing CMS with a detailed final settlement of all Contractor invoices;
 - (4) Completing final reconciliation of all accounts receivable;
 - (5) Conducting a final assessment of any liquidated damages; and
 - (6) Making arrangements for an independent audit of the bank account to be conducted by an entity with no contact or relationship with the Contractor, subject to the approval of CMS.
 - b. Address and achieve successful resolution of all Turnover Issues, subject to the approval of CMS.
 - (1) The Contractor must ensure that the TPA system will be error free and complete when turned over to CMS or the successor contractor.
 - (2) The Contractor must correct, at no cost to CMS, any malfunctions that existed in the system prior to turnover or were caused by the lack of support, by the Contractor, as may be determined by CMS.
7. Provide training to the successor staff in the operation of the TPA system. Such training must be completed at least two (2) months prior to the end of the contract. Such training shall include:
- a. Data entry, imaging, and claims processing;
 - b. Computer operations;
 - c. Controls and balancing procedures;
 - d. Exception claims processing; and

- e. Other manual procedures.

4.8.9.3 Turnover Phase Deliverables

As part of the Turnover Phase, the Contractor will provide CMS with the following deliverables:

1. Turnover Plan;
2. TPA requirement statement;
3. TPA software, files, and system, and user and operations documentation in hard and soft copy format; and

4.8.10 Eligibility and Enrollment Contractor Tasks

4.8.10.1 Eligibility and Enrollment Objectives

The Contractor must provide a data processing system, and record and maintain recipient eligibility information, enrollment information and care assignment information with source data and histories necessary for the efficient administration of the programs.

4.8.10.2 Eligibility and Enrollment Record Maintenance Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to create and maintain recipient records.

1. Maintain all information necessary to accurately record all necessary eligibility and enrollment information. The specific information will be refined during the design phase, but is expected to include:
 - a. identifying and demographic information, such as name, birth date, age, race, sex, Social Security number, multiple and historic IDs assigned by other state agencies and payors, citizenship, ethnicity, multiple and historical address information, zip codes, school information, telephone, email, other contact information; codes used for demographic data will be drawn from federal and state standards as directed by CMS.
 - b. economic information necessary to establish financial eligibility, such as financial screening information, deductions by category, income by category, expenses by category, family composition, family relationships, responsible party, Third Party Liability, other insurance information, State insurance eligibility and participation;
 - c. medical and functional information, such as screening information, history of major conditions, history of primary and secondary diagnoses, Activities of Daily Living (ADL) scores and Level Of Care assessments;
 - d. program eligibility information, such as source or referral and other referral information, programs qualified for, history of program

enrollment; history of provider network assignments; history of primary care provider assignments.

- e. Maintain records for recipients based on spans of time as determined during the design phase. This will include spans of eligibility from source files, spans of enrollment in each CMS program, spans of assignment to service networks and primary care providers, and other spans necessary to establish recipient histories.
2. Provide and use a method consistent with the Department of Health Master Person Index strategy to assure unique identification of individual applicants and program participants, even if they participate in multiple programs over time.
3. Control the issuance of applicant and recipient IDs. Adding a recipient record must trigger a search to be sure the record does not already exist, and that similar records are scanned manually before a new ID is issued.
4. Maintain records of siblings, whether or not they meet clinical eligibility criteria, because siblings of children enrolled in certain programs may also be enrolled, even if they don't meet clinical eligibility criteria.
5. Maintain recipient records in a format to be approved by CMS during design sessions.
6. Supply and use address validation software on some types of address and not on others. Maintain markers to indicate if addresses have been validated. In general, addresses from source files may not be changed, but addresses converted for TPA and CMS contact with recipients should be validated.
7. Write and deliver a Recipient Processing and File Maintenance Procedure Manual subject to approval by CMS recording all information identified above and all information necessary to reliably perform all functions necessary to record, resolve, update and process recipient information.
8. Review and Amend the Recipient Processing and File Maintenance Procedure Manual at least annually, as recipient processing or file maintenance needs change, or as requested by CMS. All revisions are subject to CMS approval.
9. Maintain recipient information during operations according to the Recipient Processing and File Maintenance Procedure Manual.

4.8.10.3 Eligibility and Enrollment Interface Requirements

The following specific tasks must be performed by the Contractor to create and maintain recipient interfaces.

1. Create and maintain interfaces with CMS or external agency systems for each major CMS eligibility group described in section 4.4 using designs and protocols to be approved by CMS during the design phase. Create additional

interfaces to receive information from CMS regarding eligibility, enrollment, and care assignment using designs and protocols to be approved by CMS during the design phase.

- a. Interface design will include:
 - (1) establishing the input record layout,
 - (2) establishing data loading and conversion protocols,
 - (3) establishing data verification and handling of duplicate or suspected duplicate records,
 - (4) establishing protocols to preserve all source addresses, handle conflicting addresses and handle addresses that cannot be validated using postal and software standards,
 - (5) establishing protocols for handling records from multiple sources, including identification and resolution of suspected duplicate individuals,
 - (6) establishing periodicity for the operation of each interface, whether daily or more or less frequently,
 - (7) receiving and transmitting complex daily files and other files as determined during the design phase among the Contractor, CMS, the Medicaid fiscal agent, Medicaid choice counseling contractors, the TPA for Florida Healthy Kids Corporation (Title XXI files), the Department of Children and Families, and others.
2. Provide data viewing screens to allow contractor, state staff, and Local Early Steps contractor staff to view source information from recipient eligibility and enrollment sources. These screens will be used to resolve identity, eligibility and enrollment duplications and conflicts. Such screens must display all data from the source of eligibility as submitted in interface files. Eligibility source files must be available for 90 days.
3. Write and deliver an Interface Procedure Manual subject to approval by CMS recording all information identified above and all information necessary to reliably operate the interfaces on the approved schedule.
4. Review and Amend the Interface Procedure Manual at least annually, as interfaces change, or as requested by CMS. All revisions are subject to CMS approval.
5. Operate the interfaces during operations according to the Interface Procedure Manual.

4.8.10.4 Application for CMS Programs and Eligibility Determination

The following specific tasks must be performed by the Contractor to record and maintain applicant processing, status and eligibility information.

1. Receive eligibility determination information from the various interfaces and record the information in the Contractor's data processing system.
2. Create separate data entry screens into the TPA system, subject to CMS approval, for CMS use to record applications and determinations of clinical and financial eligibility. Integrate processing using these screens to meet the application, determination and enrollment requirements as approved by CMS during the design phase.
 - a. Create a screen to allow entry of SafetyNet application information.
 - b. Create a screen to allow entry of Early Steps application information.
 - c. Create a screen to allow entry of SafetyNet financial eligibility information and determination.
 - d. Create a screen to allow entry of Early Steps financial information .
 - e. Create a screen to allow entry of clinical eligibility information and determination for Medicaid, Title XXI and SafetyNet.
 - f. Create a screen to allow entry of clinical eligibility information and determination for Early Steps.
3. Create and make a web portal available for applicants to use to apply for CMS programs online. This portal will not have active enrollment screens, but will have links to Florida Healthy Kids Corporation's KidCare, and existing Early Steps web site, and other links as determined by CMS during the design phase.
4. Receive and process manual amendments or changes to the eligibility of individual recipients under procedures to be established during the design phase.

4.8.10.5 Enrollment Requirements

The following specific tasks must be performed by the Contractor to record and maintain recipient enrollment and care assignment information.

1. Receive enrollment information from the various interfaces and record the information in the Contractor's data processing system.
2. Receive applications, determinations of enrollment and care assignment from CMS through automated interfaces and data entry screens to be established during the design phase.
3. Receive and process manual amendments or changes to the enrollment and care assignment of individual recipients under procedures to be established during the design phase.
4. Issue, track, audit, and manage Recipient identification cards.
 - a. Recipient cards will be printed and mailed by the TPA.

- b. Recipient cards will be card stock, with design for card, carrier and envelope developed during the Design Phase, subject to CMS approval.
- c. The TPA must re-issue cards upon request or when changes warrant, based on procedures to be approved by CMS.

4.8.10.6 Eligibility and Enrollment Processing and Reporting Requirements

The following specific tasks must be performed by the Contractor to process and report recipient information.

1. Record Recipient-based rules and apply them in service authorization, claims payment and reporting processes.
2. Record various funding sources for recipient eligibility categories and apply them in service authorizations.
3. Provide a report that can be run on demand by CMS to produce an explanation of benefits for a date range for a single recipient, a range of recipients or all recipients.
4. Verify recipient eligibility, enrollment, service limitations and Service Authorization requirements to providers who inquire.
 - a. Validate the inquiry before responding based on the enrollment status of the provider, and the provider's ability to accurately identify the recipient, proposed dates of service, and procedure codes to be rendered, as determined by CMS during the design phase.
 - b. Support batch and individual transactions:
 - (1) ANSI X12 270
 - (2) ANSI X12 271
 - (3) ANSI X12 278
 - (4) NCPDP 5.1
 - c. Respond to inquiries over an Automated Voice Response System (AVRS) 24 hours per day, 7 days per week.
 - d. Respond to inquiries made over a web portal, 24 hours per day, 7 days per week.
 - e. Respond to inquiries with live telephone operators in exceptional cases.

4.8.10.7 Eligibility and Enrollment Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the Recipient Administration task, subject to the general requirements of the ITN and the approval of CMS:

1. Plans, activity descriptions, duration estimates, activity sequence information, risk analysis, and status reporting as components of planning documents and the WBS, to meet the general requirements of the project management section of the ITN related to recipient administration.
2. The Systems Analysis Document described in Section 4.8.4.2, as it pertains to Eligibility and Enrollment.
3. The System Design Plan (SDP) with Technical Design specifications described in Section 4.8.5.2, as it pertains to Eligibility and Enrollment.
4. The Testing Plan described in Section 4.8.5.2, as it pertains to Eligibility and Enrollment.
5. System Components necessary to meet the Recipient Administration maintenance requirements specified in section 4.8.11.1 through 4.8.11.2, as it pertains to Eligibility and Enrollment.
6. Recipient Processing and File Maintenance Procedure Manual described in section 4.8.11.2, as it pertains to Eligibility and Enrollment.
7. Automated interfaces to meet the requirements in section 4.8.11.3, as it pertain to Eligibility and Enrollment.
8. Interface Procedure Manual described in section 4.8.11.3, as it pertains to Eligibility and Enrollment.

4.8.11 Provider Administration Contractor Tasks

4.8.11.1 Provider Administration Objectives

The Contractor will not be expected to enroll or approve providers during the initial period of this Contract. The Contractor will receive computer files of provider information directly from CMS, with all data necessary to process claims and encounter records. These files will be updated daily or as agreed during the design phase.

The Contractor will maintain the provider files, make manual updates as requested by CMS, and will modify the files with the results of claims processing.

At some time in the future, CMS may consider requiring the Contractor to manage the process to receive provider applications, verify parts of the application and approve providers subject to CMS rules. Therefore, the Respondents to this ITN should describe their capabilities to perform these functions in response to this section. However, the cost for performing these services should not be included in the Respondents' cost proposals.

4.8.11.2 Provider Record Maintenance Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to create and maintain provider records.

1. Maintain all information necessary to accurately record all necessary provider identification, credentials, enrollment, and participation information required for claims payment. This will include:
 - a. Identifying and demographic information, such as name, birth date, age, race, sex, telephone, email, other contact information;
 - b. Multiple addresses, such as practice or service address, mailing address, corporate office address, previous addresses.
 - c. Multiple jurisdiction information, including CMS office, Early Steps Office, Medicaid Area Office, Children and Families District, County.
 - d. Payee identifiers, such as National Provider Identifier (NPI), Medicare ID, Florida Medicaid ID, Social Security number, Federal Employer Identification Number (Federal EIN, or FEIN), State Vendor Number
 - e. Spans of medical credentials and other licenses, such as professional licenses, educational degrees, certifications, business licenses.
 - f. Spans of enrollment or participation in CMS programs.
 - g. Provider type, specialty and classifications, including multiple type and specialty codes approved by CMS, multiple taxonomy codes, sub-specialty, group affiliation, network affiliation.
 - h. Ownership and staff information, including authorized users of the provider web portal (with security information necessary to control login).
 - i. Records of termination or suspension from participation in CMS, Medicare, Medicaid or other health plans.
 - j. Bank and financial information necessary to route payments and collect receivables.
 - k. Historical summary payment information and accounts receivable and payable balance information.
2. Maintain provider records in a format to be approved by CMS during design sessions.
3. Maintain contracts and contract files for all CMS-approved providers after they have been accepted by CMS. Correspond with providers as necessary to keep paper files up to date.
4. Write and deliver a Provider File Maintenance Procedure Manual subject to approval by CMS recording all information identified above and all

information necessary to reliably perform all functions necessary to update and process provider information.

5. Review and Amend the Provider File Maintenance Procedure Manual at least annually, as recipient processing or file maintenance needs change, or as requested by CMS. All revisions are subject to CMS approval.
6. Maintain provider information during operations according to the Provider File Maintenance Procedure Manual.

4.8.11.3 Provider Interface Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to interface with CMS to receive and update provider records.

1. Receive computer-file updates of provider information from CMS in formats to be determined during the design phase and approved by CMS.
2. Receive files from CMS and update provider records daily or on a schedule otherwise determined during the design phase and approved by CMS.
3. Write and deliver a Provider File Interface Procedure Manual to describe in detail the method and procedures for operating the interface, including record layouts, translation or conversion routines, and data field definitions.

4.8.11.4 Provider Enrollment Requirements

There are no provider enrollment requirements under this contract.

4.8.11.5 Provider Credentialing Requirements

There are no provider credentialing requirements under this contract.

4.8.11.6 Provider Processing and Reporting Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to process provider information and provide reports regarding providers.

1. Design and produce reports in formats agreed during the design phase to list providers by type, multiple jurisdictions, specialty, network affiliation, and group affiliation.
2. Provide efficient inquiry screens for Contractor staff and CMS use to allow look up by any set of criteria, but especially name, multiple identifiers, multiple jurisdictions, specialty, or network.
3. Design and produce reports in formats agreed during the design phase to list provider payments for any week, month, quarter, fiscal year or calendar year in orders and with fields to be determined during the design phase.

4. Update provider records with amounts paid, changes in receivables or payables as a result of the payment weekly cycle.

4.8.11.7 Provider Training and Communication Requirements

The following specific activities must be performed by the Contractor, subject to the approval of CMS, to assist providers in proper billing and claims submission.

1. Write and distribute a CMS Billing Manual or Manuals to clearly and simply explain the process for billing CMS for services rendered.
 - a. The manual must contain narrative explaining covered services for each CMS program.
 - b. The manual must list procedures covered, including level 2 codes and code modifiers
 - c. The manual must list conditions or exclusions from coverage.
 - d. The manual must explain the billing procedure for electronic, web portal and paper claims submission
2. Provide and operate a provider call center to receive telephone calls from providers and render assistance in billing and help resolve questions about claim errors or problems.
3. Write, deliver and maintain a Provider Call Center Procedures Manual for Contractor staff to use as a reference in responding to provider calls, subject to the approval of CMS.
4. Provide software, manuals and assistance described in the Claims Processing section of this ITN.

4.8.11.8 Provider Administration Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the Provider Administration task, subject to the general requirements of the ITN and the approval of CMS.

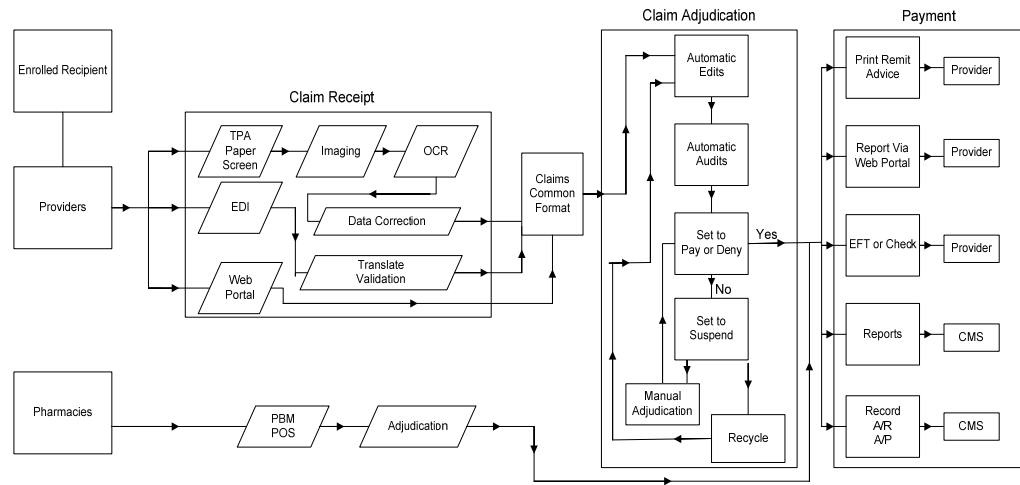
1. Plans, activity descriptions, duration estimates, activity sequence information, risk analysis, and status reporting as components of planning documents and the WBS, to meet the general requirements of the project management section 4.8 of the ITN related to provider administration.
2. The Systems Analysis Document described in Section 4.8.4.2, as it pertains to Provider Administration.
3. The System Design Plan (SDP) with Technical Design specifications described in Section 4.8.5.2, as it pertains to Provider Administration.
4. The Testing Plan described in Section 4.8.5.2, as it pertains to Provider Administration.

5. System Components necessary to meet the Provider Administration maintenance requirements specified in section 4.8.12.1 through 4.8.12.7.
6. The Provider File Maintenance Procedure Manual specified in section 4.8.12.2.
7. The Provider File Interface Procedure Manual specified in section 4.8.12.3.
8. Reports specified in section 4.8.12.6, as it pertains to Provider Administration.
9. The CMS Billing Manual or Manuals specified in section 4.8.12.7, as it pertains to Provider Administration.
10. The Provider Call Center Procedures Manual specified in section 4.8.12.7.

4.8.12 Claims Processing Contractor Tasks

4.8.12.1 Claims Processing Objectives

The Contractor must receive, translate, validate, automatically and manually adjudicate, pay and report all claims and encounter records received for services to CMS clients. The following diagram will generally illustrate the claims process. Note that the pharmacy POS process is external to the TPA operation.



4.8.12.2 Claims Processing Record Maintenance Requirements

The following specific tasks must be performed by the Contractor to receive and maintain information necessary to process claims, encounter records, and capitation payments.

1. Arrange to receive at the Contractor's expense and maintain all reference files necessary to process health care claims, claims for non-medical services, encounter records, SafetyNet and Early Steps claims, capitation payments and adjustments. When required by law or requested by CMS, all claims

processes will be performed using ANSI X12 transactions consistent with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). The following files must be maintained:

- a. Procedure Code Files
 - b. Drug Code Files
 - c. Diagnosis Code Files
 - d. Explanation Of Benefits (EOB) code files, including edit codes posted on claim records to indicate all reasons causing the claim or claim line items to pay, deny or suspend.
 - e. Relationships in procedure and diagnosis codes to coverage rules, indicating what diagnoses and procedures are covered or limited in coverage
 - f. Service limitations as directed by CMS
 - g. Identifiers in procedure and diagnosis code records to indicate what kind of Service Authorization may be required, if any.
 - h. Identifiers in procedure and diagnosis code records to indicate whether another payor is required to pay first, including co-pay, share of cost and deductible requirements.
 - i. Files or fields to allow different dispositions and requirements identified above for each of the CMS programs.
 - j. Taxonomy to provider type to service type crosswalk and diagnosis to service appropriateness file.
 - k. Payment processing rules, funding rules and hierarchies based on CMS policy for its various programs and funding sources to assure accurate payment, denial and coordination of benefits among programs and payors both internal and external to CMS.
2. Maintain all files described in other sections of the ITN necessarily to receive, adjudicate, process, pay, monitor, and report on claims processed. These will include:
- a. Recipient files
 - b. Provider files
 - c. Service Authorization Files, including SafetyNet and Early Steps, and all other Service Authorizations defined by CMS
 - d. Financial Code files and other financial files.
3. Develop and maintain data tables, file formats and rules for claims processing based on industry best practices, subject to CMS approval. These will control the steps and flow of claims processing, the use of translators and preprocessors, the data field definition and file formats of claim records at

various stages of processing. Vendors may recommend and separately price the installation of claim auditing software supplied by an external contractor to better control and monitor abusive billing practices.

4. Perform EDI and HIPAA-mandated format and content edits as required by law and directed by CMS.
5. Develop and maintain rules for claim editing based on industry best practices, subject to CMS approval. Claims editing rules will govern automatic adjudication of claims when possible, may affect claim disposition, and may cause claims to suspend to various stations for manual adjudication steps. Editing rules include:
 - a. coverage rules,
 - b. limitations based on recipient eligibility or plan of coverage,
 - c. limitations based on provider category, specialty, certification, location, network affiliation, group affiliation, or billing provider affiliation
 - d. limitations based on date spans of the criteria above.
6. Develop and maintain rules for claim auditing based on industry best practices, subject to CMS approval. Claims auditing rules will govern automatic adjudication of claims when possible, may affect claim disposition, and may cause claims to suspend to various stations for manual adjudication steps. Auditing rules include but are not limited to:
 - a. Duplicate or suspected duplicate claims
 - b. Claims inappropriate based on other previous or concurrent claims
 - c. Conflicts in diagnosis or procedure codes
 - d. Conflicts in provider type or specialty and patient information
 - e. Conflicts in provider type or specialty and procedure code
 - f. Conflicts in provider type or specialty and diagnosis code
 - g. Conflicts in recipient demographics and procedure or diagnosis codes
 - h. Lack of authorization when such authorization is required
 - i. Exceeding service limits established by CMS.
 - j. Other auditing rules standard in the industry or determined by CMS
7. Develop methods of payment and maintain files of rates as determined during the design phase and as directed by CMS.
 - a. Maintain multiple rates that may vary by date spans and by provider network, recipient enrollment category, and individual provider.

- b. Create interfaces to upload rates. These will be supplied by CMS or other agencies in computer files on a schedule to be determined during the design phase.
 - c. Provide methods to pay a percentage of the otherwise applicable rate based on settings in the procedure, diagnosis, provider and recipient files and edit and audit rules.
 - d. Provider methods to record and pay negotiated rates to a provider or a range of providers for a single claim, a range of claims, or all claims based on edit and audit rules.
 - e. Provide methods to pay a rate set during the Service Authorization process. (See Glossary for definition of Service Authorization.)
 - f. Create and maintain files necessary to generate capitation payments and management or administrative fees per member per month for providers in certain networks as determined during the design phase and as amended during operations at the direction of CMS.
 - g. Create and maintain files and processes necessary to properly handle the complex payment structure of Early Steps described in Section 4.4.4 and Section 4.8.13.
 - h. Make manual changes to rates as directed by CMS.
8. Write, deliver and maintain documentation on all reference files, code files, rates and payment methods covered in this section, with details on each edit, audit, rate, and disposition, subject to CMS approval. Update documentation as reference information changes and produce new copies or make available online as directed by CMS.
 9. Create, maintain and operate Electronic Data Interchange (EDI) protocols to receive and transmit information necessary to process claims.
 - a. Install and maintain an EDI engine or clearinghouse to receive and transmit electronic claims and ancillary transactions.
 - b. Install and maintain translators as necessary to convert transactions from and into usable formats.
 - c. Install and maintain HIPAA-compliance transaction editing software to monitor and edit transactions received for compliance. Minimum claims processing transactions that must be supported include:
 - (1) ANSI X12 997, TA1
 - (2) ANSI X12 837I, 837P, and 837D
 - (3) ANSI X12 277, 277U
 - (4) ANSI X12 835
 - (5) ANSI X12 820

- (6) ANSI X12 834
 - d. Write and deliver a Companion Guide for providers to use in conjunction with the HIPAA Implementation Guides for each transaction supported.
 - e. Install and maintain software and files to store all data necessary for transaction compliance, meet retention requirements, and complete coordination of benefits and return transactions.
 - f. Install, maintain and operate pre-processors or other pre-editing software to efficiently handle claims that do not meet minimum requirements, such as improper electronic format, invalid provider numbers, or otherwise too incomplete to process.
 - g. Install, maintain and operate a web-based method for Local Early Steps offices to prepare claims for submission to the TPA, to Medicaid, and to other payors as allowed by CMS rules, as described in Section 4.4.4 and Section 4.8.13.
10. Install paper claim and other document imaging equipment, and establish a process to receive, screen and process paper claims and other documents.
 - a. Print a Transaction Control Number (TCN, see Glossary) including a date identifier on each document before imaging or as part of the imaging process.
 - b. Store, retain, index, and provide efficient access to images of all claims and other documents as determined during the design phase or as directed by CMS. Access must be by hypertext or similar link without requiring log-in to secondary software.
 - c. Maintain absolute audit trails to assure accountability for all claims received, and to mark which staff members have taken any actions on any claim that may affect its payment or non-payment.
 - d. Create and maintain efficient mechanisms for paper attachments to be received and associated with paper claims, electronic claims, and web portal claims.
 - (1) Make use of the ANSI X12 275 claim attachment transaction when possible.
 - (2) Use bar codes, cover pages and other efficient methods approved by CMS during the design phase to associate documents with electronic records.
 - (3) Link the documents with hypertext to allow efficient access to the attachments from the base claims record.
11. Maintain all information necessary for claim adjudication and recording the history of claims submitted, including information translated or posted to the claim as part of editing, auditing suspending, or adjudicating the claim.

- a. Maintain the information as exactly as submitted, even if translation or conversion is applied, and provide a method for State and Contractor staff to view both the original information and the translated or converted information used to process the claim. This applies in particular to dates, recipient and provider identifiers.
 - b. Create and maintain mechanisms to record payments made directly by CMS on a client's behalf. These are usually paid by invoice for non-medical services, but must be accounted for, including fund accounting, program accounting, provider and patient accounting.
 - c. Maintain all fields as defined and determined during the design phase and approved by CMS.
 - d. Maintain all of the above information for paid, denied, and suspended claims and encounter records.
 - e. Maintain all fields necessary to support required X12 transactions.
 - f. Maintain a lifetime history file to record services that may be restricted over the course of a recipient's lifetime, including total benefits paid and certain services provided (transplants, artificial limbs, wheelchairs, etc.) as determined during the design phase and approved by CMS.
 - g. Maintain 7 years of claims history, including the ability to edit against the most recent 12 months of history for any claim or adjustment transaction.
12. Write and deliver an Electronic Claims Receipt and File Maintenance Procedure Manual subject to approval by CMS recording all information identified above and all information necessary to reliably perform all functions necessary to receive, convert, translate, pre-process, store, provide access to, and correct claims information and claims images.

4.8.12.3 Claims Adjudication Requirements

The following specific tasks must be performed by the Contractor to adjudicate claims and encounter records, and process capitation payments.

1. Receive and process paper claims and other documents, including mailroom handling or Post Office pickup, opening, initial screening, returning claims that cannot be processed to the sender, organizing claims for imaging, Transaction Control Number (TCN) assignment, imaging, filing, storing, disposal of paper claims, data entry of claims information through Optical Character Recognition (OCR) and data correction or direct data entry, and routing of images and computer records for processing. Paper claims must be returned to the provider or assigned a TCN and imaged within 2 business days of receipt.
2. Create, distribute and receive claim forms for non-medical services, using designs and mechanisms for submission developed and approved by CMS during the design phase.

3. Write and deliver a Mailroom, Imaging and Paper Claims Processing Procedure Manual subject to approval by CMS explaining in detail the procedures that will be followed to reliably perform all functions necessary to receive, sort, screen, image, perform data entry of claims information, route files and images for efficient electronic processing, and provide access to paper claims data for State and Contractor staff.
4. Receive and process electronic claims and encounter records using systems, methods and procedures developed and approved by CMS during the design phase.
5. Generate capitation payments monthly as approved by CMS in the design phase for per member per month subcontractors or networks.
6. Receive all claims using the National Provider Identifier (NPI) as the sole primary identifier of all qualified billing, pay-to, treating, referring, attending, and prescribing providers. Create and use an unduplicated proprietary identifier approved by CMS as the sole primary identifier for those providers who do not qualify to receive an NPI. Reconcile all provider identifiers necessary to coordinate with other payors' provider numbers.
7. Create a web portal for providers to use to enter claims data and submit claims for payment using Direct Data Entry.
 - a. Create programs, screens, tables, and processes as approved by CMS during the design phase to provide an efficient method for providers to enter this data.
 - b. Include short drop-down lists of procedure, diagnosis and other codes commonly used by the providers.
 - c. Include page level and field level help information to assist providers in using this claims submission method.
 - d. Include a roster method for long-term care providers to submit claims based on a monthly roster of their patients.
 - e. Create programs, screens, tables and processes necessary to accommodate the Service Authorization process for Early Steps, SafetyNet and other CMS programs.
 - (1) Provide means for CMS staff to enter Service Authorizations based on Individualized Family Support Plan (IFSP) information, review of individual requests, and review of other care plan documents.
 - (2) Update Service Authorization records as changes are made by CMS staff, as services are recorded based on claims submission, and as claims are adjusted.
 - (3) Use information from Service Authorizations to process claims according to hierarchies and rules approved by CMS.

8. Create and provide personal-computer based software that providers can use to enter and submit claims.
 - a. Software must be able to run on Windows XP or above.
 - b. Make the software available at no cost to providers by Internet download or by sending installation CD, at the option of the provider.
 - c. Software must create HIPAA-compliant transactions.
 - d. Software must allow batch submission of claims via FTP or toll-free dial up to the Contractor.
 - e. Software must have a manual to assist provider in using the software. The manual is subject to CMS approval.
9. Provide and operate an interface with the CMS Pharmacy Benefits Manager (PBM) contractor to record the results of pharmacy point-of-sale claims and adjustments, and to account for and issue payments and adjustments.
10. Provide customer assistance to providers attempting to bill on paper or electronically.
11. Staff and operate a telephone call center, subject to call center standards recorded in section 4.8.8.3.
12. Receive and process mailed or emailed inquiries and requests for assistance.
13. Offer a test region where providers can test their ability to submit successful electronic claims and transactions. Assist providers in conducting tests
 - a. Provide trading partner agreements and registration that can be accomplished within 2 business days of the request.
 - b. Provide on-line access to instructions, companion guides, billing guides, code tables and other information to help providers in the claims submission process.
 - c. Provide instructions to refer providers to HIPAA-compliance (X12) validation tools.
 - d. Provide a mechanism for providers to submit test transactions (claims) and provide feedback on the potential success or failure of those transactions.
 - e. Provide telephone, correspondence and email assistance to help providers overcome claims submission problems revealed in testing.
14. Stage all claims ready for processing in a common format.
15. Adjudicate all claims on a schedule approved by CMS after design discussions.
 - a. Paper claims must be adjudicated within 20 calendar days of assignment of TCN.

- b. Unacceptable EDI claims, whether submitted using Contractor-supplied or other software must be pre-processed and returned or accounted for and disposed under procedures approved by CMS within 1 business day.
 - c. Acceptable EDI claims, whether using Contractor-supplied submitted or other software must be pre-processed and adjudicated within 2 business days.
 - d. Claims submitted on the web portal must be processed and adjudicated within 1 hour.
16. Adjudicate all claims using rules developed during the design phase and approved by CMS. Modify the claims processing rules at the request of CMS during operations.
- a. Adjudicate claims at both the header and detail level as determined in the design phase and approved by CMS.
 - b. Apply all edit rules based on the date of service and the date of claim submission as approved by CMS.
 - c. Apply all audit rules based on the date of service and the date of claim submission, six months of claim history, and lifetime limit history as approved by CMS.
 - d. Apply all Service Authorization rules based on the date of service and the date of claim submission as described in section 4.8.14.
 - e. Apply all Coordination of Benefits Rules based on the date of service and the date of claim submission as described in section 4.8.13.
 - f. Apply all Fraud and Abuse editing and auditing rules based on the date of service and the date of claim submission as described in section.
 - g. Allow claims to suspend for recycled processing as allowed under rules developed during the design phase and approved by CMS.
 - h. Allow claims to suspend for manual processing as allowed under rules developed during the design phase and approved by CMS.
 - i. Allow all types of claims to suspend, including pharmacy claims.

4.8.12.4 Claims Resolution Requirements

The following specific tasks must be performed by the Contractor to perform automated and manual claims resolution of submitted claims.

- 1. Provide staff and work claims suspended for manual resolution, applying rules developed during the design phase and approved by CMS.
 - a. Amend the rules as requested by CMS at any time during operations.
 - b. Resolve claims by applying complex logic rules, verifying paper forms and signatures, verifying invoices and charges, reviewing surgical or

medical reports, reviewing photographs or models, calculating or pricing procedures, and following specific instructions of CMS.

- c. Provide the capability for CMS-designated staff to resolve claims for some reasons, and use a common routing system to allow claims to route back and forth from the TPA to CMS and contractors as necessary to apply CMS business rules.
 - d. Resolve all suspended claims within 20 business days.
 - e. Assure that all manual claim approvals above thresholds set by CMS are approved by at least 2 unrelated individuals as determined by CMS during the design phase.
2. Write and deliver an Exceptional Claims Processing Manual subject to approval by CMS explaining in detail the procedures that will be followed to reliably perform all cycled reprocessing of suspended claims and to perform manual resolution of all suspended claims. Include detail for every approved suspense location and the details necessary to resolve the claim in that location.
 3. Provide and execute methods to process mass adjustments, recording the effect of the adjustment on every claims affected by the adjustment.
 - a. Perform mass adjustments as directed or approved by CMS.
 - b. Perform mass adjustments within 20 business days of the approval by CMS.

4.8.12.5 Claims Payment Requirements

The following specific tasks must be performed by the Contractor to aggregate claims approved for payment, make payments to providers, and report the status of claims and payments.

1. Maintain a data record of all payments to providers and account balances, including net amounts payable to or receivable from providers.
 - a. For accounts receivable from providers, create and maintain methods to calculate amounts to be withheld from each weekly payment.
 - (1) In some cases, the entire amount should be withheld until the total account receivable is recovered.
 - (2) In some cases, recovery is deferred until a set date.
 - (3) In some cases, the recovery should be at a certain rate (dollar amount) for each payment period until the entire receivable is recovered.
 - b. For accounts payable to providers, the entire amount should be included with the provider payment.

2. Process and account for returned checks, refunds, subrogation payments, Third Party Liability payments, and other amounts received.
 - a. Receive, deposit and properly credit the payor.
 - b. Properly credit or adjust individual claims and fund accounts.
 - c. Apply procedures approved by CMS.
3. Establish and operate a weekly payment cycle to aggregate payable claims and issue payments to providers as determined during the design phase and approved by CMS.
 - c. Aggregate payable claims based on all adjudications that have occurred since the previous payment cycle to calculate amounts owed to or receivable from (as in the case of adjustments) providers.
 - d. Aggregate any Gross Adjustments as payables to or receivables from providers.
4. Design and produce a weekly report of provider payments to the top 20 providers of each type (highest gross weekly payment) in association with the weekly payment cycle. Deliver this report with the EFT and paper check files for CMS to use in determining whether to pull or void any payment.
5. Design and produce a weekly report of provider payments in which the provider's payment is more than 150% of his/her average payments over the last three months in association with the weekly payment cycle. Deliver this report with the EFT and paper check files for CMS to use in determining whether to pull or void any payment.
6. Issue Electronic Funds Transfers (EFT) to all providers who have EFT as their determined method of payment on file, either as their option or as directed by CMS.
 - a. Prepare an EFT Transmission File through protocols determined in the design phase and in conjunction with the TPA bank as approved by CMS and transmit the file on a schedule that will provide deposits to the providers on the day of the week directed by CMS.
 - b. Prepare a computer file of all EFT weekly payments and submit to CMS 2 business days before the file must be delivered to the bank.
 - c. Remove (scrub) any individual EFT payments from the EFT Transmission File as directed by CMS, and reverse any claims transactions, accounts payable or receivable or Gross Adjustments that constitute the payment. CMS will notify the Contractor of any scrubs at least 1 business day before the file must be sent to the bank.
7. Print paper checks to all providers who have paper checks as their determined method of payment on file, either as their option or as directed by CMS.

- a. Prepare a computer file of all paper check weekly payments and submit to CMS 2 business days before the checks are to be mailed.
 - b. Void any individual paper check as directed by CMS, and reverse any claims transactions, accounts payable or receivable or Gross Adjustments that constitute the payment. CMS will notify the Contractor of any voids at least 1 business day before the checks are to be mailed.
 - c. Mail checks on the day of the week directed by CMS. CMS will reimburse the Contractor for the actual postage costs of mailing checks.
8. Prepare a Remittance Advice (RA) for each check or EFT issued, explaining in detail the amounts included in the payment. The contents of this RA will be determined by CMS in the design phase. This RA will supplement HIPAA electronic transactions that are required for most claims transactions.
- a. Include the RA with each paper check issued.
 - b. Post electronic versions of the RA on a web portal for all providers requesting an electronic RA.
 - c. Mail the RA separately for all providers receiving EFTs but requesting paper RAs. CMS will reimburse the Contractor for the actual postage costs of mailing paper RAs.
9. Create audit and reporting systems to prove absolute control of all payments.
- a. Issue a Control Report for each weekly payment cycle. The Control Report must stand up to the scrutiny of outside audits and demonstrate that every payment issued was actually delivered to the bank or post office.
 - b. The procedures for the payment process must assure that no one individual may issue any payment. The Contractor must exercise separation of duties to assure proper financial controls at all points in the payment process.
10. Write and deliver a Weekly Payment Processing Manual subject to approval by CMS explaining in detail the procedures that will be followed to reliably perform all functions of the payment cycle identified above. Include detail for auditing reports and controls.
11. Issue Internal Revenue Service (IRS) Form 1099 to all persons or businesses paid through the TPA system.
- a. Aggregate payments based on tax identification number for each provider.
 - b. Prepare reports of payments to the IRS using all forms or electronic files required by the IRS for such submissions. Prepare computer file and paper summary reports of all submissions to the IRS as approved by CMS in the design phase.

- c. Issue B-notices or other documents as required by the IRS. CMS will reimburse the Contractor for the postage cost of mailing 1099s and B-notices.
 - d. Process and apply liens as directed by the IRS, CMS or legal authorities, including withholds of payment.
 - e. Process and apply any regular withholding formulas or amounts as required by the IRS.
12. If the State elects to process payments through the Chief Financial Officer instead of establishing an external bank account under the daily control of the TPA, create and operate interfaces with the Chief Financial Officer to process payment files and produce 1099s through the State's payment and accounting processes.

4.8.12.6 Claims Processing Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the Claims Processing task, subject to the general requirements of the ITN and the approval of CMS.

1. Plans, activity descriptions, duration estimates, activity sequence information, risk analysis, and status reporting as components of planning documents and the WBS, to meet the general requirements of [the project management section of the ITN] related to claims processing.
2. The Systems Analysis Document described in Section 4.8.4.2, as it pertains to Claims Processing.
3. The System Design Plan (SDP) with Technical Design specifications described in Section 4.8.5.2, as it pertains to Claims Processing.
4. The Testing Plan described in Section 4.8.5.2, as it pertains to Claims Processing.
5. System Components necessary to meet the Claims Processing requirements specified in section 4.8.12.1 through 4.8.12.6.
6. Reference Documentation described in section 4.8.12.2, as it pertains to Claims Processing.
7. Companion Guides for HIPAA-compliant transactions described in section 4.8.12.2, as it pertains to Claims Processing.
8. Electronic Claims Receipt and File Maintenance Procedure Manual described in section 4.8.12.2.
9. Mailroom, Imaging and Paper Claims Processing Procedure Manual described in section 4.8.12.3.
10. Software manual for PC-based claims submission software described in section 4.8.12.3, as it pertains to Claims Processing.

11. Exceptional Claims Processing Manual described in section 4.8.12.4.
12. Weekly Control Reports described in section 4.8.12.5, as it pertains to Claims Processing.
13. Weekly Payment Processing Manual described in section 4.8.12.5, as it pertains to Claims Processing.
14. Reports of 1099s Issued described in section 4.8.12.5, as it pertains to Claims Processing.

4.8.13 Service Authorization Objectives

To control costs and assure appropriate care, CMS often requires that services for a recipient be reviewed before or after delivery and specifically approved or denied. All of the methods described below are encompassed in the broad definition of Service Authorization as used in this ITN and resulting Contract.

The review may authorize a referral to a provider for a range of services, a specific service on a specific date, a number of inpatient or outpatient hospital days, a number of services in a category over a date span, a plan of care consisting of multiple services, a range of services with a dollar limit. These may be formalized prior authorizations, referrals, or reviews that occur after service delivery but before payment is allowed.

This review process is performed by Contractor staff, CMS headquarters staff, CMS staff in the various jurisdictions of its programs, other contractors hired by CMS, Primary Care Providers in the various CMS programs. The Contractor must create and maintain a system that allows for all of these kinds of Service Authorizations.

The Service Authorization process for Early Steps is an important and distinct process. The Contractor must develop data tables, reference information, data entry screens, processing rules and procedures to allow Local Early Steps (LES) offices to enter Service Authorization information described in section 4.4.4. The Contractor must submit claims entered by the LES to Medicaid and must coordinate benefits with Medicaid. The Contractor must receive and process claims from the LES office and other authorized providers for payments from funding sources authorized by CMS. The Contractor must apply rules for payment, denial and coordination of benefits based on CMS policy and approved Service Authorizations. The Contractor must accept and process encounter records from the LES offices and other providers and update Service Authorization records with information about services rendered.

4.8.13.1 Service Authorization Record Maintenance

The following specific tasks must be performed by the Contractor to receive and maintain information necessary to process all forms of Service Authorization.

1. Develop and maintain data tables, file formats and rules for each method of Service Authorization approved by CMS during the design phase, including

Early Steps as described above and in section 4.4.4. These will control the steps and flow of Service Authorization, establish the authority for determining approval or denial, the data field definition and file formats of Service Authorization records at various stages of processing.

2. Provide all data element fields and claims processing rules necessary to enforce Service Authorization requirements.
3. Provide the capability to restrict payment for services based on any combination of:
 - a. Units of service, including inpatient or outpatient days, minutes or units of anesthesia service
 - b. Dollar amounts
 - c. Diagnosis codes
 - d. Procedure codes and related procedure events
 - e. Calculated or negotiated amounts
 - f. Service location
 - g. Date ranges
 - h. NDC, generic drug code, and therapeutic class
 - i. Provider and recipient identifier
 - j. Information contained in Service Authorizations, including funding source information
4. Provide the following mechanisms to authorize services:
 - a. Referral to a provider for a range of services over a date span
 - b. Authorization for a specific service within a date span
 - c. Authorization for a number of services in a category over a date span
 - d. Authorization for a plan of care consisting of multiple services over a date span
 - e. Authorization for a range of services with a dollar limit
 - f. Authorization contingent upon availability from a funding source
 - g. Authorization contingent upon coordination of benefits information from the Local Early Steps office, CMS or other entities
 - h. Any combination of the authorizations above
5. Provide uniform data entry screens or pages (Service Authorization Plan Screens) to allow efficient entry of all data elements required for Service Authorizations.

- a. These screens will be developed during the design phase subject to CMS approval.
- b. The screens must allow for entry of requests, approvals, denials, partial approvals (some requested services but not others), designation of proposed funding source, and editing of requests.
- c. The screens must allow for authorization of non-medical services that may be paid by invoice by the TPA under exceptional claim processing rules, or may be paid by CMS and accounted for in the TPA system.

4.8.13.2 Service Authorization Processing Requirements

The following specific tasks must be performed by the Contractor to receive and maintain information necessary to process Service Authorizations.

1. Assign a unique Transaction Control Number (TCN) to each request for Service Authorization that identifies the date of the request and provides a unique identifier for the Service Authorization.
2. Receive and process Service Authorization requests that are received in multiple methods:
 - a. Paper Service Authorization forms must be created, distributed, received and imaged upon receipt, using similar processes and the same standards that apply to paper claims.
 - b. Accept and issue HIPAA-compliant electronic transactions for Service Authorization, using the ANSI X12 278 transaction.
 - c. Accept and process Service Authorizations via a web portal. Provide access through the web portal to all parties in the transaction, including the recipient, referring provider, referred-to provider, and all decision-making authorities based on the rules for processing determined by CMS.
 - d. Create Service Authorization records based on information approved as part of the Service Authorization process for CMS programs, including SafetyNet and Early Steps, using rules to determine funding sources and processing hierarchy.
 - e. Modify Service Authorization records according to rules as circumstances change, including:
 - (1) Claim denials or adjustments made by other payors
 - (2) Change in the availability of funding from various sources
 - (3) Changes made in Service Authorizations
 - (4) Other changes determined during the design phase
3. Employ a workflow management or tickler system to assure that workers responsible to review Service Authorization requests do so in a timely and efficient manner.

4. Create and maintain efficient mechanisms for paper attachments to be received and associated with Service Authorization requests.
 - a. Use bar codes, cover pages and other efficient methods approved by CMS during the design phase to associate documents with electronic records.
 - b. Link the documents with hypertext to allow efficient access to the attachments from the base Service Authorization record.
2. Provide access to the Service Authorization screens to CMS-authorized staff to create, edit and administer approved plans of care.
3. Automatically close Service Authorization records after a CMS-defined time period. Provide notice of closure as directed by CMS.
4. Track, identify and display online the location of each authorization request, the individual authorized to make a decision regarding approval or denial, and the length of time the review has been pending.
5. Update Service Authorizations to correctly reflect their status as a result of claims processing.
6. Track when each part of the authorization is used and subtract from the balance of remaining authorizations.
7. Adjust balances as a result of claim voids and adjustments.

4.8.13.3 Service Authorization Reporting and Communication Requirements

The following specific tasks must be performed by the Contractor to report and communicate Service Authorizations, including whether they have been approved or denied.

1. Prepare and distribute notices of Service Authorization approval and denial using methods approved by CMS during the design phase.
 - a. Print and mail notices to both the recipient and the providers involved.
 - b. Alternatively, when allowed by CMS rules and options selected by the provider and recipient, distribute notice via a web portal.
2. Provide a full spectrum of reports and print-outs from Service Authorization screens to facilitate the process of their development and management, as determined during the design phase.
3. Operate a toll-free call center to handle provider and recipient inquiries related to Service Authorizations.

4. Provide reports to CMS as developed and approved during the design phase:
 - a. Dollar value of services authorized and denied by service category and total by day, week and month.
 - b. History of Service Authorizations for any recipient by date range.
 - c. History of Service Authorizations for any referring provider by date range.
 - d. History of Service Authorizations by referred-to provider by date range.
 - e. Comparison of Service Authorizations by type and jurisdiction by month.
 - f. Daily reports on the workflow or tickler system that identify the number of authorizations pending at each location, the average and longest suspended item at each location. This report will be used daily to identify roadblocks in the Service Authorization process.

4.8.13.4 Service Authorization Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the Care Coordination and Service Authorization task, subject to the general requirements of the ITN and the approval of CMS.

1. Plans, activity descriptions, duration estimates, activity sequence information, risk analysis, and status reporting as components of planning documents and the WBS, to meet the general requirements of the project management section 4.8 of the ITN related to claims processing.
2. The Systems Analysis Document described in Section 4.8.4.2, as it pertains to Service Coordination and Authorization.
3. The System Design Plan (SDP) with Technical Design specifications described in Section 4.8.5.2, as it pertains to Service Coordination and Authorization.
4. System Components necessary to meet the Service Authorization requirements specified in section 4.8.13.1 through 4.8.13.4
5. The Testing Plan described in Section 4.8.5.2, as it pertains to Service Coordination and Authorization.

4.8.14 Fiscal Operations Contractor Tasks

4.8.14.1 Fiscal Operations Objectives

The Contractor is responsible for handling and accounting for payments approved by statute, rule and policy by CMS. The Contractor must exercise absolute and diligent control over the disbursement of funds to assure that funds are only spent for goods and services authorized by CMS. The Contractor must adhere to Generally Accepted Accounting Principles in all operations that may have an effect on the disbursement or recovery of funds. The Contractor will

manage a bank account or an interface with the Chief Financial Officer that provides for the issuance of state and federal funds. The Contractor will provide reports to assure that all funds are properly accounted for, and will secure independent audits as required by CMS to assure the public of adequate control and oversight.

4.8.14.2 Fund Allocation Requirements

The following specific tasks must be performed by the Contractor to record, account for and maintain information on the various funding sources of services and administration of CMS programs.

1. Maintain detail accounts for all of the funding sources, including federal funds, federal grants, trust funds, state revenue budget accounts, matching funds, general revenue categories and other categorizations necessary to account for all funds spent and recovered to provide services or for the administration of the programs.
 - a. Maintain histories and balances for each funding source identified by CMS for the various programs as determined in the design phase.
 - b. Reconcile claims payments as they are made or adjusted to fund account balances.
 - c. Record budgets and expenses against budgets (“Shadow Budget”) for internal allocations or expenditures of CMS by category and jurisdiction.
 - (1) While these will not represent payments issued by the TPA, they will be recorded as part of the overall CMS service budget and reported by the TPA.
 - (2) Account for supplies bought by CMS directly and distributed through CMS service offices.
 - d. Account for returned checks, subrogation, insurance, and Third Party Liability payments received by fund account.
2. Calculate the portion of each claim payment, void, adjustment, refund, mass adjustment, gross adjustment, capitation payment, administrative allocations or any other financial transaction under TPA control that applies to each funding source.
 - a. Allocations may be for the entire claim, percentage of a claim or determined under a more complex cost allocation formula that will be determined during the design phase.
 - b. Administrative costs may be allocated to multiple funding sources based on program, jurisdiction, expense category, or allocation percentage formulas determined during the design phase.

4.8.14.3 Bank Account or Chief Financial Officer Management of Contractor Tasks

The following specific tasks must be performed by the Contractor to account financially for all funds processed through the system or paid to the Contractor for the administration of the CMS programs.

1. Manage a bank account or an interface with the Florida Chief Financial Officer to issue payments to providers.
2. Exert all controls over this bank account or interface necessary to comply with all laws and regulations affecting the disbursement of state and federal funds.
 - a. The bank account will be a zero-balance account.
 - b. Work with the Chief Financial Officer on a weekly basis to determine the amount of funding obligated as a result of the weekly payment cycle and any other payment directives approved by CMS.
 - c. Work with the Chief Financial Officer on a daily basis to arrange funding into the account to cover checks or drafts payable on the day.
3. Issue replacement checks upon the confirmation of documentation that an otherwise valid check was canceled for non-receipt, voided, or became stale.
4. Balance the bank account according to Generally Accepted Accounting Principles (GAAP).
 - a. Balance the account upon receipt of the monthly bank statement.
 - b. Deliver or post, as agreed with CMS during the design phase, a written summary of the bank account reconciliation within 30 days of receipt of the statement from the bank.
5. Arrange and pay for an independent audit of the bank account at the end of each state fiscal year, using a qualified auditor approved by CMS. Deliver independent audit to CMS within 10 business days of receipt.

4.8.14.4 Financial Controls Contractor Tasks

The following specific tasks must be performed by the Contractor to assure adequate control and accountability for funds administered by the Contractor.

1. Adhere to the highest ethical standards and exert financial and audit controls and separation of duties consistent with Generally Accepted Accounting Principles and (GAAP) and Generally Accepted Auditing Standards (GAAS).
2. Exert absolute and diligent control over the disbursement of funds to assure that funds are only spent for goods and services authorized by CMS.
 - a. Maintain separation of duties among those who perform provider file maintenance and those who enter claims or claims resolution data.

- b. Maintain separation of duties among those who enter claims or claims resolution data and those who create EFT files or paper checks.
 - c. Require at least two individuals from different chains of command to print paper checks, review and approve EFT reports and files for transmission, and supervise mass adjustments and any payments to providers outside the normal weekly payment cycle.
 - d. Require at least two individuals from separate chains of command to receive and account for refunds, returned checks and other deposit items received by the Contractor on behalf of CMS.
3. Maintain a separate, physically secure area for processing checks, storing check stock and signature control devices and other banking records. Maintain and control the inventory of check stock and forms, and report inventories monthly.
 4. Report financial control incidents and potential security or financial system breaches to CMS immediately as the Contractor becomes aware of them.
 5. At the Contractor's expense, provide for an annual SAS-70 audit to specifications of CMS to be conducted by an accredited accounting firm subject to the approval of CMS. Supply the audit to CMS within 10 days of receipt.
 6. Supply a copy of the Contractor's annual corporate audit within 30 days of receipt by the Contractor.
 7. At the Contractor's expense, provide for an annual audit of HIPAA Privacy and Security rule compliance. This audit must be conducted by a firm qualified in this area acceptable to CMS. Supply the audit to CMS within 10 days of receipt.
 8. Assure that no employee of the Contractor is related to an employee of CMS in any capacity that violates state conflict of interest standards.

4.8.14.5 Financial Reporting Contractor Tasks

The following specific tasks must be performed by the Contractor to report on the financial activities and impact for budgeting, performance reporting and accounting purposes.

1. Create and produce daily, weekly and monthly reports of all financial expenditures and collections, as determined during the design phase and approved by CMS.
 - a. Daily reports must be delivered or posted in an agreed format by the end of the next business day.
 - b. Weekly reports must be delivered or posted in an agreed format by the end of the third business day.

- c. Monthly reports must be delivered or posted in an agreed format within 7 calendar days of the end of the month (by the seventh of the following month, 5:00 PM)
 - d. The Contractor will create multiple reports, including expenditures and recoveries:
 - (1) by funding source (with charts to show matching rates)
 - (2) by provider type
 - (3) by program and service (where applicable)
 - (4) by day (with graphs)
 - (5) by week (with graphs)
 - (6) by month (with graphs)
 - (7) by multiple jurisdictions (district, area, county)
 - (8) by Shadow Budget categories
2. Write and deliver a Financial Operations Manual subject to approval by CMS explaining in detail all the automated and manual procedures that will be followed to meet all of the task requirements of this section.

4.8.14.6 Fiscal Operations Deliverables

The Contractor must provide the following specific deliverables to meet the requirements of the Fiscal Operations task, subject to the general requirements of the ITN and the approval of CMS.

1. Plans, activity descriptions, duration estimates, activity sequence information, risk analysis, and status reporting as components of planning documents and the WBS, to meet the general requirements of [the project management section of the ITN] related to fiscal operations.
2. The Systems Analysis Document described in Section 4.8.4.2, as it pertains to Fiscal Operations.
3. The System Design Plan (SDP) with Technical Design specifications described in Section 4.8.5.2, as it pertains to Fiscal Operations.
4. The Testing Plan described in Section 4.8.5.2, as it pertains to Care Coordination and Service Authorization Management, as it pertains to Fiscal Operations.
5. System Components necessary to meet the Fiscal Operations requirements specified in section 4.8.14.1 through 4.8.14.5.
6. Written summary of the bank account reconciliation described in section 4.8.14.3.
7. Independent Audit described in section 4.8.14.3, as it pertains to Fiscal Operations.

8. Daily, weekly and monthly reports itemized in section 4.8.14.5, as it pertains to Fiscal Operations.

4.9 Task Limits

4.9.1 Designation of CMS Project Manager and Sponsor

CMS will designate a Project Manager (CMS PM), a CMS staff member or a contractor, and a Sponsor (CMS Sponsor), a CMS senior staff member. The CMS PM and the CMS Sponsor will control the project through project artifacts directed by the CMS PM and provided by the Contractor.

4.9.2 Project Phases

The TPA project will be broken into 6 distinct project phases. Each phase will have specific artifacts and criteria that must be met (stage gates) before proceeding to the next phase.

The CMS PM and CMS Sponsor will approve each stage gate and artifact at their own discretion before the Contractor is authorized to perform work on the next phase.

The project phases will be as follows:

- Feasibility – Determine If Project Is Feasible (Sponsor Approval)
- Definition – Define What Is to Be Done (Project Team and Sponsor Approval).
- Design – Design Products and Build Prototype (Vendor and Sponsor Approval).
- Construction – Execute Build and Implementation (Vendor).
- Rollout – Install Products (Vendor with Sponsor Approval).
- Operations – Operate as the Third Party Administrator for the pilot and later for the statewide implementation of the TPA system.
- Turnover – At the conclusion of the Contractor's tenure as Third Party Administrator, perform all activities necessary to smoothly transition operations to CMS or a successive Contractor.

Once a contract is finalized through the ITN process, the Contractor shall not perform any tasks related to the project other than those described in the final contract without the express, written approval of the Department.

4.9.2.1 Feasibility Phase

The Contractor must plan the project as a whole and in sufficient detail to deliver and demonstrate a viable plan to meet all of the requirements. These tasks include both standard Project Management Office (PMO) tasks and planning

tasks specific to this project. The tasks required for completion of this phase are described in section 4.8.3, with ongoing project management and control requirements described in section 4.8.2.

The purpose of this phase is to set up the project and provide as a minimum a Project Management Plan, MS Project Plan, Spending Plan, Weekly and Monthly Reporting Mechanisms. In this Phase the Contractor will show the Sponsor the ability to run the project within the allocated budget and the ability to forecast with some degree of accuracy – Time, Cost, Scope, and Quality Assurance Functions.

4.9.2.2 Definition Phase

The Contractor must clarify its understanding with CMS and identify specifically what the Contractor is going to do in the Design and Construction Phases.

The Contractor is to explain and get sign off on what will be provided and what are the end project deliverables, and achieve agreement about what can be provided within the desired time frame.

The tasks required for completion of this phase are described in detail in section 4.8.4.

4.9.2.3 Design Phase

In the Design Phase, the Contractor will design the products that will later be built and rolled out in the Construction Phase. The key deliverables in this phase are a revised Systems Design Plan that was originally started and approved in the Definition Phase and a revised Systems Analysis Document that was originally started and approved in the Definition Phase, Technical Design Document (in the Systems Design Document) and prototype models that can be reviewed and approved by CMS. The prototypes, while not ready for roll-out, must demonstrate the capabilities of the Contractor's system to the satisfaction of CMS.

CMS anticipates that the Design Phase will run 12 to 15 weeks and will not exceed 15% of the total project budget. Time can be shifted from the Construction Phase if needed and if the project would be better served. The project will not move to the Construction Phase until all Design Phase deliverables are reviewed, approved and signed by CMS.

4.9.2.4 Construction Phase

For this project, the Design Phase should produce a plan that will allow the Contractor to complete the build for the system based upon the Revised Systems Design Document that incorporates the Technical Design identified and approved in the Definition Phase and the prototypes and to rollout a completed product for CMS use, first in three pilot areas and then statewide.

Traditionally, the Construction Phase should take between 6 to 8 months or longer to complete. Time from Construction can be shifted back to Design if required.

4.9.2.5 Rollout Phase

The Contractor must deploy the TPA System and begin operations for about three pilot areas as determined by CMS, executing all the functions required for operations. This is actual operation (not prototype or sample data), but in a limited area. This will allow the Contractor to resolve any remaining defects or deficiencies, tune the system for efficiency, prove its operability, demonstrate the ability of Contractor staff to manage and operate the system, and prepare for statewide deployment.

CMS will identify the desired inclusion of a pilot area or areas before statewide implementation.

4.9.2.6 Operations Phase

The Contractor must act as the Third Party Administrator for CMS programs under the direction and monitoring of CMS staff and designated oversight personnel. The Contractor must meet all obligations described in detail in sections 4.8.10 through 4.8.14 except as agreed in writing during the earlier phases of the project. Since the project is based on phasing in of some programs, jurisdictions, functions and components as determined during the negotiations and early phases of the project, the specific operational requirements will be clarified before operations begin.

4.9.2.7 Turnover Phase

The Contractor must prepare for turning over responsibilities and operations at the end of the contract. The Contractor must cooperate with the successor TPA, other contractors, and CMS in the planning and transfer of operations. The Contractor must dedicate special additional resources to this phase. This phase will begin about twelve months before the end of the contract period and end about six months after the end of the contract period, or as extended by the exercise of contract provisions or amendments to the contract.

The Contractor must complete and provide to the successor TPA financial reconciliation of the bank account, audit of the bank account, settlement of all invoices, settlement of all accounts receivable, “estoppel report” of all receivable and payable balances, and settlement of all damages.

4.10 Staffing Levels

4.10.1 Definition of Staff

The Vendor must describe its plan and commitment for staffing each phase of the contract. The response must conform to requirements as follows:

4.10.1.1 Named Staff

The Vendor must include names and resumes for certain high-level positions, must assure that Named Staff meet the qualification requirements, and must

assure that Named Staff bid will be devoted to the contract as bid, subject to Liquidated Damages.

4.10.1.2 Minimum Numbers of Categorized Staff

The Contractor must supply a certain number of staff in categories described in this ITN. The Contractor must maintain the number and qualifications of this staff as required in each phase, subject to Liquidated Damages.

4.10.1.3 Sufficient Numbers of Categorized Staff

The Contractor must supply sufficient staff to design, develop, implement and operate the TPA system to meet all other requirements of the contract. This staff is over and above the Named Staff and the Contractor may not reduce staffing levels without the approval of CMS. The Contractor may be required to increase staffing levels if requirements or standards are not being met, based solely on the discretion of CMS. In making this determination, CMS will evaluate whether the Contractor is meeting deliverable dates, producing quality materials, maintaining high quality and production rates, and meeting ITN standards without significant rework or revision.

4.10.1.4 Staff Cost Categories

To assure consistency of response, all staff bid, whether Named Staff or Categorized Staff, must meet the definitions and qualifications provided in Section 4.11. Staff positions are also organized into Cost Categories that must match the pricing schedules (see Section 4, Pricing Schedule B, and Pricing Schedules C-1 through C-4) to assure consistency in pricing.

4.10.2 General Requirements for Employees

Each respondent shall include their proposed staffing for technical, administrative, and clerical support. The selected Contractor shall maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities.

In the event the department determines that the selected Contractor's staffing levels do not conform to those promised in the proposal, it shall advise the selected Contractor in writing who shall have thirty (30) days to remedy the identified staffing deficiencies. The selected Contractor shall replace any employee whose continued presence would be detrimental to the success of the project as determined by the department with an employee of equal or superior qualifications.

The department's contract manager will exercise exclusive judgment in this matter.

4.10.2.1 Residency and Work Status

The Contractor must follow all federal and state laws regarding Social Security registration and legal work status of all staff employed or contracted by the Contractor.

4.10.2.2 Background Checks

All Contractor employees working on the TPA system must have a criminal background check done within one week of employment, with results submitted to CMS for review. Any employee with a background unacceptable to CMS must be immediately dismissed from the project by the Contractor.

4.10.2.3 Bonding

All Contractor staff working in the following areas must be bonded: Named Staff, Provider Communications (call-center), Provider Enrollment, Banking, Finance, Audit, and Systems Security. Vendors must include in their proposal a plan for bonding these employees.

4.10.2.4 Conflict of Interest

The Contractor may not hire staff in violation of Florida Statutes Chapter 112 or any other Florida law.

4.10.3 Staffing Requirements for Feasibility, Definition, Design, and Construction Phases

The Contractor must demonstrate its ability to recruit skilled and highly qualified staff and to implement all aspects of the work required during the Design and Development Phase of the TPA system within the stated time frames. Staffing levels must be sufficient to complete all of the responsibilities outlined for this task. All Named Staff for the Design and Development Phase must remain on the project until implementation is complete.

4.10.3.1 Named Staff

The commitments for the following Named Staff must extend through the development and implementation of the TPA system and be one hundred percent (100%) dedicated to the project.

1. Systems Development Manager. (Resume required)
2. Project Management Professional. (Resume required) This person may be the same as the Systems Development Manager, if the Systems Development Manager meets PMP certification requirements and if all ITN requirements can be met without dedicating additional PMP resources.
3. Deputy Project Manager. (Resume required)
4. Project Management Specialist for Design and Development. (Resume required).

4.10.3.2 Sufficient Numbers of Categorized Staff

The Vendor must determine the level of management and technical staffing necessary to complete the design and development of the TPA system on schedule. The Vendor must describe in its proposal the number, qualifications and type of staff proposed, based on the categories described in Section 4.11, Categorized Staff Definition and Qualifications. The proposed staffing plan must be sufficient to complete all of the responsibilities outlined for the Design and Development Phase of the TPA system, and to complete all tasks on schedule. If the number and type of staff is determined by CMS to be inadequate, the Contractor must provide as many additional qualified staff members as necessary without additional cost to CMS.

4.10.4 Staffing Requirements for Operations Phase

4.10.4.1 Named Staff

The following Named Staff will be required to provide a two- (2-) year commitment to the TPA system from the date CMS authorizes implementation of claims processing operations. None of these individuals may have dual primary responsibilities during the Operations Phase of the contract and must be 100% dedicated this project.

1. Systems Manager (Resume required);
2. Claims Operations Manager (Resume required);
3. Finance/Banking Manager (Resume required);
4. Quality Assurance Manager (Resume required).

4.10.4.2 Minimum Numbers of Categorized Staff

1. Five (5) Provider Field Representatives;
2. Two (2) Trainers. The Contractor must provide 2 trainers to develop materials and train CMS, Contractor staff, and providers in the proper use of the Contractor's system and billing procedures.
3. Ten (10) Modernization and Modification Systems Staff. The Contractor must provide this staff to analyze systems and business processes, design and implement technical solutions to continuously modernize modify the TPA system, over and above any staff used for general system operations and maintenance. This staff will be required to implement changes requested or approved by CMS. This function is intended to make the system more efficient, improve its interoperability, and to meet any new state or federal requirements. This staff must be comprised of employees categorized under the requirements of Section 4.11.
 - a. The Vendor must propose a staffing plan with the proper mix and organization of individuals. CMS retains the right to negotiate an increase

or decrease in the size of this staff based on experience. In the event CMS determines an adjustment to the size of the staff is necessary, a thirty (30) day notice will be given to the Contractor; and

- b. CMS will establish priorities for this staff and require allocation of staff to certain areas of responsibilities. The Vendor should indicate the distribution of this staff to provide quick response to Customer Service Requests, professional analysis of proposed system changes, efficient and productive programming to implement State-approved solutions, and quality-controlled implementation and documentation. The Contractor must maintain the required level of staffing during the Operations Phase (See Liquidated Damages in Section 5.8).

4.10.4.3 Sufficient Numbers of Categorized Staff

1. Operations Staff. The Contractor must provide sufficient staff to operate and maintain the running of the TPA system. Staffing for the TPA system must include an onsite project team to operate the system, support the database, and provide training and customer support:
 - a. The Contractor must provide the staffing levels necessary to meet these requirements, based on the categories described in Section 4.11, Categorized Staff Definition and Qualifications. If the number and type of staff is determined by CMS to be inadequate, the Contractor must provide as many additional qualified staff members as necessary without additional cost to CMS; and
 - b. The Contractor must maintain the level of staffing proposed during the Operations Phase (See Liquidated Damages in Section 5.8).
2. Telephone/Inquiry Support Staff:
 - a. The Contractor must provide sufficient to support provider and recipient phone inquiries:
 - b. The Contractor will establish a training program to ensure that all telephone staff are adequately trained prior to beginning operations and to ensure that a continuous training program is in place to maintain their knowledge and understanding of system and policy changes that affect procedures.
3. Claims Production Staff. The Contractor will provide sufficient staff to support the claims production functions including, but not limited to claims resolution, adjustment/void processing, and Electronic Claims Submission (ECS) support;
4. Provider/Recipient Services Staff. The Contractor will provide sufficient staff to support the provider/recipient services function including, but not limited to, provider enrollment, claims billing inquiries, recipient eligibility

verification, written correspondence, provider training schedules, provider publications, provider claims resolution and provider training;

5. Quality Assurance Support Staff. The Contractor will provide sufficient support staff to carry out quality assurance functions during the Operations Phase. This unit will be responsible for assuring that the Contractor meets its responsibilities for all areas in the TPA system.
6. Programming and Systems Development Staff. The Contractor will provide sufficient support staff to carry out programming and system developments. Including the right mix of Database Administrators, Systems Analysts, Systems Engineers, Application Programmers and Analysts to complete all system requirements.
7. Management Staff. The Contractor must provide sufficient support to manage the running of the TPA system. Management for the TPA system must include an onsite project management team to oversee the system, maintain the database, and provide assistance and training to the operations staff.

4.11 Professional Qualifications

4.11.1 Staff Definition and Qualifications

Named Staff are those staff members with the titles identified in Sections 4.11.1.1 through 4.11.1.11. Named Staff must be available for assignment on the TPA system on a full-time basis and must be solely dedicated to this project. Each Named Staff member must have the required Third Party Administrator or Health care claims processing experience. Any proposed change to this staff after contract execution must have prior approval by CMS.

Categorized Employees are those staff required to be maintained by the Contractor in agreed quantities by category, either as part of the Minimum Numbers of Categorized Staff required in the ITN, or as part of the Sufficient Numbers of Categorized Staff described in the Vendor's proposal.

The following list provides detail on staff positions and, in parentheses Cost Category, as well as Qualifications/Requirements:

4.11.1.1 Systems Development Manager (Management)

Minimum of five (5) years of TPA related system design and management experience including the management of one (1) Third Party Administrator or Health care claims processing and development project similar in size and scope to this project. A bachelor's degree in computer science or a related field is also required.

4.11.1.2 Project Management Professional (Management)

Minimum of three (3) years experience as a project manager on major Information Technology projects, current and ongoing certification as a Project Management Professional (PMP)

4.11.1.3 Project Management Specialist (Project Management Staff)

Minimum of two (2) years of project management experience using Microsoft Project, including an excellent understanding of activity identification, activity sequencing, task dependencies, resource allocations, reporting, Monte Carlo simulation, and managing complex, inter-related project plans. A bachelor's degree in business management or related field is also required.

4.11.1.4 Project Manager (Management)

Minimum of four (4) years of TPA related system design and management experience along with. Must be a Certified Project Management Professional (PMP) or have a comparable project management certification.

4.11.1.5 Deputy Project Manager (Management)

Minimum of three (3) years of TPA related system design and management experience. Project management experience on large products.

4.11.1.6 Claims Operations Manager (Management)

A bachelor's degree and minimum of four (4) years experience managing claims processing operations and personnel for a government or private sector health care payor, including a minimum of two (2) years Third Party Administrator or Health care claims processing experience.

4.11.1.7 Call Center Manager (Management)

A bachelor's degree and minimum of four (4) years experience managing a call center. Including knowledge of the Third Party Administrator or Health care claims system.

4.11.1.8 Quality Assurance Manager (Management)

A bachelor's degree with at least three (3) courses in statistics and/or quality assurance and a minimum of three (3) years progressive experience in the quality assurance function of a large scale claims processing organization or have at least five (5) years progressive experience in the quality assurance function of a large scale claims processing organization.

4.11.1.9 Data Conversion Manager (Management)

At least three (3) years experience in the conversion of large-scale health data, with at least one (1) year in a management capacity.

4.11.1.10 Provider/Recipient Services Manager (Management)

A bachelor's degree and minimum of four (4) years experience managing provider relations functions for a TPA system, other government health care program, or health care related organization. Experience and/or training in

recipient eligibility management and significant experience in a call center operation are also required.

4.11.1.11 Finance/Banking Manager (Management)

Degree in Finance or Accounting, active and licensed Certified Public Accountant (CPA) or Certified Internal Auditor (CIA) with five (5) years of banking, accounting or auditing experience in a large-scale operation.

4.11.1.12 Manager (Management)

Minimum bachelor's degree and 2 years of management experience (additional management experience may substitute for the degree on a year-for-year basis). One (1) year of Third Party Administrator or Health care claims processing experience is also required.

4.11.1.13 Supervisor (Supervision)

Minimum bachelor's degree and 2 years of supervisory experience managing at least 4 people (additional supervisory experience may substitute for the degree on a year-for-year basis).

4.11.1.14 Professional (Other Professionals)

Minimum professional degree or certification and 2 years experience in the professional field.

4.11.1.15 Data Base Administrator (Data Administrator)

Minimum bachelor's degree and four (4) years Third Party Administrator or Health care data systems design.

4.11.1.16 Application Senior Systems Analyst (Senior Programmer/Analyst)

Minimum bachelor's degree and three (3) years of Third Party Administrator or Health care claims processing experience.

4.11.1.17 Systems Engineer (Data Administrator)

Minimum bachelor's degree and three (3) years experience in systems design and engineering.

4.11.1.18 Application Programmer/Analyst (Programmer/Analyst)

Minimum programming degree or certification and two (2) years of programming experience.

4.11.1.19 Internet/Intranet Programmer Analyst (Programmer/Analyst)

Minimum programming degree or certification and two (2) years Web-based programming experience.

4.11.1.20 PC Programmer Analyst (Programmer/Analyst)

Minimum programming degree or certification and two (2) years PC programming experience.

4.11.1.21 Documentation Specialists (Programmer/Analyst)

Minimum programming degree or certification and three (3) years technical writing experience.

4.11.1.22 Data Entry Operator (Clerical)

Minimum one (1) year data entry experience in an environment similar to the business function proposed.

4.11.1.23 Clerical Staff (Clerical)

Education or training relevant to the business function, with no additional specified education or experience requirement.

4.11.1.24 Provider Field Representative (Field Representative)

A bachelor's degree and one (1) year experience in the health care billing or health care public relations field. Experience can be substituted for the bachelor's degree on a year-for-year basis.

4.11.1.25 Instructional Design Specialist (Other Professionals)

A bachelor's degree and two (2) years of instructional design professional experience in training, education, staff development, personnel or an Agency program area. A master's degree can substitute for a year of experience and a doctorate can substitute for experience.

4.11.1.26 Training Supervisor (Supervision)

A bachelor's degree and two (2) years experience in training education, staff development, personnel or an Agency program area, and at least one (1) year of supervisory experience. A master's degree can substitute for one year of experience and a doctorate can substitute for two years of experience. Experience as described above can substitute on a year-for-year basis for the required college education.

4.11.1.27 Training Specialists (Trainer/Publications)

A bachelor's degree and two (2) years experience in training, education, staff development, personnel or an Agency program area. A master's degree can substitute for a year of experience and a doctorate can substitute for experience. Experience can substitute on a year-for-year basis for the required college education.

4.11.1.28 Publications Coordinator (Trainer/Publications)

A bachelor's degree and three (3) years experience in the publication of bulletins and technical handbook material. Experience in the health care public relations and health care publications preferred.

4.11.1.29 Quality Assurance Support Staff (QA Staff)

High School diploma and three (3) years health care quality assurance support experience.

4.11.1.30 Telephone/Inquiry Support Staff (Service Representative)

High school diploma and three (3) years health care telephone support experience or completion of a State-approved training program for telephone support.

4.12 Staffing Changes

The successful vendor shall staff the project with key personnel identified in the vendor's proposal who are considered by the department to be essential to this project. Prior to diverting any of the proposed individuals the successful vendor shall notify and obtain written approval from the department of the proposed substitution. Written justification should include documentation of the circumstances requiring the changes and a list of proposed substitutions in sufficient detail to permit evaluation of the impact on the project. The department, at its option, may agree to accept personnel of equal or superior qualifications in the event that circumstances necessitate the replacement of previously assigned personnel. Any such substitution shall be made only after consultation with department staff. CMS can require the removal of any key staff person at any time.

4.13 References

Vendors are required to submit a corporate reference for all projects that have been provided within the past five (5) years for services of a similar size and parameters of those requested in this solicitation. Vendors shall use the format in Section 4.32.4 Corporate Reference Form in this ITN to provide the required reference information. The department reserves the right to contact any and all references in the course of this solicitation evaluation and make a fitness determination, not subject to review or challenge.

4.14 Service Delivery Location

The Contractor must perform all services required under this Contract at a site or sites to be selected by the Contractor and approved by CMS.

The Contractor will provide twenty-four-hours, seven-days-a-week access to all facilities and operations to each DOH employee or contractor designated by CMS, without prior notice, admission, escort, or other requirements. CMS and

the Contractor will establish appropriate protocols to ensure that physical property/facility security and data confidentiality safeguards are maintained.

The Contractor must maintain an office in Tallahassee that is staffed with the Project Director, a staff person designated as the DOH Liaison, and a Financial Analyst.

The Contractor's operational facilities must be located within the United States. System design and development, operations, data processing and call center services must not be conducted through an offshore location.

4.14.1 Computer Resources

TPA computer processing will be performed at a site to be selected by the Contractor and approved by CMS.

The Contractor will be responsible for providing computer resources to support the completion of all tasks. No State computer resources will be available to the Contractor except those necessary to transmit eligibility data and those that may be necessary to test system interfaces during the design, development, implementation planning, and acceptance testing tasks. Contractor computer resources must be available 24-hours-a-day, seven-days-a-week, except for authorized down time and maintenance. Access to any secondary facility site used to support DOH/TPA services must be granted to CMS within five (5) workdays of the request.

The Contractor will be responsible for providing and maintaining all necessary telecommunications circuits between CMS offices and the Contractor's facilities.

4.14.2 Location of Backup and Contingency Facilities

In the event of a natural or man-made disaster all data/files in the TPA system must be protected in an off-site location. In addition, the Contractor must provide an alternate business area site in the event the primary business site becomes unsafe or inoperable. Back-up of all system files must occur on a daily basis to preserve the data integrity of both historical and current data. The Contractor must maintain a CMS approved disaster recovery and back-up plan at all times. It is the sole responsibility of the Contractor to maintain adequate back-up to ensure continued automated and manual processing. This plan must be available to CMS auditors at all times. At a minimum, the Contractor's disaster recovery plan must provide for the following:

1. Check point/restart capabilities;
2. Retention and storage of back-up files and software;
3. Hardware back-up for the main processor;
4. Contractor-provided telecommunications equipment;
5. Network back-up for telecommunications;

6. Assumption of all critical operations within five (5) workdays following the disaster. All critical operations must be clearly defined in the Contractor's CMS approved disaster recovery plan;
7. Back-up procedures and support to accommodate the loss of online communications between the Contractor's processing site and CMS. These procedures must specify the alternate location for CMS to utilize the TPA system in the event the TPA system is down in excess of two (2) workdays;
8. A detailed file back-up plan and procedure including the off-site storage of all critical transaction and master files. The plan must also include a schedule for their generation and rotation to the off-site facility;
9. The maintenance of current system documentation, user documentation, and all program libraries;
10. The Contractor must perform an annual review of the disaster recovery back-up site, procedures for all off-site storage, and validation of security procedures. A report of the back-up site review must be submitted within sixty (60) calendar days of the review. CMS reserves the right to inspect the disaster recovery back-up site and procedures at any time with twenty-four hour notification;
11. Develop and maintain a CMS approved disaster recovery plan that contains detailed procedures that will be followed in the event of a disaster;
12. Maintain the disaster recovery plan online and in hard copy;
13. Update the disaster recovery plan on a schedule defined by CMS;
14. Maintain an alternate operations site for use during immediate disaster recovery for the TPA system;
15. Provide space for up to ten (10) CMS staff in the Contractor's disaster recovery site for CMS employees; and
16. Back-up all TPA files daily on a media and in a format approved by CMS. TPA back up files must be stored in a secure off site location

4.14.3 Location of System Analysis and Programming Resources

Contractor System Analysis and Programming resources must be located at the Contractor's local Tallahassee facility, except as approved by CMS. Approval for off-site work will be rarely granted by CMS.

4.14.4 Location of Subcontractors

Subcontractor locations must be approved by CMS before operations begin at that location.

4.15 Service Times

The Contractor must maintain a holiday schedule and hours of operation consistent with those of the State of Florida Department of Health.

The Contractor must also provide call center operational hours as specified in Section 4.8.8.3 of this ITN.

4.16 Changes in Location

The successful vendor shall make no changes in service location, data center or call center operations without the express, advance, written approval of CMS.

The successful vendor shall notify the department in writing a minimum of one week prior to making changes in administrative location that will affect the department's ability to contact the successful vendor by telephone or facsimile.

4.17 Equipment

The Contractor will be responsible for supplying, at its own expense, all equipment necessary to perform under the contract, including but not limited to computers, telephones, copiers, fax machines, maintenance and office supplies.

All hardware and storage space required to operate the TPA system will be included in the contract, purchased and maintained by the Contractor.

Respondents must include all facility, equipment and office supply costs in their cost proposal within the categories allowed.

4.17.1 Physical Facilities Build-out

The Contractor must provide office space to meet TPA contract needs, including wall configuration, electrical and data cabling, furniture and space allocation. All facilities costs must be included within the vendor's proposed cost, and will not be paid separately.

No funding under this contract may be used for the acquisition of buildings or real property.

4.17.2 Purchase and Distribution of Equipment Inventory, Supplies and Materials

The Contractor must plan for, order, and distribute all equipment, supplies, and materials needed to create a stable environment, and order equipment and supplies early in the project so that they will be on hand when they are needed.

4.17.3 Telecommunications System

The Contractor must provide telecommunications system and phone lines sufficient to support application processing, and modify the telecommunications

system as necessary to accommodate the different phases of the project, piloting, statewide rollout and addition of future components.

4.17.4 Network

The Contractor must provide a Wide Area Network (WAN) at the beginning of the project to connect all offices supporting the TPA system operations, system sites, State sites, and back-up/disaster recovery sites.

The Contractor must establish and verify connectivity between the various departments within the facility via a Local Area Network (LAN). The LAN/WAN combination must provide for effective communication within the office among departments and State staff.

4.17.5 Workstations and Other Equipment

The Contractor must provide proper workstations complete with any and all equipment needed to fulfill all tasks.

The selected Contractor will be responsible for supplying, at its own expense, all equipment necessary to perform under the contract, including but not limited to computers, telephones, copiers, fax machines, maintenance and office supplies.

4.18 Service Units

Pricing will be by claim. Claims are defined as a paid or denied claim transaction. A claim is further defined in Section 3.2, Definitions.

Adjustments to the per-claim pricing will be made should annualized claims volume fall outside a predetermined range. This adjustment is described in Section 4.28.4 of this ITN.

4.19 Reports

Report requirements are identified in detail in Section 4.8. The Contractor must provide reports in formats and on a schedule approved by CMS.

For all reports required under the Contract, mere receipt by the department shall not be construed to mean or imply acceptance of those reports. It is specifically intended by the parties that acceptance of required reports shall constitute a separate act. The department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the parameters set forth in the resulting contract.

4.20 Records and Documentation

Record-keeping and documentation requirements are identified in detail in Section 4.8. The Contractor must maintain records and documentation in formats and on a schedule approved by CMS.

To the extent that information is utilized in the performance of the resulting contract or generated as a result of it, and to the extent that information meets the definition of “public record” as defined in subsection 119.011(1), F.S., said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, shall be made available for inspection and copying by any interested person upon request as provided in Chapter 119, F.S., or otherwise. It is expressly understood that the selected Contractor’s refusal to comply with Chapter 119, F.S., shall constitute an immediate breach of the contract results from this ITN entitles the department to unilaterally cancel the contract agreement. The selected Contractor will be required to promptly notify the department of any requests made for public records.

Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this ITN shall be retained by the selected Contractor for a period of six years after the termination of the resulting contract or longer as may be required by any renewal or extension of the contract. During the records retention period, the selected Contractor agrees to furnish, when requested to do so, all documents required to be retained. Submission of such documents must be in the department’s standard word processing format (currently Microsoft Word 6.0). If this standard should change, it will be at no cost incurred to the department. Data files will be provided in a format readable by the department.

The selected Contractor agrees to maintain the confidentiality of all records required by law or administrative rule to be protected from disclosure. The selected Contractor further agrees to hold the department harmless from any claim or damage including reasonable attorney’s fees and costs or from any fine or penalty imposed as a result of an improper disclosure by the selected Contractor of confidential records whether public record or not and promises to defend the department against the same at its expense.

The selected Contractor shall maintain all records required to be maintained pursuant to the resulting contract in such manner as to be accessible by the department upon demand. Where permitted under applicable law, access by the public shall be permitted without delay.

4.21 Outcomes and Outputs (Performance Measures)

The minimum set of performance standards are set forth below. Within 60 calendar days prior to contract execution, the Department of Health and the Contractor will meet and negotiate any modifications and/or additional standards to be applied to this contract. However, unless this section is modified during the ITN process, vendors should not assume that any of these standards will be reduced or eliminated during their proposal planning and preparation process.

	Performance Measures	Standard
1	Eligibility and Enrollment Processing	
a.	<p>The Contractor shall maintain all information necessary to accurately record all necessary eligibility and enrollment information, and shall reliably perform all functions necessary to record, resolve, update and process recipient information.</p> <p>The Contractor shall provide and use a method consistent with the Department of Health Master Person Index strategy to assure unique identification of individual applicants and program participants.</p>	<p>Ongoing maintenance.</p> <p>Record, resolve, update and process information with 99% accuracy:</p> <p>95% within three business days; 100% within four business days.</p>
b.	<p>The Contractor shall control the issuance of applicant and recipient IDs to ensure uniqueness, and shall issue, track, audit and manage recipient identification cards.</p>	<p>100% Accuracy</p> <p>ID cards issued 95% within three business days; 100% within four business days.</p>
c.	<p>The Contractor shall maintain records of all siblings.</p>	<p>97% Accuracy</p>
d.	<p>The Contractor shall validate all addresses that are converted for TPA and CMS contact, and shall maintain markers to indicate if addresses have been validated.</p>	<p>97% Validated</p>
e.	<p>The Contractor shall receive and transmit complex daily files and other files among the Contractor, CMS, the Medicaid fiscal agent, Medicaid choice counseling contractors, the TPA for Florida Healthy Kids Corporation (Title XXI files), the Department of Children and Families, and others.</p>	<p>99% of file transmissions are imported and exported within mutually agreed time frames.</p> <p>99% of the exported and imported file transmissions shall be processed accurately and without errors.</p>
f.	<p>The Contractor shall provide data viewing screens to allow contractor and state staff to view source information from recipient eligibility and enrollment sources to resolve identity, eligibility and enrollment duplications and conflicts. Such screens must display all data from the source of eligibility as submitted in interface files, and must be available for 90 days.</p>	<p>100% of the eligibility source files must remain available for 90 days.</p> <p>Data viewing screens available 24 hours a day, 7 days a week. Viewing access must not be interrupted for a time period that exceeds four (4) hours.</p>

	Performance Measures	Standard
g.	The Contractor shall receive and process manual amendments or changes to the eligibility of individual recipients.	95% are processed within three business days; 100% are processed within four business days.
e.	The Contractor shall provide a report that can be run on demand by CMS to produce an explanation of benefits for a date range for a single recipient, a range of recipients or all recipients.	98% of reports processed within one business day.
f.	The Contractor shall verify recipient eligibility, enrollment, service limitations and Service Authorization requirements to providers who enquire and who are validated.	98% of inquiries received are processed within one business day; 100% are processed within two business days.
g.	The Contractor shall respond to all inquiries submitted over an Automated Voice Response System (AVRS) 24 hours per day, 7 days per week. The Contractor shall respond to inquiries made over a web portal, 24 hours per day, 7 days per week.	98% of inquiries received are processed within one business day; 100% are processed within two business days.
h.	The Contractor shall respond to exceptional case inquiries with live telephone operators and questions that require research by the next business day.	The Contractor responds to 98% of inquiries that must be researched by the next business day; 100% by the second business day.
2	Provider Administration	
a.	Receive, upload and maintain provider files, as provided by CMS, with all data necessary to process claims and encounter records. Maintain all information necessary to accurately record all necessary provider identification, credentials, enrollment, and participation information.	Ongoing maintenance. Record, resolve, update and process information with 99% accuracy: 95% within three business days; 100% within four business days.
b.	Make manual updates to provider files, as requested by CMS, and modify the files with the results of claims processing	95% is processed within one business day; 100% is processed within two business days.

	Performance Measures	Standard
c.	Maintain contracts and contract files for all CMS-approved providers after they have been accepted by CMS. Correspond with providers as necessary to keep paper files up to date.	97% of the paper files shall be up to date, accurate and without errors.
d.	Produce reports to list providers by type, multiple jurisdictions, specialty, network affiliation, and group affiliation.	98% of reports processed within one business day.
e.	Provide efficient inquiry screens for Contractor staff and CMS use to allow look up by any set of criteria, including name, multiple identifiers, multiple jurisdictions, specialty, or network.	Data viewing screens available 24 hours a day, 7 days a week. Viewing access must not be interrupted for a time period that exceeds four (4) hours.
f.	Produce reports to list provider payments for any week, month, quarter, fiscal year or calendar year.	100% of the required reports are submitted on the due date.
g.	Update provider records with amounts paid, changes in receivables or payables as a result of the payment weekly cycle.	95% are processed within three business days; 100% are processed within four business days.
h.	Distribute the CMS Billing Manual(s).	As specified by CMS.
i.	Provide and operate a provider call center to receive telephone calls from providers and render assistance in billing and help resolve questions about claim errors or problems	The Contractor is open 100% of the required business days and for the required hours of operation. 98% of inquiries received are processed within one business day; 100% are processed within two business days.
3	Claims Processing	
a.	The Contractor shall receive and maintain all reference files necessary to process health care claims, drug claims, claims for non-medical services, encounter records, capitation payments and adjustments.	Ongoing maintenance. Record, resolve, update and process information with 99% accuracy and within 24 hours of receipt.
b.	The Contractor shall perform EDI and HIPAA-mandated format and content edits as required by law and directed by CMS	95% within three business days; 100% within four business days.

	Performance Measures	Standard
c.	Write, deliver and maintain documentation on all reference files, code files, rates and payment methods, with details on each edit, audit, rate, and disposition, subject to CMS approval. Update documentation as reference information changes and produce new copies or make available online as directed by CMS.	Ongoing maintenance. Record, resolve, and update documentation files with 99% accuracy: 100% within three business days of change. Provide 6 copies of modified documentation to CMS within 15 days of being modified.
d.	The Contractor shall maintain all information necessary for claim adjudication and recording the history of claims submitted, including information translated or posted to the claim as part of editing, auditing suspending, or adjudicating the claim.	Data viewing screens available to State and Contractor Staff 24 hours a day, 7 days a week. Viewing access must not be interrupted for a time period that exceeds four (4) hours. Ability to view 100% of original and translated/converted information used to process the claim.
e.	The Contractor shall receive and process paper claims and other documents, including mailroom handling or Post Office pickup, opening, initial screening, returning claims that cannot be processed to the sender, organizing claims for imaging, Transaction Control Number (TCN) assignment, imaging, filing, storing, disposal of paper claims, data entry of claims information through Optical Character Recognition (OCR) and data correction or direct data entry, and routing of images and computer records for processing.	Paper claims must be returned to the provider or assigned a TCN and imaged within 2 business days of receipt.
f.	The Contractor shall create, distribute and receive claim forms for non-medical services.	Within 2 business days.
g.	The Contractor shall receive and process electronic claims and encounter records.	Within 2 business days.
h.	The Contractor shall generate capitation payments monthly for per member per month subcontractors or networks.	As specified by CMS.

	Performance Measures	Standard
i.	The Contractor shall receive all claims using the National Provider Identifier (NPI) as the sole primary identifier of all qualified billing, pay-to, treating, referring, attending, and prescribing providers. The Contractor shall create and use an unduplicated proprietary identifier approved by CMS as the sole primary identifier for those providers who do not qualify to receive an NPI.	99% Accuracy
j.	The Contractor shall reconcile all provider identifiers necessary to coordinate with other payors' provider numbers.	99% Accuracy 95% within three business days; 100% within four business days.
k.	The Contractor shall make available a web portal for providers to use to enter claims data and submit claims for payment using Direct Data Entry.	Available 24 hours a day, 7 days a week. Viewing access must not be interrupted for a time period that exceeds four (4) hours.
l.	The Contractor shall provide personal-computer based software that providers can use to enter and submit claims.	95% within three business days; 100% within four business days.
m.	The Contractor shall provide and operate an interface with the CMS Pharmacy Benefits Manager (PBM) contractor to record the results of pharmacy point-of-sale claims and adjustments, and to account for and issue payments and adjustments.	99% Accuracy 95% within three business days; 100% within four business days.
n.	The Contractor shall staff and operate a telephone call center and shall provide customer assistance to providers attempting to bill on paper or electronically.	Call center hours of operation as specified by CMS. 98% of inquiries received are processed within one business day; 100% are processed within two business days.
o.	The Contractor shall receive and process mailed or emailed inquiries and requests for assistance.	98% of inquiries received are processed within one business day; 100% are processed within two business days.
p.	The Contractor shall adjudicate all claims on a schedule approved by CMS.	99% by due date as specified by CMS.

	Performance Measures	Standard
q.	The Contractor shall modify the claims processing rules at the request of CMS during operations.	95% within three business days; 100% within four business days
r.	The Contractor shall staff and work claims suspended for manual resolution.	Resolve all suspended claims within 20 business days.
s.	The Contractor shall provide and execute methods to process mass adjustments, recording the effect of the adjustment on every claims affected by the adjustment.	Perform mass adjustments within 20 business days of the approval by CMS.

	Performance Measures	Standard
t.	The Contractor shall maintain a data record of all payments to providers and account balances, including net amounts payable to or receivable from providers.	Ongoing maintenance, 99% accuracy.
u.	The Contractor shall process and account for returned checks, refunds, subrogation payments, Third Party Liability payments, and other amounts received.	95% within three business days; 100% within four business days of change.
v.	The Contractor shall establish and operate a weekly payment cycle to aggregate payable claims and issue payments to providers.	Ongoing, 99% accuracy.
w.	The Contractor shall design and produce a weekly report of provider payments to the top 20 providers of each type in association with the weekly payment cycle.	Deliver this report with the EFT and paper check files for CMS.
x.	The Contractor shall design and produce a weekly report of provider payments in which the provider's payment is more than 150% of his/her average payments over the last three months in association with the weekly payment cycle.	Deliver this report with the EFT and paper check files for CMS.
y.	The Contractor shall issue Electronic Funds Transfers (EFT) to all providers who have EFT as their determined method of payment on file, either as their option or as directed by CMS. CMS will notify the Contractor of any scrubs at least 1 business day before the file must be sent to the bank.	Provide 100% of provider payments as directed by CMS. Prepare a computer file of all EFT weekly payments and submit to CMS 2 business days before the file must be delivered to the bank. Remove (scrub) any individual EFT payments from the EFT Transmission File as directed by CMS.
z.	The Contractor shall print paper checks to all providers who have paper checks as their determined method of payment on file, either as their option or as directed by CMS. Include a Remittance Advice (RA) for each check or EFT issued.	Provide 100% of provider payments as directed by CMS.
aa.	The Contractor shall prepare a computer file of all paper check weekly payments	Submit to CMS 2 business days before the checks are to be mailed.

	Performance Measures	Standard
bb.	The Contractor shall void any individual paper check as directed by CMS, and reverse any claims transactions, accounts payable or receivable or Gross Adjustments that constitute the payment.	As Notified. CMS will notify the Contractor of any voids at least 1 business day before the checks are to be mailed.
cc.	The Contractor shall mail checks on the day of the week directed by CMS. The Contractor shall mail the RA separately for all providers receiving EFTs but requesting paper RAs.	As specified by CMS, 99% Accuracy.
dd.	The Contractor shall post electronic versions of the RA on a web portal for all providers requesting an electronic RA.	Available 24 hours a day, 7 days a week. Viewing access must not be interrupted for a time period that exceeds four (4) hours.
ee.	The Contractor shall issue a Control Report for each weekly payment cycle.	The Control Report must stand up to the scrutiny of outside audits and demonstrate that every payment issued was actually delivered to the bank or post office.
ff.	The Contractor shall Issue Internal Revenue Service (IRS) Form 1099 to all persons or businesses paid through the TPA system.	As Specified.
4.	Care Coordination and Service Authorization Management	
a.	The Contractor shall assign a unique Transaction Control Number (TCN) to each request for Service Authorization that identifies the date of the request and provides a unique identifier for the Service Authorization.	95% assigned within day of receipt; 100% assigned within two business days of the data of receipt.
b.	The Contractor shall receive and process Service Authorization requests that are received in multiple methods:	95% processed within day of receipt; 100% processed within two business days of receipt.
c.	The Contractor shall associate and maintain paper attachments with Service Authorization requests.	95% processed within day of receipt; 100% processed within two business days of receipt.

	Performance Measures	Standard
d.	The Contractor shall provide access to the Plan of Care Screen to CMS-authorized staff to create, edit and administer approved plans of care.	100% Accuracy. Access available 24 hours, 7 days a week access. Viewing access must not be interrupted for a time period that exceeds four (4) hours.
e.	The Contractor shall automatically close Service Authorization records after a CMS-defined time period.	100% accuracy within day of the defined time period. Provide notice of closure to CMS within one day.
f.	The Contractor shall track, identify and display online the location of each authorization request, the individual authorized to make a decision regarding approval or denial, and the length of time the review has been pending.	99% Accuracy. Access available 24 hours a day, 7 days a week. Viewing access must not be interrupted for a time period that exceeds four (4) hours.
g.	The Contractor shall update Service Authorizations to correctly reflect their status as a result of claims processing.	95% processed within day of receipt; 100% processed within two business days of receipt.
h.	The Contractor shall track when each part of the authorization is used and subtract from the balance of remaining authorizations.	95% processed within day of receipt; 100% processed within two business days of receipt.
i.	The Contractor shall adjust balances as a result of claim voids and adjustments.	95% processed within day; 100% processed within two business days.
j.	The Contractor shall prepare and distribute notices of Service Authorization. Print and mail notices to both the recipient and the providers involved. When allowed by CMS rules and options selected by the provider and recipient, distribute notice via a web portal.	95% processed within day of receipt; 100% processed within two business days of receipt.
k.	The Contractor shall operate a toll-free call center to handle provider and recipient inquiries and requests for Service Authorizations.	Call center hours of operation as specified by CMS. 98% of inquiries received are processed within one business day; 100% are processed within two business days.

	Performance Measures	Standard
l.	The Contractor shall provide reports on the workflow or tickler system to identify the number of authorizations pending by location.	Submit reports by COB each business day.
m.	The Contractor shall provide Service Authorization Reports.	100% of the required reports are submitted on the due date.
5	Fiscal Operations	
a.	Manage a bank account or an interface with the Florida Chief Financial Officer to issue payments to providers; exert all controls over this bank account or interface necessary to comply with all laws and regulations affecting the disbursement of state and federal funds.	<p>Ongoing Maintenance.</p> <p>Work with the Chief Financial Officer on a weekly basis to determine the amount of funding obligated as a result of the weekly payment cycle and any other payment directives approved by CMS.</p> <p>Work with the Chief Financial Officer on a daily basis to arrange funding into the account to cover checks or drafts payable on the day.</p>
b.	Issue replacement checks upon the confirmation of documentation that an otherwise valid check was canceled for non-receipt, voided, or became stale.	95% processed within day of confirmation; 100% processed within two business days.
c.	The Contractor shall balance the bank account according to Generally Accepted Accounting Principles (GAAP).	<p>Balance the account upon receipt of the monthly bank statement.</p> <p>Deliver or post a written summary of the bank account reconciliation within 30 days of receipt of the statement from the bank.</p>
d.	The Contractor shall arrange an independent audit of the bank account at the end of each state fiscal year.	Deliver independent audit to CMS within 10 business days of receipt.
e.	The Contractor shall maintain and control the inventory of check stock and forms, and report inventories monthly.	100% reported to CMS on the due date.
f.	The Contractor shall report financial control incidents and potential security or financial system breaches to CMS immediately as the Contractor becomes aware of them.	Incidents and breaches are reported to CMS within business day.

	Performance Measures	Standard
g.	The Contractor shall provide for an annual SAS-70 audit to specifications of CMS to be conducted by an accredited accounting firm subject to the approval of CMS.	Audit is supplied to CMS within 10 days of receipt.
h.	The Contractor shall supply CMS with a copy of the Contractor's annual corporate audit.	Audit is supplied to CMS within 30 days of receipt by the Contractor.
i.	The Contractor shall provide for an annual audit of HIPAA Privacy and Security rule compliance.	Audit is supplied to CMS within 10 days of receipt.
j.	Maintain detail accounts for all of the funding sources.	Ongoing. 99% Accuracy.
6	Reporting	
a.	The Contractor shall submit all required reports to the Department.	100% of the required reports are submitted on the due date.
b.	Reports submitted to the Department shall be accurate and free of errors or omissions.	99% of the reports submitted to the Department shall be accurate and error-free.
7	Department Services (including audits)	
a.	The Contractor shall complete all research and finance requests that are submitted by the Department.	98% of the research requests are completed within two business days; 100% are completed within three business days.
b.	The Contractor shall respond to all messages from the Department.	100% must be answered in two business days.
c.	The Contractor will respond to the Department's performance standard audit findings within five business days from the date the audit is sent to the Contractor.	100% of the audit findings must be addressed within five business days, including the submission of any applicable corrective action plans.

4.22 Provider Unique Activities

The successful vendor is solely and uniquely responsible for the satisfactory performance of the tasks described in Section 4.8. By execution of the resulting contract the successful vendor recognizes its singular responsibility for the tasks, activities, and deliverables described therein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agrees to be fully accountable for the performance thereof.

4.23 Coordination with Other Entities

The Contractor must interface with CMS, other state agencies, CMS-designated contractors, federal entities such as the Internal Revenue Service and others as determined during the Design Phase to meet all of the requirements of Section 4.8.

4.24 Department Obligations

The department may provide technical support and assistance to the successful proposer within the resources of the department to assist the successful proposer in meeting the required tasks described in Section 4.8. The support and assistance, or lack thereof shall not relieve the provider from full performance of contract requirements.

4.25 Department Determinations

The department reserves the exclusive right to make certain determinations in these specifications. The absence of the department setting forth a specific reservation of rights does not mean that all other areas of the resulting contract are subject to mutual agreement.

4.26 Financial Specifications

4.26.1 Funding Source

CMS trust funds will fund this project for the development and operations of the TPA. Budget information is available as part of the Procurement Library. The award of this contract is contingent upon appropriations made available by the Florida legislature.

4.26.2 Allowable Costs

Costs allowable for this project are limited to only those specifically identified in a contract resulting from this ITN.

4.26.3 Invoicing and Payment of Invoice

The TPA will be paid monthly based upon an invoice submitted to CMS, after CMS review and approval. Vendor payments are constrained by the monthly budget and the earned value of the work performed. Payments can be made only to the degree that the Budgeted Cost of Work Performed (BCWP) equals or exceeds the Budgeted Cost of Work Scheduled (BCWS).

4.27 Recipient/Sub-recipient of State and Federal Funds

4.27.1 Documentation

The TPA is required to maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit I attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures, which support TPA activities not solely authorized under this contract, must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence.

The TPA must maintain sufficient documentation of all expenditures incurred (e.g., invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:

1. Allowable under the contract and applicable laws, rules and regulations;
2. Reasonable; and
3. Necessary in order for Provider to fulfill its obligations under this contract.

The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the TPA will timely comply with any requests for documentation.

4.27.2 Financial Report

The TPA is required to submit financial statements and audits specified in Section 4.8.14 to CMS as scheduled in this ITN.

4.28 Cost Proposal

Vendors shall propose a fixed price for each of the requirements contained on the pricing schedules within this section. This proposed price will be a scoring criterion for Vendor evaluation and the starting point for cost negotiations with a Vendor selected for negotiation. All Pricing Schedules provided in this ITN shall be submitted as part of the Cost Proposal. No cost information shall be included in the Technical Proposal. The requirements and schedules are:

- Summary of Total Proposal (Pricing Schedule A);

- Feasibility, Definition, Design, and Construction Price Components from Contract Award Through June 30, 2010 (Pricing Schedule B);
- Operational Price Summary (Pricing Schedule C); and
- Operational Price Components (Pricing Schedules C1 – C4).

Required formats for the pricing schedules that shall be used by Vendors in preparing their Cost Proposals are included later in this section.

4.28.1 Feasibility, Definition, Design and Construction

The total Feasibility, Definition, Design, and Construction from Contract Award through June 30, 2010, price will include the combined sums of all activities to complete ITN Section 4 requirements.

The Contractor will be paid according to the payment terms in Section 4.8.2.7 of this ITN, and pursuant to the terms of the contract that will be entered into between CMS and the selected TPA.

4.28.2 Operations Price

The pricing schedules prepared for TPA operation shall include all prices for all activities associated with the operation and modification of the system after the operational phase begins. The resulting fixed price per claim (Pricing Schedule C,) will be paid upon receipt of approved invoices from the Contractor.

4.28.3 Signature Block

Where a signature block is indicated, pricing schedules must be signed and dated by an authorized corporate official.

4.28.4 Claim Volume

The Cost Proposal shall be calculated assuming a claims volume that is specified for each year. Payment for the operations phase will be made as follows:

- a) Fixed price per claim. A claim is defined as a paid or denied claim transaction. A claim is further defined in Section 3.2, Definitions.
- b) Should the annualized claims volume fall outside the range of 100 to 300 thousand, an adjustment to the price will be made. This adjustment will be described in this section.

Projected claim volumes are presented below:

Year 1: 100,000

Year 2: 125,000

Year 3: 150,000

Year 4: 175,000

This information is presented for the vendor's consideration and must be used as the basis for calculating the fixed price bid in Pricing Schedule C.

The claim projections are for proposal development purposes only and not a warranty or representation which can form the basis of the contract. Vendors are required to exercise their own diligence in evaluating the projections.

Volume Adjustment

For purposes of proposing a fixed price per claim for the entire contract period, price per claim will be calculated and presented based on the four (4) year annual average claim volumes as shown in Schedule C, line 3. The bid price per claim, and average in Pricing Schedule C, line 3, must be accurate and expressed in four decimal places, i.e., \$.0000. Annualized claim volumes falling within the range of one hundred (100) and three hundred (300) thousand will be priced and the contractor paid at the bid fixed price for each adjudicated claim.

At the end of each quarter in a contract year, the state will annualize the actual adjudicated claim volume and if the annualized volume is above or below the fixed price range of one hundred (100) and three hundred (300) thousand, an adjustment in the price per adjudicated claim will be made using the following formulas.

When annual volume falls below one hundred (100) thousand, use the formula:

$$UCx = UCs + CF * \frac{(Vs - Vx)}{(Vs * Vx)}$$

Where

UCx = price per adjudicated claim at any volume "x" outside the range of 100 to 300 thousand

UCs = vendor proposed price per claim for the standard range of 100 to 300 thousand

CF = annual fixed costs (defined for purposes of this contract as thirty percent (30%) of the four-year average total price on pricing schedule C (line 1, Column f)

Vx = total annual adjudicated claims volume when outside the range of 100 to 300 thousand

Vs = standard total annual adjudicated claims volume (100 to 300 thousand)

When annual claims volume exceeds 300 thousand, use the formula:

$$UCx = UCs - CF * \frac{(Vx - Vs)}{(Vs * Vx)}$$

4.28.5 Pricing Schedule A

Line 1 presents the Vendor's price for all Feasibility, Definition, Design, Construction, and Rollout activities.

Line 2 presents the Vendor's Operational Price.

Line 3 represents the Total Contract Price.

4.28.6 Pricing Schedule B

Pricing Schedule B shall include the total cost components of Feasibility, Definition, Design, and Construction defined in Section 4, from contract award through June 30, 2010. The cost for this phase shall not exceed 25 percent of the total contract price.

Instructions for completing Pricing Schedule B:

Vendors are required to furnish detailed price information used in deriving the proposed price for each of the categories and subcategories shown on the detailed Pricing Schedule B. The total price on Pricing Schedule B shall be allocated to Pricing Schedule B using the percentages shown on each line.

Vendors are required to indicate the specific number of full-time equivalent personnel in each of the subcategories and the average hourly rate of pay including benefits on Lines 1a-1m. The prices shown on the schedules are to be the total annual salary and benefits necessary for this phase of the contract. The number of specific levels of personnel and their associated prices must agree with the work effort and staffing levels proposed in the Technical Proposal.

Telephone prices for equipment and line charges, including toll free lines.

If a price category is not already shown on Schedule B, Line 1 through Line 8, Vendors are to indicate the category under the section headed Other, Line 9. Vendors should list any subcontractor amounts under the section headed Other, Line 9.

4.28.7 Pricing Schedule C

Pricing Schedule C is a summary of prices for all operational costs, presented in the State fiscal years from July 1, 2010, through June 30, 2014.

4.28.8 Pricing Schedules C1 – C4

Instructions for completing Pricing Schedules C-1 through C-4.

- Vendors shall propose a per claim per month cost for the contract period. The per claim price will include all costs associated with operations (except pass-through costs such as postage, copies, etc. Such costs are reported on line 9 of schedules C1-C4).
- Vendors are required to furnish detailed price information used in deriving the proposed price per claim for each of the categories and subcategories shown on the detailed Pricing Schedules C-1 through C-4. The Total Price This Year, Line 10 on Schedules C-1 through C-4, is to be reported in Line 1, Columns B through F of Pricing Schedule C.
- Vendors are required to indicate the specific number of full-time equivalent personnel in each of the subcategories and the average hourly rate of pay including benefits on Lines 1a-1m. The prices shown on the schedules are to be the total annual salary and benefits necessary for the operation of the TPA. The number of specific levels of personnel and their associated prices must agree with the work effort and staffing levels proposed in the Technical Proposal.
- Telephone prices for equipment and line charges, including toll free lines.
- If a price category is not already shown on Schedules C-1 through C-4, Line 1 through Line 8, Vendors are to indicate the category under the section headed Other, Line 9. Vendors should list any subcontractor amounts under the section headed Other, Line 9.
- If the total price for any subcontractor exceeds 10% of the price shown on line 10 for schedules C-1 through C-4 attach a supplemental C schedule for the applicable years in the same format that details and equals the subcontractor price shown on schedules C-1 through C-4. These supplemental schedules C schedules shall be used, if applicable, if the contract is ever amended for the services provided by the subcontractor.

4.28.9 Pricing Schedules

Pricing schedules A – C4 are provided on the following pages.

PRICING SCHEDULE A
SUMMARY OF TOTAL PROPOSAL

1. Feasibility, Definition, Design, and Construction (Schedule B, Line 10, not to exceed 25% of Line 3)	\$ _____
2. Total Operational Price (Schedule C column F)	\$ _____
3. Total Contract Price	\$ _____

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

Signature of Corporate Official Title Date

PRICING SCHEDULE B

FEASIBILITY, DEFINITION, DESIGN, AND CONSTRUCTION PRICE COMPONENTS FROM CONTRACT AWARD THROUGH JUNE 30, 2010.

	Price Component		#FTE	Avg. Rate/Hr	Costs
1.	Salaries and Benefits		_____	\$ _____	\$ _____
	1a.	Management	_____	\$ _____	\$ _____
	1b.	Supervision	_____	\$ _____	\$ _____
	1c.	Project Management Staff	_____	\$ _____	\$ _____
	1d.	QA Staff	_____	\$ _____	\$ _____
	1e.	Data Administrator	_____	\$ _____	\$ _____
	1f.	Senior Programmer/Analyst	_____	\$ _____	\$ _____
	1g.	Programmer/Analyst	_____	\$ _____	\$ _____
	1h.	Trainer/Publications	_____	\$ _____	\$ _____
	1i.	Field Representative	_____	\$ _____	\$ _____
	1j.	Service Representative	_____	\$ _____	\$ _____
	1k.	Clerical	_____	\$ _____	\$ _____
	1l.	Medical Professionals	_____	\$ _____	\$ _____
	1m.	Other Professionals	_____	\$ _____	\$ _____
	1n.	Total	_____	\$ _____	\$ _____
2.	Travel				\$ _____
3.	Facility Expense				\$ _____
4.	Utilities				\$ _____
5.	Telephone				\$ _____
6.	Furniture, Office Machines & Other Equipment (include Medicaid Contract Management office furniture)				\$ _____
7.	Computer Resources				\$ _____
8.	Consultants		_____	\$ _____	\$ _____
9.	Other (Itemize)				\$ _____
	9a.	_____	_____	\$ _____	\$ _____
	9b.	_____	_____	\$ _____	\$ _____
10.	Total (Sum of Lines 1 through 9b)		_____		\$ _____

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Signature of Corporate Official

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Date

Post total Line 13 on column E to Schedule A, Line 1.

PRICING SCHEDULE C

OPERATIONAL PRICE SUMMARY

(A)	(B)	(C)	(D)	(E)	(F)	
Price Components	Year 1 (2010-2011)	Year 2 (2011-2012)	Year 3 (2012-2013)	Year 4 (2013-2014)		4 Year Total
1. Total Price All Components (From C1-C4, Line 10)	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____
2. Estimated Claims Volume	100,000	125,000	150,000	175,000		137,500
3. Average Price Per Claim (Line 1F/2F)	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

Signature of Corporate Official

Title

Date

PRICING SCHEDULE C-1

OPERATIONAL PRICE COMPONENTS FROM JULY 1, 2010 THROUGH JUNE 30, 2011.

	Price Component	#FTE	Avg. Rate/Hr	Costs
1.	Salaries and Benefits	_____	\$ _____	\$ _____
	1a. Management	_____	\$ _____	\$ _____
	1b. Supervision	_____	\$ _____	\$ _____
	1c. Project Management Staff	_____	\$ _____	\$ _____
	1d. QA Staff	_____	\$ _____	\$ _____
	1e. Data Administrator	_____	\$ _____	\$ _____
	1f. Senior Programmer/Analyst	_____	\$ _____	\$ _____
	1g. Programmer/Analyst	_____	\$ _____	\$ _____
	1h. Trainer/Publications	_____	\$ _____	\$ _____
	1i. Field Representative	_____	\$ _____	\$ _____
	1j. Service Representative	_____	\$ _____	\$ _____
	1k. Clerical	_____	\$ _____	\$ _____
	1l. Medical Professionals	_____	\$ _____	\$ _____
	1m. Other Professionals	_____	\$ _____	\$ _____
	1n. Total	_____	\$ _____	\$ _____
2.	Travel			\$ _____
3	Facility Expense			\$ _____
4.	Utilities			\$ _____
5.	Telephone			\$ _____
6.	Furniture, Office Machines & Other Equipment (include Medicaid Contract Management office furniture)			\$ _____
7.	Computer Resources			\$ _____
8.	Consultants	_____	\$ _____	\$ _____
9.	Other (Itemize)			\$ _____
	9a. _____	_____	\$ _____	\$ _____
	9b. _____	_____	\$ _____	\$ _____
10.	Total (Sum of Lines 1 through 9b)	_____		\$ _____

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

Signature of Corporate Official

Title

Date

PRICING SCHEDULE C-2

OPERATIONAL PRICE COMPONENTS FROM JULY 1, 2011 THROUGH JUNE 30, 2012.

	Price Component	#FTE	Avg. Rate/Hr	Costs
1.	Salaries and Benefits	_____	\$ _____	\$ _____
	1a. Management	_____	\$ _____	\$ _____
	1b. Supervision	_____	\$ _____	\$ _____
	1c. Project Management Staff	_____	\$ _____	\$ _____
	1d. QA Staff	_____	\$ _____	\$ _____
	1e. Data Administrator	_____	\$ _____	\$ _____
	1f. Senior Programmer/Analyst	_____	\$ _____	\$ _____
	1g. Programmer/Analyst	_____	\$ _____	\$ _____
	1h. Trainer/Publications	_____	\$ _____	\$ _____
	1i. Field Representative	_____	\$ _____	\$ _____
	1j. Service Representative	_____	\$ _____	\$ _____
	1k. Clerical	_____	\$ _____	\$ _____
	1l. Medical Professionals	_____	\$ _____	\$ _____
	1m. Other Professionals	_____	\$ _____	\$ _____
	1n. Total	_____	\$ _____	\$ _____
2.	Travel			\$ _____
3	Facility Expense			\$ _____
4.	Utilities			\$ _____
5.	Telephone			\$ _____
6.	Furniture, Office Machines & Other Equipment (include Medicaid Contract Management office furniture)			\$ _____
7.	Computer Resources			\$ _____
8.	Consultants	_____	\$ _____	\$ _____
9.	Other (Itemize)			\$ _____
	9a. _____	_____	\$ _____	\$ _____
	9b. _____	_____	\$ _____	\$ _____
10.	Total (Sum of Lines 1 through 9b)	_____		\$ _____

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

Signature of Corporate Official

Title

Date

PRICING SCHEDULE C-3

OPERATIONAL PRICE COMPONENTS FROM JULY 1, 2012 THROUGH JUNE 30, 2013.

	Price Component	#FTE	Avg. Rate/Hr	Costs
1.	Salaries and Benefits	_____	\$_____	\$_____
	1a. Management	_____	\$_____	\$_____
	1b. Supervision	_____	\$_____	\$_____
	1c. Project Management Staff	_____	\$_____	\$_____
	1d. QA Staff	_____	\$_____	\$_____
	1e. Data Administrator	_____	\$_____	\$_____
	1f. Senior Programmer/Analyst	_____	\$_____	\$_____
	1g. Programmer/Analyst	_____	\$_____	\$_____
	1h. Trainer/Publications	_____	\$_____	\$_____
	1i. Field Representative	_____	\$_____	\$_____
	1j. Service Representative	_____	\$_____	\$_____
	1k. Clerical	_____	\$_____	\$_____
	1l. Medical Professionals	_____	\$_____	\$_____
	1m. Other Professionals	_____	\$_____	\$_____
	1n. Total	_____	\$_____	\$_____
2.	Travel			\$_____
3.	Facility Expense			\$_____
4.	Utilities			\$_____
5.	Telephone			\$_____
6.	Furniture, Office Machines & Other Equipment (include Medicaid Contract Management office furniture)			\$_____
7.	Computer Resources			\$_____
8.	Consultants	_____	\$_____	\$_____
9.	Other (Itemize)			\$_____
	9a. _____	_____	\$_____	\$_____
	9b. _____	_____	\$_____	\$_____
10.	Total (Sum of Lines 1 through 9b)	_____		\$_____

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

Signature of Corporate Official

Title

Date

PRICING SCHEDULE C-4

OPERATIONAL PRICE COMPONENTS FROM JULY 1, 2013 THROUGH JUNE 30, 2014.

	Price Component	#FTE	Avg. Rate/Hr	Costs
1.	Salaries and Benefits	_____	\$_____	\$_____
	1a. Management	_____	\$_____	\$_____
	1b. Supervision	_____	\$_____	\$_____
	1c. Project Management Staff	_____	\$_____	\$_____
	1d. QA Staff	_____	\$_____	\$_____
	1e. Data Administrator	_____	\$_____	\$_____
	1f. Senior Programmer/Analyst	_____	\$_____	\$_____
	1g. Programmer/Analyst	_____	\$_____	\$_____
	1h. Trainer/Publications	_____	\$_____	\$_____
	1i. Field Representative	_____	\$_____	\$_____
	1j. Service Representative	_____	\$_____	\$_____
	1k. Clerical	_____	\$_____	\$_____
	1l. Medical Professionals	_____	\$_____	\$_____
	1m. Other Professionals	_____	\$_____	\$_____
	1n. Total	_____	\$_____	\$_____
2.	Travel			\$_____
3.	Facility Expense			\$_____
4.	Utilities			\$_____
5.	Telephone			\$_____
6.	Furniture, Office Machines & Other Equipment (include Medicaid Contract Management office furniture)			\$_____
7.	Computer Resources			\$_____
8.	Consultants	_____	\$_____	\$_____
9.	Other (Itemize)			\$_____
	9a. _____	_____	\$_____	\$_____
	9b. _____	_____	\$_____	\$_____
10.	Total (Sum of Lines 1 thorough 9b)	_____		\$_____

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

Signature of Corporate Official

Title

Date

4.29 Documentation Checklist

This section identifies items requested by CMS for the Technical and Cost Proposals. These checklists are provided for your convenience to help Respondents make sure they have provided all information requested. Proposals received by CMS after the time and date specified in the procurement timetable will not be considered.

Technical Proposal Checklist

Checklist of Requested Items	
TECHNICAL PROPOSAL	Check Below
GENERAL RESPONSE REQUIREMENTS	
1. Were seven (7) copies of the technical proposal submitted? (1 hard copy original, 5 hard copies and 1 electronic copy on CD or Disk)	
2. Are required forms provided in TAB 1 of the proposal?	
3. Are the title page, transmittal letter and executive summary provided in TAB 2 of the proposal?	
4. Is the proposal guarantee provided in TAB 3?	
5. Is the Technical Approach to Feasibility, Definition, Design and Construction provided in TAB 4?	
6. Is TAB 5 the Technical Approach to Rollout?	
7. Is TAB 6 the Technical Approach to Operations?	
8. Is TAB 7 the Technical Approach to Turnover?	
9. Is Data Processing detailed in TAB 8?	
10. Is Staffing and Organizational Capacity addressed in TAB 9?	
11. Does TAB 10 contain the Vendor's agreement to supply the performance bond in the required amount?	

Cost Proposal Checklist

Checklist of Requested Items	
COST PROPOSAL	Check Here
1. Were seven (7) copies of the Cost Proposal submitted in a separate sealed package? (1 hard copy original, 5 hard copy copies and one electronic copy on CD or disk)	
2. Did the proposal contain a proposed fixed price without any additional stipulations or limitations?	
3. Is there a signed and completed Pricing Schedule for each schedule required by Section 4.28?	
• Pricing Schedule A	
• Pricing Schedule B	
• Pricing Schedule C	
• Pricing Schedule C-1	
• Pricing Schedule C-2	
• Pricing Schedule C-3	
• Pricing Schedule C-4	

4.30 Evaluation of Proposal

Each proposal will be evaluated and scored based on the criteria defined by CMS. Evaluation sheets will be used by the Evaluation Team to designate the point value assigned to each proposal. The scores of each member of the Evaluation Team will be averaged with the scores of the other members to determine the final scoring.

The scoring of proposals establishes a reference point from which to make negotiation decisions. It in no way implies that a contract will be awarded. The department reserves the right to award more than one contract resulting from evaluation of proposals submitted in response to this ITN, as well as the right to reject all proposals. The department reserves the right to enter into concurrent negotiations with more than one respondent. When the department enters into concurrent negotiations with more than one Vendor, the contract award is determined as a result of those negotiations.

CMS will conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this procurement effort.

This evaluation will be conducted in five (5) phases:

Phase 1 – Acknowledging Receipt of Technical and Cost Proposals

Phase 2 – Evaluation of Technical Proposals

Phase 3 – Evaluation of Requirements of Cost Proposals

Phase 4 – Evaluation of Cost Proposals

Phase 5 – Ranking of Proposals

Phase 6 – Negotiations

4.30.1 Evaluation Procedures

CMS will acknowledge receipt of proposals on the date and time listed in ITN Timeline Section of this ITN. The evaluation process begins with a review of the items requested in the Technical Proposals. The technical evaluators will then evaluate the corporate background and experience, project management, technical approach, including the project organization and staffing for each phase of the contract, and data processing sections of all responsive Technical Proposals.

The Cost Proposals will be opened on the date and time listed in ITN Timeline of this ITN and evaluated upon completion of the Technical Proposal evaluation. The Cost Proposal evaluation process begins with a review of the required items of the Cost Proposals. The Cost Proposal evaluators will evaluate the price for each component and the total proposal price for each Cost Proposal.

CMS will rank Vendors by the resulting scores and begin negotiations with selected vendors.

4.30.2 Evaluation Organization

Evaluators will conduct a strictly controlled evaluation of the Technical Proposals submitted in response to this ITN. The evaluators will use prescribed evaluation criteria to score each proposal on its own merit regarding the Vendor's response to the requirements and adherence to the instructions in this ITN. The evaluators will not discuss the contents of the proposals with each other or anyone else during the evaluation process. The evaluators will be closely proctored to ensure that they follow the established rules of the evaluation.

4.30.3 Phase 1 – Acknowledging Receipt of Technical and Cost Proposals

Each proposal will be reviewed for responsiveness to the requested information set forth in this ITN. The purpose of this phase is to create a formal deadline for proposal submission and determine if the Technical Proposals are sufficiently responsive to the ITN to permit a complete evaluation.

4.30.4 Phase 2 – Evaluation of Technical Proposals

The written proposals will be evaluated during this phase and comprise the substantive portion of the technical evaluation. CMS will evaluate the responses based on the instructions provided in this ITN, including the instruction to Vendor regarding the detail of their responses. Vendors are not to simply provide statements that the requirements of the ITN will be met, but to respond concisely but fully with their approach and how they will comply with the requirements in each item listed in “Contractor’s Responsibilities” in Section 4.8 of this ITN. The criteria used to evaluate the Technical Proposals are described in the subsections below. CMS reserves the right to reject any and all proposals.

4.30.4.1 Technical Proposal Points (700 points)

The evaluation of Technical Proposals will involve the point scoring of each proposal according to pre-established criteria. A maximum of seven hundred (700) points will be available for each Vendor's Technical Proposal. The areas are in which technical proposals will be evaluated and their assigned points are:

Evaluation Area	Points Assigned
Technical Approach to Feasibility, Definition, Design and Construction	200
Technical Approach to Rollout	50
Technical Approach to Operations	200
Technical Approach to Turnover	50
Data Processing	100
Staffing and Organizational Capacity	100

Evaluation criteria have been developed to cover each of these areas. The following paragraphs describe generally the factors covered by the detailed criteria.

4.30.4.2 Technical Approach to Feasibility, Definition, Design, and Construction (200 Points)

Evaluation criteria for this section assess the Vendor’s approach to the feasibility, definition, design and construction phase. The evaluation criteria for technical approach to feasibility, definition, design and construction are:

1. Approach to Planning:
 - a. Assumptions and constraints associated with the work plan;
 - b. Person loading of work plan tasks, including separately identified Contractor and State staff;

- c. Adequacy of the work plan;
 - d. Logical structure of WBS and MS Project Plan;
 - e. Provision for handling problem identification and resolution; and
 - f. Schedule (including adequate review time by CMS) for each deliverable;
2. Approach to Project Management:
 - a. Project management approach to this phase;
 - b. Authority of project manager for this phase;
 - c. Project control approach (including reporting to CMS);
 - d. Work hours and time estimating methods;
 - e. Sign-off procedures and internal quality control for completion of all deliverables and major activities;
 - f. Assessment of project risks and anticipated problem areas, and the Vendor's approach to managing them;
 - g. Approach to routine problem identification and resolution;
 - h. Approach to interfaces with CMS;
 - i. Approach to Quality Control;
 - j. Assumptions and constraints associated with this phase; and
 - k. Use of walk-throughs for each major task.
 3. Approach to Feasibility Phase;
 4. Approach to Project Definition;
 5. Approach to use of subcontractors to address specialized areas of the requirements;
 6. Approach to the use of Web-based applications;
 7. Approach to the use of relational database applications;
 8. Approach to use of rules engine for:
 - a. Eligibility and enrollment operations
 - b. Provider administration tasks
 - c. Claims processing tasks
 - d. Care coordination and service authorization management
 - e. Fiscal operations
 9. Approach to Comprehensive Testing Plan;
 10. Approach to Risk Analysis and Contingency Planning;

11. Approach to Technical Design and Construction;
12. Approach to Testing Execution;
13. Adequacy of Deliverable Prototypes; and
14. Approach to Staffing for the Feasibility, Definition, Design and Construction Phase.

4.30.4.3 Technical Approach to Rollout (50 Points)

Evaluation criteria for this section assess the Vendor's approach to the rollout planning. The evaluation criteria for technical approach to rollout planning are:

1. Approach to Rollout Activities
 - a. Assumptions and constraints associated with the work plan;
 - b. Person loading of work plan tasks, including separately identified Contractor and State staff;
 - c. Adequacy of the work plan;
 - d. Logical structure of work plan and supporting Gantt chart and critical path diagram;
 - e. Provision for handling problem identification and resolution; and
 - f. Schedule (including adequate review time by CMS) for each deliverable;
2. Approach to Project Management:
 - a. Project management approach to this phase;
 - b. Authority of project manager for this phase;
 - c. Project control approach (including reporting to CMS);
 - d. Work hours and time estimating methods;
 - e. Sign-off procedures and internal quality control for completion of all system rollout deliverables;
 - f. Assessment of project risks and anticipated problem areas, and the Vendor's approach to managing them;
 - g. Approach to routine problem identification and resolution;
 - h. Approach to interfaces with CMS;
 - i. Approach to Quality Control;
 - j. Assumptions and constraints associated with this phase; and
 - k. Use of walk-throughs.
3. Approach to Finalized Rollout Schedule;
4. Approach to Implementation of all Components;

5. Staffing for the Rollout Phase, including the transition of staffing from the Feasibility, Definition, Design, Construction and Rollout Planning Phases into the Operations Phase.

4.30.4.4 Technical Approach to Operations (200 Points)

Evaluation criteria for this section assess the Vendor's approach to the ongoing operations. The evaluation criteria for ongoing operations are:

1. Approach to Project Management:
 - a. Project management approach to this phase;
 - b. Authority of project manager for this phase;
 - c. Project control approach (including reporting to CMS);
 - d. Work hours and time estimating methods;
 - e. Sign-off procedures and internal quality control for completion of all deliverables and major activities;
 - f. Assessment of project risks and anticipated problem areas, and the Vendor's approach to managing them;
 - g. Approach to routine problem identification and resolution;
 - h. Approach to interfaces with CMS;
 - i. Approach to Quality Control;
 - j. Assumptions and constraints associated with this phase; and
 - k. Use of walk-throughs for each major task.
2. Approach to Operations Requirements in Section 4:
 - a. General Requirements;
 - b. MITA Concept;
 - c. General System and Business Requirements;
 - d. Data Processing Standards;
 - e. Deliverables Standards;
 - f. Standards for MITA Architecture Components; and
 - g. Business Processes;
3. Detailed Approach to Contractor Responsibilities in Section 4.8
 - a. System Development Requirements;
 - b. Testing Requirements;
 - c. Development Training Requirements;
 - d. Operational Requirements;

- e. Prior Authorization/ Utilization Management;
 - f. Administration;
 - g. Quality Management;
 - h. Policy, Planning, Implementation;
 - i. Fiscal Operations;
 - j. Contract Management;
 - k. Management Information Systems;
 - l. Claims Processing;
 - m. TPA-Vendor-CMS Integration;
4. Approach to Facilities Requirements:
- n. Communications Requirements;
 - o. Meeting Room Requirements;
 - p. Location of Operations Facilities;
 - q. Space for File and Archive Storage;
 - r. State Access to Processing Facilities and Contractor Staff;
 - s. Computer Resources;
 - t. Location of Backup and Contingency Facilities;
 - u. Location of System Analysis and Programming Resources; and
 - v. Location of Subcontractors;
5. Approach to Staffing for Operations Phase.

4.30.4.5 Technical Approach to Turnover (50 Points)

Evaluation criteria for this section assess the Vendor's approach to the turnover phase. The evaluation criteria for technical approach to turnover are:

1. Approach to Planning:
 - a. Assumptions and constraints associated with the work plan;
 - b. Person loading of work plan tasks, including separately identified Contractor and State staff;
 - c. Adequacy of the work plan;
 - d. Logical structure of WBS and MS Project Plan;
 - e. Provision for handling problem identification and resolution; and
 - f. Schedule (including adequate review time by CMS) for each deliverable;
2. Approach to Project Management

- a. Project management approach to this phase;
 - b. Authority of project manager for this phase;
 - c. Project control approach (including reporting to CMS);
 - d. Work hours and time estimating methods;
 - e. Sign-off procedures and internal quality control for completion of all deliverables and major activities;
 - f. Assessment of project risks and anticipated problem areas, and the Vendor's approach to managing them;
 - g. Approach to routine problem identification and resolution;
 - h. Approach to interfaces with CMS;
 - i. Approach to Quality Control;
 - j. Assumptions and constraints associated with this phase; and
 - k. Use of walk-throughs for each major task.
3. Approach to General Planning with State;
 4. Approach to General Planning with Successor;
 5. Approach to Providing Turnover Services;
 6. Approach to Providing Contract Closeout Services;
 7. Approach to Contractor Responsibilities;
 8. Approach to Deliverables; and
 9. Approach to Staffing for Turnover.

4.30.4.6 Data Processing (100 Points)

This area includes assessment of the Vendor's technical data processing approach, the extent to which the data processing standards are met (as referenced in Section 4.8), and the operational computer requirements of system. Evaluators will evaluate the extent to which the Vendor's proposed equipment support and processing methodology indicate that the ITN performance standards will be met, including consideration of the Vendor's previous success with similar performance requirements. Reference checks may be used to assess Vendor's performance in this area. The evaluation criteria for data processing are:

1. Description and location of data and fiscal agent operations facility in Tallahassee:
 - a. List of local hardware/software, and
 - b. List of corporate site hardware/software;
2. Location of:

- a. Computer resources;
 - b. Back-up and contingency facilities;
 - c. System analyst and programmers resources; and
 - d. Subcontractors;
3. Approach to system capacity evaluation and planning;
 4. Approach to data processing standards;
 5. Approach to the use of COTS and Web-based solutions;
 6. Approach to imaging and data entry;
 7. Approach to telecommunication network description;
 8. Approach to security and confidentiality;
 9. Approach to documentation; and
 10. Approach to procurement of State hardware.

4.30.4.7 Staffing and Organizational Capacity (100 Points)

The evaluators will evaluate the experience, performance, corporate resources, and corporate qualifications of the Vendor and any subcontractors. References will be verified and findings will be incorporated into the evaluation of the corporation. Reference checking may not be limited to those references supplied by the Vendor. The evaluation criteria for corporate background and experience are:

1. Large-scale data processing system development;
2. TPA or similar health care claims processing experience (system planning, design, development, implementation, and operation);
3. Experience with Web-based approaches to claims processing;
4. Experience with multiple benefit plan administration;
5. Experience working with managed care providers and processing encounter claims;
6. Fiscal agent or fiscal intermediary experience;
7. Experience with other health care systems;
8. Corporate financial statements;
9. Personnel resources; and
10. Computer resources.

4.30.4.8 Technical Proposal Scoring

Scoring of Technical Proposals shall be done using pre-established criteria and predefined scoring values. Evaluators will independently score each criterion within an area. Individual raw scores from the evaluators, for each criterion for each Vendor's proposal, will be averaged. Values for all criteria in a Vendor's proposal will then be totaled. The final technical score for each proposal will then be calculated using the following methodology:

A maximum of seven hundred (700) points will be assigned to the highest passing Technical Proposal.

Points for other proposals will be assigned using the formula:

$$(N/X) \times 700 = Z$$

Where:

X = highest points awarded to a proposal

N = actual points awarded to the Vendor's proposal

Z = final technical score for Vendor

4.30.5 Phase 3 – Evaluation of Requirements of Cost Proposal

Upon completion of the evaluation of all Technical Proposals, Cost Proposals will be opened on the date specified in the ITN Timeline of this ITN. The Cost Proposals will be evaluated to ensure that all requirements have been met. The purpose of this phase is to determine if the Cost Proposal is sufficiently responsive to the ITN requirements as stated in Section 4.28 to permit a complete evaluation. No points will be awarded for passing requirements.

4.30.6 Phase 4 – Evaluation of Cost Proposals

Each Cost Proposal successfully meeting the requirements reviewed in Phase 3 will be examined to determine if the Cost Proposal is consistent with the Technical Proposal and its calculations are accurate. All pricing schedules will be examined for consistency and accuracy.

A total of three hundred (300) points will be awarded to the lowest acceptable price from Pricing Schedule A, Line 3.

Points for other Cost Proposals will be awarded using the formula:

$$(X/N) \times 300 = Z$$

Where:

X = lowest price proposal

N = proposal price

Z = awarded points

4.30.7 Phase 5 – Ranking

Final scores for the Technical and Cost Proposals will be added to determine a total score for each proposal. The proposals will then be ranked from first to last, with first being the proposal with the highest total score.

4.30.8 Phase 6 – Negotiations

In this final phase of the procedure the Department may enter into negotiations with selected potential Contractors. The purpose of this process is to negotiate the maximum levels of service available for a competitive price. During this process the Department will discuss modifications to the contractor proposal, changes in proposed services or service levels, improvements to the proposed solution, and the price of the contract. The Department may conduct site visits to an active TPA operation managed by the vendor. The Department will award the contract to the contractor with the best combination of technical merit and price. The Department is the sole judge of which proposal best meets the combination of best technical merits and price.

4.31 Description of Approach to Performing Task

A Vendor's proposal shall conform to the following requirements and be prepared according to the instructions in this section.

A Vendor shall submit its Technical Proposal (one original and five copies) and Cost Proposal (one original and five copies) in two separately sealed packages.

See Section 5.1 for complete instructions for submitting proposals.

4.31.1 Technical Proposal Instructions

The Technical Proposal shall include the following sections separated by tabs.

Tab 1	Required Forms
Tab 2	Title Page and Summary
Tab 3	Proposal Guarantee
Tab 4	Technical Approach to Feasibility, Definition, Design and Construction
Tab 5	Technical Approach to Rollout
Tab 6	Technical Approach to Operations
Tab 7	Technical Approach to Turnover
Tab 8	Data Processing
Tab 9	Staffing and Organizational Capacity
Tab 10	Performance Bond

4.31.2 TAB 1 – Required Forms

Tab 1 of the proposal shall be labeled Required Forms and shall include the signed forms required in this ITN. As appropriate, these forms shall include original signatures of an individual authorized to legally bind the Contractor.

These forms include:

1. Department of Health Reporting of Subcontractor Expenditures (see Attachment III);
2. Required Certifications (see Attachment IV):
 - a. Acceptance of Terms and Conditions,
 - b. Statement of No Involvement/Conflict of Interest Statement (Non-Collusion).

4.31.3 TAB 2 – Title Page and Summary

Tab 2 shall be labeled Title Page and Summary and shall include the following information:

4.31.3.1 Title Page

1. ITN number;
2. Title of proposal;
3. Contractor's name;
4. Organization to which proposal is submitted;
5. Name, title, phone number, fax number, mailing address and email address of the person who can respond to inquiries regarding the proposal; and
6. Name of project director.

4.31.3.2 Transmittal Letter

The transmittal letter shall be on official business letterhead and signed by an individual authorized to legally bind the Vendor. A copy of the transmittal letter shall be included in each copy of the Technical Proposal. The transmittal letter shall include:

1. A statement that the Vendor will comply with all terms and conditions as indicated in form PUR 1000, the ITN, and the standard contract (see Attachment V);
2. A statement that the Vendor acknowledges and understands that alternative or contingent proposals will not be accepted;
3. A statement indicating that the Vendor is a corporation or other legal entity. All subcontractors should be identified, and a statement included indicating the exact amount of work to be completed by the selected Contractor and

each subcontractor. The Technical Proposal must not include actual price information. Such inclusion will result in rejection of the proposal;

4. A statement confirming that the selected Contractor is registered to do business in Florida and providing the corporate charter number and assurances that any subcontractor proposed is also licensed to work in Florida;
5. A statement identifying the Vendor's federal tax identification number;
6. A statement that no attempt has been made or will be made by the Vendor to induce any other person or firm to submit or not to submit a proposal;
7. A statement of affirmative action that the Vendor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;
8. A statement that no cost or pricing information has been included in this letter or the Technical Proposal;
9. A statement identifying all addenda to this ITN issued by CMS and received by the Vendor. If no addenda have been received, a statement to that effect shall be included;
10. A statement that the Vendor certifies in connection with this procurement that:
 - a. The prices proposed have been arrived at independently, without consultation, communication, or agreement, as to any matter relating to such prices with any other Vendor or with any competitor for the purpose of restricting competition; and
 - b. Unless otherwise required by law, the prices quoted have not been knowingly disclosed by the Vendor prior to award, directly or indirectly, to any other Vendor or to any competitor.
 - (1) A statement that the person signing this letter certifies that he/she is the person in the Vendor's organization responsible for, or authorized to make, decisions regarding the prices quoted and that he/she has not participated, and will not participate, in any action contrary to item (1) above; and
 - (2) If the use of subcontractor(s) is proposed, a statement from each subcontractor on their letterhead must be appended to the transmittal letter signed by an individual authorized to legally bind the subcontractor stating:
 - The general scope of work to be performed by the subcontractor;

- The subcontractor's willingness to perform the work indicated; and
- The subcontractor's assertion that it does not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), sex marital status, political affiliation, national origin, or handicap.

4.31.3.3 Executive Summary

The proposal shall be responsive to all requirements of the ITN and include a beginning narrative containing information that indicates an understanding of the overall need for and purpose of the project as presented in the ITN.

4.31.4 TAB 3 – Proposal Guarantee

Tab 3 shall be labeled Proposal Guarantee and shall contain the proposal guarantee as follows:

1. Each Vendor's original copy of the Technical Proposal shall be accompanied by a proposal guarantee in the form of a cashier's check, certified check, bank draft, treasurer's check, or guarantee payable to Florida Department of Health in the amount of two hundred thousand dollars (\$200,000); and
2. Photocopies of the guarantee are to be inserted at Tab 3 in all other copies of the Technical Proposal submitted by the Vendor.

4.31.5 TAB 4 – Technical Approach to Feasibility, Definition, Design and Construction

Tab 4 shall be labeled Technical Approach to Feasibility, Definition, Design and Construction and include a detailed discussion of the Vendor's approach to this Phase. The response must address these components of the phase:

4.31.5.1 Planning

A draft schedule must be included in response to this ITN.

4.31.5.2 Feasibility Phase

1. The Vendor must conduct a thorough planning process using steps and producing deliverables as required for this project and as approved by CMS.
2. The Vendor must also produce management documentation and a project management plan, in formats approved by CMS.

4.31.5.3 Definition Phase

1. The Vendor must describe the approach to identifying all system requirements and end deliverables.

2. The Vendor must describe the approach to producing the Systems Analysis Document and System Design Plan.

4.31.5.4 Design Phase

1. The Vendor must describe the approach to designing the products that will be built and rolled out during the Construction Phase.
2. The Vendor must describe the approach to revising the Systems Design Plan and Systems Analysis Document.
3. The Vendor must describe the approach to designing prototype models that can be reviewed and approved by CMS during this phase.
4. The Vendor must describe the approach to providing a Test Plan – System Test Case, Integration Test Case, Regression Test Case, Performance Test Case.
5. The Vendor must describe the approach to providing a Configuration Management Plan.
6. The Vendor must describe the approach to operational, rollout, rollback, pilot site implementation, project, and spending planning.
7. The Vendor must describe its approach to control and management of project risks in this phase of the project.
8. The Vendor must describe the approach to maintaining HIPAA Compliance.
9. The Vendor must describe the approach to Business Continuity and Disaster Recovery Planning.

4.31.5.5 Construction

1. The Vendor must describe the approach to procuring hardware and software, and the approach to installing the base system.
2. The Vendor must describe the approach to setting up environments for development, testing and production.
3. The Vendor must describe the approach to testing.
 - a. Unit Tests
 - c. Structured Data Tests
 - d. Volume and Stress Tests

The Vendor must use volume simulating tools and methods, and must include a description of its volume testing plan and schedule in response to this ITN.

- e. Operations Readiness Tests:

The Vendor must include a description of its operations readiness testing strategy, methodology and schedule in response to this ITN;

f. Beta Tests:

The Vendor must describe its approach to Beta testing in response to this ITN;

g. User Acceptance Tests:

The Vendor must describe its approach to User Acceptance Testing in response to this ITN;

h. Regression Testing:

The Vendor must include a description of its regression testing strategy, methodology and schedule in response to this ITN;

i. Retesting:

The Vendor is responsible to meet the overall deadlines for this implementation; therefore, the Vendor must include a description of its strategy and methodology for dealing with the situation where tests fail to produce the desired results in response to this ITN;

4. The Vendor must describe the approach to system documentation, user documentation, operations and procedure manuals.
5. The Vendor must describe the approach to training.
6. The Vendor must describe the approach to user acceptance testing, and the approach to resolution of defects and deficiencies as identified in user acceptance testing.

4.31.5.6 Deliverables Prototypes for Each Milestone in This Phase

1. Completion of Planning Activities;
2. Completion of Systems Analysis and Design Documents;
3. Completion of Testing Plan;
4. Completion of Feasibility, Definition, Design and Construction, Start of Readiness Testing Period; and
5. Conclusion of User Acceptance Testing
6. The Vendor must describe status and progress reports that will be provided to CMS throughout this phase.

4.31.5.7 Staffing for Feasibility, Definition, Design and Construction Phase

The Contractor must describe the approach to staffing this phase.

4.31.6 TAB 5 – Technical Approach to Rollout

Tab 5 shall be labeled Technical Approach to Rollout and include a detailed discussion of the Vendor's approach to the Rollout Phase. The response must address these components of the phase:

4.31.6.1 Planning

The Vendor must describe the approach to demonstrate success of the rollout phase, including the approach for the checklist.

The Vendor must provide a draft schedule in response to this ITN.

4.31.6.2 Installation and Deployment

The Vendor must describe the process for installation and deployment of the TPA system in pilot areas.

The Vendor must describe the approach of training CMS users at headquarters and in the pilot areas.

4.31.6.3 Risk Analysis and Contingency Planning

The Vendor must describe the approach to control and management of project risks in this phase of the project.

4.31.6.4 Deliverables Prototypes for Each Milestone in This Phase

1. Rollout Schedule;
2. Completion of TPA System for Pilot Deployment;
3. Staff training prototypes; and
4. Prototypes of monitoring, defect and system reports.

4.31.6.5 Staff for Rollout Phase

The Vendor must describe the approach to staffing this phase.

4.31.7 TAB 6 – Technical Approach to Operations

Tab 6 shall be labeled Technical Approach to Operations and include a detailed discussion of the Vendor's approach to the Operations Phase. The Contractor must operate and perform all functions described in Section 4.8 from the date of implementation of each component until each function is turned over to a successor TPA at the end of the contract, including any extensions. Vendors must respond concisely but fully with their approach and how they will comply with the requirements the ITN. The Vendor must respond to all of the requirements in the ITN, explaining their technical approach, identifying tools to be used, describing staffing commitments and explaining in detail how they will meet all requirements. Specifically the Vendor must:

1. Respond in detail to every item in Section 4.8;
2. Respond in detail to every item under Contractor Responsibilities in Section 4.8;
3. Provide the details of staffing for Operations Phase.

4.31.8 TAB 7 – Technical Approach to Turnover

Tab 7 shall be labeled Technical Approach to Turnover and include a detailed discussion of the Vendor's approach to the Approach to Turnover Phase. See Section 4.8 for complete instructions on the details to be covered in the planning and management of the phase. The response must address these components of the phase:

4.31.8.1 Planning

1. General Planning with State; and
2. General Planning with Successor.

4.31.8.2 Provide Turnover Services

1. Cooperation with Successor
2. Turnover of Archived Materials.
3. Financial Reconciliation;
4. Written Assessment of Contract Performance; and
5. Resolution of Turnover Issues.

4.31.8.3 Deliverables Prototypes for Each Milestone in This Phase

1. Turnover Plan;
2. TPA Requirement Statement;
3. TPA software, files, and system, and user and operations documentation in hard and soft copy format.

4.31.8.4 Staffing for Turnover

The Contractor must describe the approach to staffing this phase.

4.31.9 TAB 8 – Data Processing

Tab 8 shall be labeled Data Processing and include the following:

1. Description and location of data and fiscal agent operations facility:
 - j. List of local hardware/software; and
 - k. List of corporate site hardware/software;
2. Location of:
 - a. Computer resources;
 - b. Back-up and contingency facilities;
 - c. System analyst and programmers resources; and
 - d. Subcontractors;
3. Approach to system capacity evaluation and planning to address identified issues;
4. Approach Data Processing Standards covering the following areas:
 - a. TPA System Architecture Requirements;
 - b. DSS System Architecture Requirements;
 - c. Software/Hardware Configuration;
 - d. TPA Transaction Processing Requirements;
 - e. DSS Information Processing Requirements;
 - f. Programming Language Requirements;
 - g. System Modification and Change Control Requirements;
 - h. Application Development and Testing Requirements;
 - i. Data Imaging and Data Entry Requirements;
 - j. Data Quality Control;
 - k. Security and Confidentiality Requirements;
 - l. Documentation;
 - m. Continuous Business Process Improvement;
 - n. State Training Requirements; and
 - o. Provider Training Requirements;
5. Approach to the use of COTS and Web-based solutions;
6. Approach to imaging and data entry;

7. Telecommunication network description;
8. Approach to security and confidentiality; and
9. Approach to documentation.

4.31.10 TAB 9 – Staffing and Organizational Capacity

Tab 9 will include a description of the staffing and the organizational capacity as detailed in Section 4.32.

4.31.11 TAB 10 – Performance Bond

Tab 10 shall be labeled Performance Bond. Vendor shall explicitly state agreement to a performance bond in the amount of \$3 million. No pricing information is to be stated in this Tab, only the Vendor's agreement to supply the performance bond in the amount required.

4.32 Description of Staffing and Organizational Capacity

Tab 9 shall be labeled Staffing and Organizational Capacity and include the corporate background and experience for the Vendor and each subcontractor (if any); details of the background of the company, its size and resources, details of corporate experience relevant to the proposed fiscal agent contract, financial statements, and a list of all current or recent TPA or related projects. The specific role of any subcontractor must be identified.

The proposal shall include evidence of the Vendor's and subcontractor's capability by describing its organizational background and experience to include:

4.32.1 Corporate Background

Background information of the corporation, its size, and resources shall cover:

1. Name of Vendor or subcontractor
2. Date established;
3. Ownership (public company, partnership, subsidiary, etc.);
4. Corporation's Federal Employer's Identification Number (FEIN) and Florida Corporate Charter Number;
5. Corporation's primary line of business;
6. Total number of employees;
7. Number of personnel engaged in computer systems development and operations;
8. Number of personnel engaged in TPA systems development and operation; and
9. Computer resources.

4.32.2 Corporate Financial Statements

Audited financial statements for the legal contracting entity (and parent company if applicable) and subcontractors, sufficient to demonstrate the capability to perform this contract, shall be provided for each of the last three fiscal years.

These shall include:

1. Balance sheets
2. Statement of income;
3. Statements of changes in financial position;
4. Auditor's reports;
5. Notes to financial statements
6. Summary of significant accounting policies.
7. If there is any qualification of the information requested above or if any of the requested information is incomplete, please explain.

4.32.3 Corporate Experience

The details of corporate experience, to include all TPA or Medicaid fiscal agent contracts and any work as a subcontractor on TPA or fiscal agent contracts. The Respondent must identify all experience within the last five (5) years relevant to the proposed TPA contract. The statement of experience shall cover:

1. Experience with large-scale data processing system development (medical claims, TPA, MMIS, DSS or otherwise);
2. Experience with the operation of a large-scale data processing system (medical claims, TPA, MMIS, DSS or otherwise);
3. Experience with TPA, MMIS/DSS (indicate clearly which projects demonstrate experience with system design and development, implementation, operation, modification, certification, or turnover);
4. Experience with multiple benefit plan administration;
5. Experience with Web portal development and operations;
6. Experience with encounter data;
7. Experience with Prescription Benefit Management (PBM) and other benefit management plan development and operations;
8. Experience with Decision Support System (DSS);
9. Experience working directly with managed care providers, HMOs, etc;
10. Experience as a TPA or fiscal agent or fiscal intermediary; and
11. Experience with other health care systems.

4.32.4 Corporate References

For each referenced project, the Vendor and subcontractors shall provide the following items, one project per page.

1. Name of Vendor
2. Reference
3. Firm/Agency Name
4. Address
5. Contact Person
6. Name/Title
7. Phone Number
8. Project Dates
9. Title of the Project
10. Start and End Dates of the Original Contract
11. Total Contract Value
12. Average Staff Hours in FTEs During Operations
13. Transaction Processing Volume
14. Brief Description of Scope of Work

4.33 Cross Reference Table

In order to assist vendors in the development of a responsive proposal and to facilitate proposal evaluation by the DOH, each vendor is required to provide a table, which cross references the contents of the proposal with the following sections on the ITN. There is no specified or standard format for this table; however the following sample is provided as an example. Vendors shall complete the "Proposal-Tab, Page #" column.

ITN Section	Subject	Proposal-Tab, Page #
4.31.2	Required Forms	
4.31.3	Title Page and Summary	
4.8	TASK LIST	
4.8.1	General Requirements	
4.8.2	Project Management and Control Requirements	
4.8.3	Feasibility Phase Requirements	

ITN Section	Subject	Proposal-Tab, Page #
4.8.4	Project Definition Phase Requirements	
4.8.5	System Design Phase Requirements	
4.8.6	System Construction Requirements	
4.8.7	System Rollout Requirements	
4.8.8	Operational Requirements	
4.8.9	System Turnover Requirements	
4.8.10	Eligibility and Enrollment Contractor Tasks	
4.8.11	Provider Administration Contractor Task	
4.8.12	Claims Processing Contractor Tasks	
4.8.13	Service Authorization Contractor Tasks	
4.8.14	Fiscal Operations Contractor Tasks	
4.9	TASK LIMITS	
4.9.1	Designation of CMS Project Manager and Sponsor	
4.9.2	Project Phases	
4.10	STAFFING LEVELS	
4.10.1	Definition of Staff	
4.10.2	General Requirements for Employees	
4.10.3	Staffing Requirements for Feasibility, Definition, Design and Construction Phases	
4.10.4	Staffing Requirements for Operations Phase	

5 Special Instructions to Vendors

These “Special Instructions” shall take precedence over form PUR 1001 unless the conflicting term in PUR 1001 is statutorily required, in which case the term contained in the form PUR 1001 shall take precedence

5.1 Instructions for Submitting Proposals

Electronic submission of proposals will not be accepted for this solicitation. This Special Instruction takes precedence over General Instruction #3.

- Proposals may be sent by U.S. Mail, Overnight, Courier, or Hand-Delivered to the location as identified in the Timeline.
- Proposals must be submitted in a sealed package/envelope and shall be clearly marked on the outside with the proposal number, date and time of opening, as identified in the Timeline. Information that is proprietary and/or confidential shall be sealed in a separate envelope, marked proprietary and/or confidential, and placed within the envelope containing the technical proposal. Cost Proposals shall be in a separate sealed package, and must be clearly marked as the “Cost Proposal” with the Vendor’s name on the outside of the envelope.
- It is the responsibility of the vendor to assure its proposal is submitted at the place and time indicated in the Timeline.
- Late proposals/offers will not be accepted.

5.2 Public Records and Trade Secrets

Article I, Section 24, Florida Constitution, guarantees every person access to all public records, and Section 119.011, Florida Statutes, provides a broad definition of public record. As such, all responses to a competitive solicitation are public records unless exempt by law. As such, all responses to a competitive solicitation are public records unless exempt by law. Any vendor claiming that its response contains information that is exempt from the public records law shall clearly segregate and mark that information “CONFIDENTIAL” and provide the specific statutory citation for such exemption. Failure to comply with this section will result in the complete disclosure of all submitted materials not in compliance with this section.

The Department of Health will not defend the Vendor’s claim of public record exemption, but will notify the Vendor of receipt of a public records request so that the Vendor may defend its claim in court.

5.3 Instructions for Formatting Proposals

- Vendors are required to complete, sign, and return the “Title Page” with their proposals.

- The proposal should be single-spaced. Include 1) table of contents, 2) index, 3) appendices, 4) letters of reference, with contact information, 5) other support materials.
- The pages should be numbered and one-inch margins should be used.
- The font size and type is at the discretion of the vendor but must be at least as large as the font type you are currently reading (Times New Roman 12).
- One (1) original proposal, five (5) copies of the proposal, and one electronic copy of the proposal on either CD or disk, and all supporting documents must be submitted.
- Materials submitted will become the property of CMS. CMS reserves the right to use any concepts or ideas contained in the response.

5.4 Vendors Inquiries

These instructions take precedence over General Instruction #5.

Questions related to this ITN must be received in writing by the contact person listed below by the time indicated in the Timeline. The questions may be sent US mail, courier, e-mail, fax, or hand-delivered. During an active competitive solicitation, communications are restricted to those submitted in writing during the time identified in the Timeline. Inquiries submitted after the period specified in the Timeline will not be addressed. Answers will be posted as indicated in the Timeline.

Vendors to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

Florida Department of Health
Attention: Janice Brown, Suite 310
4052 Bald Cypress Way, Bin B07
Tallahassee, FL 32399-1749
Fax: 850-412-1188
Email: janice_brown@doh.state.fl.us

5.5 Pre-Proposal Conference

A pre-proposal conference will be held at the time and location indicated in the Timeline. The pre-proposal conference is the only forum available during this competitive solicitation process for answering questions and making clarifications. The Department reserves the right to answer any questions identified at the pre-proposal conference or defer them to a later date identified in the Timeline.

5.6 Special Accommodations

Any person requiring special accommodations at DOH Purchasing because of a disability should call DOH Purchasing at (850) 245-4199 at least five (5) work days prior to any pre-proposal conference, proposal opening, or meeting. If you are hearing or speech impaired, please contact Purchasing by using the Florida Relay Service, which can be reached at 1-800-955-8771 (TDD).

5.7 Subcontractors

The successful Contractor may, only with prior written approval of the department, enter into written subcontracts for performance of specific services under the contract resulting from this solicitation. Anticipated subcontract agreements known at the time of proposal submission and the amount of the subcontract must be identified in the proposal. If a subcontract has been identified at the time of proposal submission, a copy of the proposed subcontract must be submitted to the department. No subcontract that the Contractor enters into with respect to performance under the contract shall in any way relieve the Contractor of any responsibility for performance of its contract responsibilities with the department. The department reserves the right to request and review information in conjunction with its determination regarding a subcontract request.

The successful bidder shall provide a monthly Subcontract Report (Attachment III) summarizing all subcontracting/material suppliers performed during the prospective contract period. This report shall include the name and address, Federal Employment Identification number and dollar amount expended for any subcontractor. A copy of this form shall be submitted to the DOH Contract Manager of the Department of Health. The Department of Health encourages the use of MWBE and SDVBE vendors for subcontracting opportunities. For assistance locating a certified MWBE or a SDVBE, contact the Department of Health's Minority Coordinator (850-245-4198) or the Office of Supplier Diversity (850-487-0915), as needed.

5.8 Actual and Liquidated Damages

Damage may be sustained by CMS in the event that the Contractor fails to meet the requirements of this contract. If the damages can be measured in actual cost, it is referred to as actual damages. If the damages are difficult to measure or cannot be measured in actual cost, it is referred to as liquidated damages. In the

event of default or the inability to maintain minimum standards as determined by CMS, the Contractor agrees to pay CMS for the actual cost of damages or the sums set forth below as liquidated damages. Liquidated damages are considered compensation for increase contract management and do not constitute a penalty.

5.8.1 Transfer of Named Staff Proposed

5.8.1.1 Requirements

As long as Named Staff remain in the employ of the Contractor, the Contractor will maintain all Named Staff proposed for each phase of the contract and for two years from the start of Operations Phase. Any change in Named Staff under the control of the Contractor is subject to prior approval of CMS. Contractor shall immediately notify CMS if any Named Staff become unavailable, and shall provide resumes of proposed replacement staff before assigning them to the Named Staff positions of the Contract.

Named Staff are identified in Section 4.10.

5.8.1.2 Liquidated Damages

If any Named Staff are replaced without approval during any phase of the contract, or in the first two years of operations, other than at the request of CMS or termination of the staff member's employment with the Contractor, liquidated damages equal to \$500 per remaining workday for each Named Staff shall be assessed.

5.8.2 Named Staff Vacancy

Requirements

Positions that are designated as Named Staff shall not remain vacant for more than thirty (30) calendar days. Named Staff positions shall not be filled with employees who are acting in a temporary capacity and also maintain responsibilities for another position.

Named Staff are identified in Section 4.10 and defined in 4.10.1.

5.8.2.1 Liquidated Damages

The liquidated damages will be \$500 per workday for each day that the Contractor fails to meet this requirement.

5.8.3 Staffing Levels and Staffing Rate of Pay

5.8.3.1 Requirements

The Contractor will maintain the minimum number and levels of qualified staff specified in its proposal and, in all other respects meet the staffing and the personnel requirements of Section 4.8 and 4.10.

5.8.3.2 Liquidated Damages

Staffing levels are subject to State audit at any time during the Operations Phase of the contract. If the audit reveals staffing more than five percent (5%) below the requirement of the contract actual damages will be assessed according to the cost in the appropriate Schedule C for each FTE below the standard.

5.8.4 Outcomes and Outputs: Performance Measures

5.8.4.1 Requirements

The Contractor must provide a monthly performance report produced using the Outcomes and Outputs: Performance Measures System in a manner acceptable to CMS, as specified in Section 4.21, within fourteen (14) workdays of the end of the month.

5.8.4.2 Liquidated Damages

The liquidated damages for failure to provide the report timely or in a manner acceptable to CMS will be \$500 a day for each workday the report is not received or acceptable.

5.8.5 Performance Monitoring

5.8.5.1 Requirements

The Contractor is required to meet the requirements of the contract in all areas measured by the Outcomes and Outputs Performance Measures System (Section 4.21).

5.8.5.2 Liquidated Damages

The liquidated damages for performance measure areas that are below the specified standard will be \$1,000. The liquidated damages for performance measure areas that continue to score below the specified standard beyond three consecutive months will be \$10,000.

5.8.6 Provider Activation Prior to Meeting Eligibility Requirements

5.8.6.1 Requirements

The Contractor is responsible for enrolling providers approved by CMS.

5.8.6.2 Actual Damages

The Contractor will be assessed actual damages that result from the enrollment of a provider that has not been approved by CMS.

5.8.7 Systems Documentation

5.8.7.1 Requirements

The Contractor is responsible for providing to CMS complete, accurate, and timely documentation of the operational systems. Such documentation must be produced according to the specifications described in Section 4.8. In addition to the required hard copies, the documentation will be maintained on the Contractor's Web portal.

Six copies of updated documentation and online documentation must be provided to CMS in final form within sixty (60) workdays prior to the beginning of the operations task.

The Contractor must update documentation with all modifications and modernizations that are made to the system after the initial delivery of the documentation. Six copies of updated documentation must be provided to CMS in final form within fifteen (15) workdays of CMS's approval of the implementation of the change. Online documentation must be posted within three (3) workdays of CMS's approval of the documentation.

5.8.7.2 Liquidated Damages

The liquidated damages will be one hundred dollars (\$100) for each workday that documentation is not submitted or is unacceptable to CMS.

5.8.8 Correctness of Payments

5.8.8.1 Requirements

All payments made by the TPA must be made on behalf of eligible recipients, to enrolled, eligible providers, for approved services, and in accordance with the payment rules and other policies of CMS.

5.8.8.2 Actual Damages

If an overpayment or duplicate payment is made to a provider or any other entity and that payment is the result of Contractor error then the Contractor will be liable for the immediate reimbursement to CMS for the actual overpayment or duplicate payment. The Contractor has the right to recover such overpayments or duplicate payments.

5.8.9 Data Conversion

5.8.9.1 Requirements

The Contractor must convert all data from CMS's existing systems necessary to operate and produce comparative reports for previous periods of operation. Data conversion must be completed before the five-month parallel and user acceptance testing period begins, and must be applied before implementation.

5.8.9.2 Liquidated Damages

The liquidated damages will be one thousand dollars (\$1,000) for each workday that data conversion is not completed or applied as stated above. Data conversion must be approved by CMS before it is considered complete and before it is applied.

5.8.10 Milestones or Phases

5.8.10.1 Requirements

Unless otherwise specified, milestones and phases that occur during the Feasibility, Definition, Design, Construction, and Rollout Phases must be completed by the Contractor in final form as required in Section 4.9 on the dates specified in the Contractor's work plan. CMS must review and provide written acceptance of all milestones or phases.

5.8.10.2 Liquidated Damages

The liquidated damages will be one thousand dollars (\$1,000) per workday for each day the milestone or phase is late or unacceptable.

5.8.11 Data Communications

5.8.11.1 Requirements

The Contractor will provide continuous twenty-four (24) hour connection to CMS's network as described in Section 4.21. Failure to provide this connection must be remedied immediately upon notification by CMS.

5.8.11.2 Liquidated Damages

The liquidated damage for failure to remedy a lack of network connection will be one thousand dollars (\$1,000) per hour after four (4) hours of State notification, if lack of connection occurs as a result of Contractor error or omission.

5.8.12 EDP Audit

5.8.12.1 Requirements

The Contractor will have completed by October 1 of each year an electronic data processing (EDP) systems audit using SAS (Statement of Accounting Standards) 70.

The Contractor must respond to each SAS 70 audit with a proposed corrective action plan within thirty (30) calendar days of the audit, if necessary.

The Contractor must complete implementation of CMS approved corrective action plan within forty (40) calendar days of approval unless otherwise specified by CMS.

5.8.12.2 Liquidated Damages

The liquidated damages will be:

One hundred dollars (\$100) per workday or any part thereof beyond October 1 of each year that the audit is not completed to CMS's satisfaction;

One hundred dollars (\$100) per workday or any part thereof beyond the thirty (30) calendar day requirement for submitting a corrective action plan which is satisfactory to CMS; and

One hundred dollars (\$100) per workday or any part thereof beyond the forty (40) calendar day requirement for implementing the corrective action plan.

5.8.13 Record Retention and Access Requirements

5.8.13.1 Requirements

The Contractor will maintain and will make available within three (3) workdays of request all records described in Section 4.8.

5.8.13.2 Liquidated Damages

The liquidated damages will be three hundred dollars (\$300) per request per work day or any part thereof for failure to produce requested records.

5.8.14 Backup Site/Data

5.8.14.1 Requirements

In the event of a natural or man-made disaster all data/files must be protected in an off-site location. The Contractor must provide an alternate business site if the primary business site becomes unsafe or inoperable. The business site must be fully operational within five (5) workdays of the primary business becoming unsafe or inoperable. See Section 4.14.2 for requirements for disaster recovery and back up.

5.8.14.2 Liquidated Damages

The liquidated damages for failure to provide the backup site/data will be \$10,000 per day for each day that the backup site is not fully operational.

5.8.15 System Capacity

5.8.15.1 Requirements

The Contractor must maintain the system capacity to operate without interruption, except for scheduled down-time, and meet all operational requirements and process all claims and transactions in a timely manner. The following are indications that the system is operating below capacity:

- Delays or interruptions in operations and related services caused by inadequate equipment or processing capacity.

- System not available for use by State or Contractor staff at all times except for scheduled downtime.
- Inability to adjudicate to a paid, denied, or suspended status, all claims received by the Contractor within twenty-four (24) hours of receipt.
- Frequent delays of more than five (5) seconds in screen response time.

5.8.15.2 Liquidated Damages

CMS will notify the Contractor if the system is operating below capacity based on these measurements. If the Contractor fails to correct the capacity issues within two (2) workdays liquidated damages will be assessed at \$2,000 per day.

The Contractor must maintain the system capacity to complete all jobs in a scheduled cycle. The processing cycle must be completed each night to allow the system to be available each morning by 7:00 AM Eastern time, for inquiry and update.

Two hundred and fifty dollars (\$250) each occurrence for each job eliminated from a scheduled cycle if the eliminated job is not processed in the next scheduled cycle.

5.8.16 Bank Reconciliation

5.8.16.1 Requirements

The Contractor must reconcile the statements of the claims processing bank account, on a monthly basis, in accordance with Section 4.8.14.3 and 4.21. Within thirty (30) calendar days of the date the Contractor receives an account Statement from the financial institution, the Contractor shall provide the Agency with a copy of the Statement accompanied by a completed reconciliation.

5.8.16.2 Liquidated Damages

The liquidated damages for failure to comply with the bank reconciliation section will be \$10,000 per month for each month that the account is not in compliance.

5.8.17 HIPAA Compliance

5.8.17.1 Requirements

The Contractor must ensure it meets all federal regulations regarding standards for privacy, security, and individually identifiable health information as identified in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as specified in section 4.8.1.4.

The Contractor must deliver, maintain and operate in full compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The Contractor is responsible for HIPAA compliance of the TPA system and the fiscal operations regardless of its status as a covered entity or business associate of CMS.

In some cases, State requirements are more stringent than HIPAA requirements. The Contractor is also liable for any penalties that may be assessed for failure to adhere to State requirements.

5.8.17.2 Actual Damages

The actual damages for the Contractor's failure to comply with the HIPAA or State standards shall be any penalties that CMS is assessed. The Contractor shall indemnify the State for any damages that may be assessed in a lawsuit resulting from failure of the Contractor to comply with HIPAA or State privacy or security standards.

5.8.18 Correction of Deficiencies Identified by CMS

5.8.18.1 Requirements

If CMS identifies deficiencies in the Contractor's performance of requirements as describe in the ITN, not otherwise addressed in other liquidated or actual damages provisions, CMS will require the Contractor to develop a corrective action plan within ten (10) workdays. The corrective action plan is subject to approval and acceptance by CMS.

5.8.18.2 Liquidated Damages

The liquidated damages shall be equal to \$500 per day for each day that the corrective action plan is late or not acceptable to CMS and \$1,000 per day for each day that the deficiency is not corrected, past the date specified in the corrective action plan or not acceptable to CMS.

5.8.19 Deduction of Damages from Payments

5.8.19.1 Liquidated and Actual Damages

Amounts due CMS as liquidated damages may be deducted by CMS from any money payable to the Contractor pursuant to this contract. CMS will notify the Contractor in writing of any claim for liquidated damages at least thirty (30) calendar days prior to the date CMS deducts such sums from money payable to the Contractor.

6 Special Conditions

These “Special Conditions” shall take precedence over form PUR 1000 unless the conflicting term in PUR 1000 is statutorily required, in which case the term contained in the form PUR 1000 shall take precedence.

6.1 **Cost of Preparation**

Neither the Department of Health nor CMS is liable for any costs incurred by a vendor in responding to this solicitation.

6.2 **Vendor Registration**

Each vendor doing business with State for the sale of commodities or contractual services as defined in Section 287.012, F.S., shall register in the MyFloridaMarketPlace system, unless exempted under subsection 60A-1.030(3), F.A.C. Also, an agency shall not enter into an agreement for the sale of commodities or contractual services as defined in Section 287.012 F.S. with any vendor not registered in the MyFloridaMarketPlace system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace system shall do so within 5 days after posting of intent to award. Information about the registration is available, and registration may be completed, at the MyFloridaMarketPlace website http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace/vendors.

Those lacking Internet access may request assistance from the MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, Florida 32399.

For vendors located outside of the United States, please contact Vendor Registration Customer Service at 866-352-3776 (8:00 AM – 5:30 PM Eastern Time) to register.

6.3 **Identical Tie Proposals**

When evaluating vendor responses to solicitations where there is identical pricing or scoring from multiple vendors, the department shall determine the order of award in accordance with Rule 60A-1.011 F.A.C.

6.4 **Contract Renewal**

This contract may be renewed for a period that may not exceed two (2) years. For each renewal period of this solicitation, after the original four (4) year contract period, a negotiated annual price increase of up to five percent (5%) may be allowed by the Department. If the Department and the Contractor are in agreement, the Contractor will be required to submit a letter to the Department stating the new price agreed upon. The renewal shall be in writing and subject to the same terms and conditions set forth in the original contract. The renewal shall be contingent upon satisfactory performance evaluations by the agency and

subject to the availability of funds. The renewal may not include any compensation for costs associated with the renewal.

6.5 Verbal Instructions Procedure

No negotiations, decision, or actions shall be initiated or executed by the vendor as a result of any DISCUSSIONS WITH ANY State employee. Only those communications, which are in writing from the Department of Health's Purchasing Office, may be considered as a duly authorized expression on behalf of CMS. Also, only communications from vendors in writing will be recognized by CMS as duly, authorized expressions on behalf of the vendor.

6.6 Addenda

If the Department of Health finds it necessary to supplement, modify or interpret any portion of the specifications or documents during the solicitation period a written addendum will be posted on the MyFlorida.com Vendor Bid System, http://vbs.dms.state.fl.us/vbs/main_menu. It is the responsibility of the vendor to be aware of any addenda that might have bearing on their proposal.

6.7 Unauthorized Aliens

NOTICE TO CONTRACTOR: The employment of unauthorized aliens by any contractor is considered a violation of section 274A(e) of the Immigration and Nationality Act. If the contractor knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of this contract.

6.8 Certificate of Authority

All corporations, limited liability companies, corporations not for profit, and partnerships seeking to do business with Florida shall be registered with the Florida Department of State in accordance with the provisions of Chapter 607, 608, 617, and 620, Florida Statutes, respectively.

6.9 Minority and Service-Disabled Veteran Business Participation

The Department of Health encourages minority and women-owned business (MWBE) and service-disabled veteran business enterprise (SDVBE) participation in all its solicitations. Bidders are encouraged to contact the Office of Supplier Diversity at 850/487-0915 or visit their website at <http://osd.dms.state.fl.us> for information on becoming a certified MWBE or SDVBE or for names of existing businesses who may be available for subcontracting or supplier opportunities.

6.10 Proposal Guarantee

All proposals shall be accompanied by a Proposal Guarantee described in section 4.31.4 in the amount of \$200,000. Failure by a vendor to provide the required Proposal Guarantee in the manner stated shall cause the proposal to be considered non-responsive to this solicitation. The Proposal Guarantee will be

returned after the opening of solicitations to all non-responsive vendors, and the remainder will be returned after the contract is executed. The cost of the Proposal Guarantee shall be borne by the vendor.

6.11 Performance Bond

Within ten (10) days after notification of award, the awarded Contractor shall be required to submit a performance bond in the amount of 50% percent of the annual contract value. Failure by the awarded vendor to provide the required performance bond within the time designated shall cause the surety bond submitted with the proposal to be forfeited as liquidated damages because of such failure and shall cause the Department to withdraw the award and proceed with the next lowest responsive vendor. The bond must be renewed each subsequent year before the preceding year expires. The bond must be issued by a surety company licensed to do business in the State of Florida. The cost of the performance bond shall be borne by the vendor.

6.12 Standard Contract/Purchase Order

Each vendor shall review and become familiar with the department's Standard Contract and/or Purchase Order which contains administrative, financial and non-programmatic terms and conditions mandated by federal or state statute and policy of the Department of Financial Services. Use of one of these documents is mandatory for departmental contracts as they contain the basic clauses required by law. The terms and conditions contained in the Standard Contract or Purchase Order are non-negotiable. The terms covered by the "DEPARTMENT APPROVED MODIFICATIONS AND ADDITIONS FOR STATE UNIVERSITY SYSTEM CONTRACTS" are hereby incorporated by reference.

The standard contract/purchase order terms and conditions are found in Attachment V.

6.13 Licensures, Permits, and Taxes

Vendor shall pay for all licenses, permits and taxes required to operate in the State of Florida. Also, the vendor shall comply with all Federal, State & Local codes, laws, ordinances, regulations and other requirements at no cost to the Florida Department of Health.

6.14 Conflict of Interest

Section 287.057(18), Florida Statutes, provides, "A person who receives a contract that has not been procured pursuant to subsections (1) through (5) to perform a feasibility study of the potential implementation of a subsequent contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to contract with the agency for any other contracts dealing with that specific subject matter, and any firm in which such person has any interest in not eligible to receive such contract. However, this prohibition does not prevent a vendor who responds to a request

for information from being eligible to contract with an agency.” The Department of Health considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice investigation, or auditing or any other advisory capacity to constitute participation in drafting of the solicitation.

ATTACHMENT I TITLE PAGE

**State of Florida
Department of Health
Division of Children's Medical Services**

ITN-DOH08-126

**Invitation to Negotiate (ITN)
for a
Third Party Administrator**

Vendor Name _____

Vendor Mailing Address _____

City State ZIP _____

Telephone Number _____

Email Address _____

Federal Employer Identification Number (FEID) _____

Authorized Signature (Manual) _____

Name (Typed) _____

Title _____

ATTACHMENT II **PURCHASE ORDER TERMS AND CONDITIONS**

State of Florida **Department of Health**

For good and valuable consideration, received and acknowledged sufficient, the parties agree to the following in addition to terms and conditions expressed in the MyFloridaMarketPlace purchase order:

1. Vendor is an independent contractor for all purposes hereof.
2. The laws of the State of Florida shall govern this purchase order and venue for any legal actions arising here from is Leon County, Florida, unless issuer is a county health department, in which case, venue for any legal actions shall be the issuing county.
3. Vendor agrees to maintain appropriate insurance as required by law and the terms hereof.
4. Vendor will comply, as required, with the Health Insurance Portability and Accountability Act (42 USC & 210, et seq.) and regulations promulgated hereunder (45 CFR Parts 160, 162, and 164).
5. Vendor shall maintain confidentiality of all data, files, and records related to the services/commodities provided pursuant to this purchase order and shall comply with all state and federal laws, including, but not limited to Sections 381.004, 384.29, 392.65, and 456.057, Florida Statutes. Vendor's confidentiality procedures shall be consistent with the most recent edition of the Department of Health Information Security Policies, Protocols, and Procedures. A copy of this policy will be made available upon request. Vendor shall also comply with any applicable professional standards of practice with respect to confidentiality of information.
6. Excluding Universities, vendor agrees to indemnify, defend, and hold the State of Florida, its officers, employees and agents harmless, to the full extent allowed by law, from all fines, claims, assessments, suits, judgments, or damages, consequential or otherwise, including court costs and attorneys' fees, arising out of any acts, actions, breaches, neglect or omissions of Vendor, its employees and agents, related to this purchase order, as well as for any determination arising out of or related to this purchase order, that Vendor or Vendor's employees, agents, subcontractors, assignees or delagees are not independent contractors in relation to the DOH. This purchase order does not constitute a waiver of sovereign immunity or consent by DOH or the State of Florida or its subdivisions to suit by third parties in any matter arising here from.
7. Excluding Universities, all patents, copyrights, and trademarks arising, developed or created in the course or as a result hereof are DOH property and nothing resulting from Vendor's services or provided by DOH to Vendor may be reproduced, distributed, licensed, sold or otherwise transferred without prior written permission of DOH. This paragraph does not apply to DOH purchase of a license for Vendor's intellectual property.

8. If this purchase order is for personal services by Vendor, at the discretion of DOH, Vendor and its employees, or agents, as applicable, agree to provide fingerprints and be subject to a background screen conducted by the Florida Department of Law Enforcement and / or the Federal Bureau of Investigation. The cost of the background screen(s) shall be borne by the Vendor. The DOH, solely at its discretion, reserves the right to terminate this agreement if the background screen(s) reveal arrests or criminal convictions. Vendor, its employees, or agents shall have no right to challenge the DOH's determination pursuant to this paragraph.
9. Unless otherwise prohibited by law, the DOH, at its sole discretion, may require the Vendor to furnish, without additional cost to DOH, a performance bond or negotiable irrevocable letter of credit or other form of security for the satisfactory performance of work hereunder. The type of security and amount is solely within the discretion of DOH. Should the DOH determine that a performance bond is needed to secure the agreement, it shall notify potential vendors at the time of solicitation.
10. Section 287.57(18), Florida Statutes, provides, "A person who receives a contract that has not been procured pursuant to subsections (1) through (5) to perform a feasibility study of the potential implementation of a subsequent contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to contract with the agency for any other contracts dealing with that specific subject matter, and any firm in which such person has any interest is not eligible to receive such contract. However, this prohibition does not prevent a vendor who responds to a request for information from being eligible to contract with an agency." The Department of Health considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or any other advisory capacity to constitute participation in drafting of the solicitation.
11. **TERMINATION:** This purchase order agreement may be terminated by either party upon no less than thirty (30) calendar days notice, without cause, unless a lesser time is mutually agreed upon by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

In the event funds to finance this purchase order agreement become unavailable, the department may terminate the agreement upon no less than twenty-four (24) hours notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability of funds.

Unless the provider's breach is waived by the department in writing, the department may, by written notice to the provider, terminate this purchase order agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. If applicable, the department may employ the default provisions in Chapter 60A-1.006(4), Florida Administrative Code. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be constructed to be a modification of the terms of this agreement. The provisions herein do not limit the departments right to remedies at law or to damages.

12. The terms of this Purchase Order will supersede the terms of any and all prior or subsequent agreements you may have with the Department with respect to this purchase. Accordingly, in the event of any conflict, the terms of this Purchase Order shall govern.

I. DESIGNATIONS:

MINORITY PERSON as defined by [Section 288.703](#) FS; means a lawful, permanent resident of Florida who is, one of the following:

- (A) **AN AFRICAN AMERICAN**, a person having origins in any of the racial groups of the African Diaspora.
- (B) **A HISPANIC AMERICAN**, a person of Spanish or Portuguese cultures with origins in Spain, Portugal, Mexico, South America, Central America or the Caribbean regardless of race.
- (C) **AN ASIAN AMERICAN**, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.
- (D) **A NATIVE AMERICAN**, a person who has origins in any of the Indian Tribes of North America prior to 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services
- (E) **AN AMERICAN WOMAN**.

CERTIFIED MINORITY BUSINESS ENTERPRISE as defined by [Section 288.703](#) FS, means a small business which is at least 51 percent owned and operated by a minority person(s), which has been certified by the certifying organization or jurisdiction in accordance with Section 287.0943(1).

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE: As defined by [Section 295.187](#), FS, means an Independently owned and operated business that employees 200 or fewer permanent full-time employees; Is organized to engage in commercial transactions; Is domiciled in Florida; Is at least 51% owned by one or more service-disabled veterans; and, who's management and daily business operations of which are controlled by one or more service-disabled veterans or, for a service-disabled veteran with a permanent and total disability, by the spouse or permanent caregiver of the veteran.

CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE as defined by [Section 295.187](#), FS means a business that has been certified by the Department of Management Services to be a service-disabled veteran business enterprise

SMALL BUSINESS means an independently owned and operated business concern that employs 100 or fewer permanent full-time employees and has a net worth of not more than \$3,000,000 and an average net income, after federal income taxes, of not more than \$2,000,000.

NON-CERTIFIED MINORITY BUSINESS means a small business which is at least 51 percent owned and operated by a minority person(s).

MINORITY NON-PROFIT ORGANIZATION means a not-for-profit organization that has at least 51 percent minority board of directors, at least 51 percent minority officers, or at least 51 percent minority community served.

II. INSTRUCTIONS TO PRIME CONTRACTORS:

- A) ENTER THE COMPANY NAME AS IT APPEARS ON YOUR DOH CONTRACT.
- B) ENTER THE DOH CONTRACT NUMBER.
- C) ENTER THE TIME PERIOD THAT YOUR CURRENT INVOICE COVERS.
- D) ENTER THE CMBE SUBCONTRACTOR'S NAME and ADDRESS.
- E) ENTER THE SUBCONTRACTOR'S FEDERAL EMPLOYMENT IDENTIFICATION NUMBER. THE SUBCONTRACTOR CAN PROVIDE YOU WITH THIS NUMBER
- F) ENTER THE AMOUNT EXPENDED WITH THE SUBCONTRACTOR FOR THE TIME PERIOD COVERED BY THE INVOICE.
- G) ENCLOSE THIS FORM AND SEND TO YOUR DOH CONTRACT MANAGER

ATTACHMENT IV REQUIRED CERTIFICATIONS

**State of Florida
Department of Health**

ACCEPTANCE OF TERMS AND CONDITIONS

I hereby certify that should my company be awarded this contract, it will comply with all the terms and conditions specified in the ITN and contained in the Standard Contract/Purchase Order (Attachment II & Attachment V).

Signature of Authorized Official

Date

STATEMENT OF NO INVOLVEMENT
CONFLICT OF INTEREST STATEMENT (NON-COLLUSION)

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant proposal or offer. This proposal or offer is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Respondent or Offeror to the provisions of this proposal or offer.

Signature of Authorized Official

Date

*An authorized official is an officer of the vendor's organization who has legal authority to bind the organization to the provisions of the proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the proposal if signed by other than the President, Chairman or owner.

CFDA No.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
STANDARD CONTRACT
ATTACHMENT V**

Client Non-Client
 Multi-County

CSFA No.

THIS CONTRACT is entered into between the State of Florida, Department of Health, hereinafter referred to as the *department*, and _____ hereinafter referred to as the *provider*.

THE PARTIES AGREE:

I. THE PROVIDER AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of §287.058, Florida Statutes (FS)

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section III, Paragraph A. of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. Where applicable, to submit bills for any travel expenses in accordance with §112.061, FS. The department may, if specified in Attachment I, establish rates lower than the maximum provided in §112.061, FS. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, made or received by the provider in conjunction with this contract. It is expressly understood that the provider's refusal to comply with this provision shall constitute an immediate breach of contract.

C. To the Following Governing Law

1. State of Florida Law

This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.

2. Federal Law

- a. If this contract contains federal funds, the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.
- b. If this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The provider shall report any violations of the above to the department.
- c. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment _____. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.
- d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department.
- e. The provider and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
- f. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).

D. Audits, Records, and Records Retention

- 1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the department under this contract.
- 2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
- 3. Upon completion or termination of the contract and at the request of the department, the provider will cooperate with the department to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph D.2. above.
- 4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the department.

5. Persons duly authorized by the department and Federal auditors, pursuant to 45 CFR, Part 92.36(i)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
6. To provide a financial and compliance audit to the department as specified in Attachment _____ and to ensure that all related party transactions are disclosed to the auditor.
7. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.
8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
 - a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support provider activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence. Provider must maintain sufficient documentation of all expenditures incurred (e.g. invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:
 - 1) allowable under the contract and applicable laws, rules and regulations;
 - 2) reasonable; and
 - 3) necessary in order for the recipient or subrecipient to fulfill its obligations under this contract.The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the provider will timely comply with any requests for documentation.
 - b. Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the provider is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.

To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

E. Monitoring by the Department

To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the provider, which are relevant to this contract, and interview any clients and employees of the provider to assure the department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the department will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the department within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the department, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the department; and (3) the termination of this contract for cause.

F. Indemnification

NOTE: Paragraph I.F.1. and I.F.2. are not applicable to contracts executed between state agencies or subdivisions, as defined in §768.28, FS.

1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, unless it is a state agency or subdivision as defined by §768.28, FS, the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract. The limits of coverage under each policy maintained by the provider do not limit the provider's liability and obligations under this contract. Upon the execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

H. Safeguarding Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state and federal law or regulations except upon written consent of the recipient, or his responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts

1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.
3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
5. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

J. Return of Funds

To return to the department any overpayments due to unearned funds or funds disallowed and any interest attributable to such funds pursuant to the terms of this contract that were disbursed to the provider by the department. In the event that the provider or its independent auditor discovers that overpayment has been made, the provider shall repay said overpayment within 40 calendar days without prior notification from the department. In the event that the department first discovers an overpayment has been made, the department will notify the provider by letter of such a finding. Should repayment not be made in a timely manner, the department will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting

Abuse, Neglect, and Exploitation Reporting

In compliance with Chapter 415, FS, an employee of the provider who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Transportation Disadvantaged

If clients are to be transported under this contract, the provider will comply with the provisions of Chapter 427, FS, and Rule Chapter 41-2, FAC. The provider shall submit to the department the reports required pursuant to Volume 10, Chapter 27, DOH Accounting Procedures Manual.

M. Purchasing

1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.
2. **Procurement of Materials with Recycled Content**
It is expressly understood and agreed that any products or materials which are the subject of, or are required to carry out this contract shall be procured in accordance with the provisions of §403.7065, and §287.045, FS.
3. **MyFloridaMarketPlace Vendor Registration**
Each vendor doing business with the State of Florida for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, shall register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code Rule 60A-1.030(3) (F.A.C.).
4. **MyFloridaMarketPlace Transaction Fee**
The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system. Pursuant to section 287.057(23), Florida Statutes (2008), all payments shall be assessed a Transaction Fee of one percent (1.0%), which the Provider shall pay to the State.
For payments within the State accounting system (FLAIR or its successor), the Transaction Fee shall, when possible, be automatically deducted from payments to the vendor. If automatic deduction is not possible, the vendor shall pay the Transaction Fee pursuant to Rule 60A-1.031(2), F.A.C. By submission of these reports and corresponding payments, vendor certifies their correctness. All such reports and payments shall be subject to audit by the State or its designee.
The Provider shall receive a credit for any Transaction Fee paid by the Provider for the purchase of any item(s) if such item(s) are returned to the Provider through no fault, act, or omission of the Provider. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is

rejected or returned, or declined, due to the vendor's failure to perform or comply with specifications or requirements of the agreement. Failure to comply with these requirements shall constitute grounds for declaring the vendor in default and recovering procurement costs from the vendor in addition to all outstanding fees. Providers delinquent in paying transaction fees may be excluded from conducting future business with the State.

N. Civil Rights Requirements

Civil Rights Certification: The provider will comply with applicable provisions of DOH publication, "Methods of Administration, Equal Opportunity in Service Delivery."

O. Independent Capacity of the Contractor

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.
3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

P. Sponsorship

As required by §286.25, FS, if the provider is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: *Sponsored by (provider's name) and the State of Florida, Department of Health*. If the sponsorship reference is in written material, the words *State of Florida, Department of Health* shall appear in at least the same size letters or type as the name of the organization.

Q. Final Invoice

To submit the final invoice for payment to the department no more than _____ days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

R. Use of Funds for Lobbying Prohibited

To comply with the provisions of §216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

S. Public Entity Crime and Discriminatory Vendor

1. Pursuant to §287.133, FS, the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the department: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
2. Pursuant to §287.134, FS, the following restrictions are placed on the ability of persons convicted of discrimination to transact business with the department: When a person or affiliate has been placed on the discriminatory vendor list following a conviction for discrimination, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the discriminatory vendor list.

T. Patents, Copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether patent protection will be sought in the name of the State of Florida. Any and all patent rights accruing under or in connection with the performance of this contract are hereby reserved to the State of Florida.
2. In the event that any books, manuals, films, or other copyrightable materials are produced, the provider shall notify the Department of State. Any and all copyrights accruing under or in connection with the performance under this contract are hereby reserved to the State of Florida.
3. The provider, without exception, shall indemnify and save harmless the State of Florida and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the provider. The provider has no liability when such claim is solely and exclusively due to the Department of State's alteration of the article. The State of Florida will provide prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending,

the provider may, at its option and expense, procure for the Department of State, the right to continue use of, replace, or modify the article to render it non-infringing. If the provider uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

U. Construction or Renovation of Facilities Using State Funds

Any state funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the state a security interest in the property at least to the amount of the state funds provided for at least (5) years from the date of purchase or the completion of the improvements or as further required by law. As a condition of a receipt of state funding for this purpose, the provider agrees that, if it disposes of the property before the department's interest is vacated, the provider will refund the proportionate share of the state's initial investment, as adjusted by depreciation.

V. Electronic Fund Transfer

The provider agrees to enroll in Electronic Fund Transfer, offered by the State Comptroller's Office. Copies of Authorization form and sample bank letter are available from the Department. Questions should be directed to the EFT Section at (850) 410-9466. The previous sentence is for notice purposes only.

W. Information Security

The provider shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the provider to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Department of Health Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the provider, upon execution of this agreement. The provider will adhere to any amendments to the department's security requirements provided to it during the period of this agreement. The provider must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. THE DEPARTMENT AGREES:

A. Contract Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed _____ subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

B. Contract Payment

Pursuant to §215.422, FS, the department has five (5) working days to inspect and approve goods and services, unless the bid specifications, Purchase Order, or this contract specifies otherwise. With the exception of payments to health care providers for hospital, medical, or other health care services, if payment is not available within 40 days, measured from the latter of the date the invoice is received or the goods or services are received, inspected and approved, a separate interest penalty set by the Comptroller pursuant to §55.03, FS, will be due and payable in addition to the invoice amount. To obtain the applicable interest rate, contact the fiscal office/contract administrator. Payments to health care providers for hospitals, medical, or other health care services, shall be made not more than 35 days from the date eligibility for payment is determined, at the daily interest rate of 0.03333%. Invoices returned to a vendor due to preparation errors will result in a payment delay. Interest penalties less than one dollar will not be enforced unless the vendor requests payment. Invoice payment requirements do not start until a properly completed invoice is provided to the department.

C. Vendor Ombudsman

A *Vendor Ombudsman* has been established within the Department of Financial Services. The duties of this individual include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from a state agency. The Vendor Ombudsman may be contacted at (850) 413-5516 or (800) 342-2762, the State of Florida Chief Financial Officer's Hotline.

III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE

A. Effective and Ending Dates

This contract shall begin on _____ or on the date on which the contract has been signed by both parties, whichever is later. It shall end on _____.

B. Termination

1. Termination at Will

This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than *twenty-four (24) hours* notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach

This contract may be terminated for the provider's non-performance upon no less than *twenty-four (24) hours* notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the department, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or (2) had a contract terminated by the department for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment and dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the department's operating budget.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is:

3. The name, address, and telephone number of the contract manager for the department for this contract is:

2. The name of the contact person and street address where financial and administrative records are maintained is:

4. The name, address, and telephone number of the provider's representative responsible for administration of the program under this contract is:

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments as referenced, _____ contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this _____ page contract to be executed by their undersigned officials as duly authorized.

PROVIDER:

**STATE OF FLORIDA, DEPARTMENT OF
HEALTH**

SIGNATURE:

SIGNATURE:

PRINT/TYPE NAME:

PRINT/TYPE NAME:

TITLE:

TITLE:

DATE:

DATE:

STATE AGENCY 29-DIGIT FLAIR CODE:

FEDERAL EID# (OR SSN):

PROVIDER FISCAL YEAR ENDING DATE:

STATE OF FLORIDA
DEPARTMENT OF HEALTH

PROPOSAL EVALUATION MANUAL
CHILDREN'S MEDICAL SERVICES TPA
(ITN-DOH 07-102)

June 2008

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Table of Contents

FOREWORD.....	1
EVALUATION GROUND RULES	2
CHAPTER 1.....	5
INTRODUCTION	5
BACKGROUND	5
PROPOSAL FORMAT	6
ACCEPTANCE OF PROPOSALS	7
EVALUATION ORGANIZATION	7
CONFIDENTIALITY	8
DOCUMENT ORGANIZATION	8
CHAPTER II EVALUATION PROCESS.....	10
OVERVIEW	10
PHASE 1: EVALUATION OF TECHNICAL PROPOSAL CHECKLIST ITEMS.....	10
PHASE 2: EVALUATION OF TECHNICAL PROPOSALS.....	11
Initial Scoring	11
Reference Checks	12
Initial Debriefings	12
Oral Presentations.....	12
Site Visits.....	13
Final Debriefings (Final Review of Technical Scores).....	13
Weighted Scoring	13
PHASE 3: EVALUATION OF REQUIREMENTS OF COST PROPOSALS.....	14
PHASE 4: EVALUATION OF COST PROPOSALS.....	14
PHASE 5: RANKING	15
PHASE 6: NEGOTIATIONS.....	15
CHAPTER III.....	16
EVALUATION OF TECHNICAL PROPOSAL CHECKLIST ITEMS	16
MANDATORY REQUIREMENTS--TECHNICAL PROPOSAL.....	17
CHECKLIST OF REQUIRED ITEMS--TECHNICAL PROPOSAL RATING SHEET	18

CHAPTER IV 20

4.31.5 TECHNICAL APPROACH TO FEASIBILITY, DEFINITION, DESIGN AND CONSTRUCTION..... 20

4.31. 6 TECHNICAL APPROACH TO ROLLOUT 28

4.31.7 TECHNICAL APPROACH TO OPERATIONS..... 34

4.31.8 TECHNICAL APPROACH TO TURNOVER..... 90

4.31. 9 DATA PROCESSING 95

4.31.10 STAFFING AND ORGANIZATIONAL CAPACITY 106

CHAPTER V REFERENCE CHECKING 110

CHAPTER VI SITE VISITS..... 126

VISIT EVALUATION RECORD..... 127

CHAPTER VII WEIGHTED SCORING 129

FINAL TECHNICAL SCORE SHEET 150

CHAPTER VIII EVALUATION OF MANDATORY REQUIREMENTS OF COST PROPOSALS151

MANDATORY REQUIREMENTS - COST PROPOSAL..... 152

CHAPTER IX COST PROPOSAL EVALUATION..... 154

COST PROPOSAL EVALUATION CRITERIA SCORING SHEET 155

CHAPTER X 159

RANKING OF PROPOSALS..... 159

TECHNICAL AND COST PROPOSAL SUMMARY SCORE SHEET 160

CHAPTER XI 161

NEGOTIATIONS..... 161

RANKING OF PROPOSALS SUMMARY SCORE SHEET..... 162

REVISION HISTORY..... 163

FOREWORD

The Technical Proposal Evaluators will receive appropriation sections of this evaluation manual prior to formal evaluator training, along with a set of the Invitation to Negotiate (ITN) for a Third Party Administrator, a complete set of ITN questions and answers, and all ITN addenda. All of these documents will provide background information on the TPA procurement. This manual provides a detailed description of the overall evaluation process.

EVALUATION GROUND RULES

1. The single point of contact for all issues related to this procurement evaluation will be Randy Wilcox.
2. Proposals will be independently evaluated by evaluators.
3. The written proposal will be the basis upon which all proposals are evaluated. Reference checks will be used as considerations in scoring relevant questions.
4. Debriefing sessions will be held after the evaluators have completed scoring. Evaluators may independently re-score any questions after the debriefing sessions. Individual scores will not be disclosed at the debriefing sessions.
5. The first debriefing session will be held after the initial round of scoring in order to develop questions for the orals and site visits. Evaluators will have the opportunity to independently re-score any questions after this debriefing session, although re-scoring is not required.
6. The second and final debriefing session will be held after the orals and the site visit results are completed. Evaluators may independently re-score any questions after this debriefing session. The debriefing sessions will be conducted for the exclusive purpose of assuring that evaluators have neither misunderstood nor overlooked critical information contained in a proposal. The sessions are not designed to achieve any group scoring. Individual scores will not be disclosed.
7. All technical scoring will be completed before the Cost Proposals are opened.
8. All proposals, evaluation manuals, scores, and all other related materials shall be held confidential until the Department provides a notice of intended decision or within 10 days of the proposal opening.
9. All raw scores will be assigned by each evaluator pursuant to the guidelines addressed in the evaluation manual utilizing the 0-10 grading scale. Not all questions will receive the same weight in the final scoring.

10. Each evaluation question is provided with sufficient space for evaluator's comments. Evaluators can use blank sheets of paper for additional space. Evaluators are required to provide their comments on every question that requires re-scoring. The comments should reference the page number in the proposal that illustrates the reason for the score.

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CHAPTER 1

INTRODUCTION

BACKGROUND

The Department of Health has solicited proposals from qualified organizations to design, develop, implement, and operate third party administrator services for Children's Medical Services. This evaluation manual has been developed to assist State staff in structuring the evaluation process and identifying detailed evaluation criteria, as well as to ensure a comprehensive and impartial evaluation of all proposals submitted in responses to this ITN.

The scope of work to be performed by the selected contractor encompasses six major phases (defined in Section 4.30 of the ITN) over the term of the contract.

- During the Feasibility Phase, as described in Section 4.8.3.1, Feasibility Objectives, the purpose is to establish how the project will work and to put key project management artifacts into place.
- During the System Design Phase, as described in Section 4.8.3.5, System Design Phase Requirements, the Contractor will design the products that will later be built and rolled out in the Construction Phase.
- During the System Construction Phase, as described in Section 4.8.6, System Construction Requirements, the Contractor will build the system based upon the Revised Systems Design Document that incorporates the Technical Design identified and approved in the Definition Phase and the prototypes and to roll out a completed product for CMS use, first in the three pilot areas and then statewide.
- During the System Rollout Phase, as described in Section 4.8.7, System Rollout Requirements, the Contractor must deploy the TPA system and begin operations for about three pilot areas as determined by CMS, executing all the functions described for operations.
- During the Operational Phase, as described in Section 4.8.8, Operational Requirements, the Contractor must act as the Third Party Administrator for CMS programs under the direction and monitoring of CMS staff and designated oversight personnel.

PROPOSAL FORMAT

Proposals must be submitted in two parts, a Technical Proposal and a Cost Proposal. The format and contents for each part are prescribed in Section 4.31 of the ITN. The Technical Proposal shall include the following sections separate by tabs:

- Tab 1 – Required Forms
- Tab 2 – Title Page and Summary
- Tab 3 – Proposal Guarantee
- Tab 4 – Technical Approach to Feasibility, Definition, Design and Construction
- Tab 5 – Technical Approach to Rollout
- Tab 6 – Technical Approach to Operations
- Tab 7 – Technical Approach to Turnover
- Tab 8 – Data Processing
- Tab 9 – Staffing and Organizational Capacity
- Tab 10 – Performance Bond

The Cost Proposal shall contain the following pricing schedules:

1. Summary of Total Proposal (Pricing Schedule A)
2. Feasibility, Definition, Design and Construction Price Components from Contract Award (Pricing Schedule B)
3. Operational Price Summary (Pricing Schedule C)
4. Operational Price Components (Pricing Schedules C1-C4)

Required formats for the pricing schedules that shall be used by Vendors in preparing their Cost Proposals are included in Section 4.28.9, Pricing Schedules.

ACCEPTANCE OF PROPOSALS

All proposals properly submitted will be accepted by the State. Each vendor shall submit only one proposal. Alternate proposals will not be allowed and will cause rejection of the alternate proposal and all other proposals submitted by the vendor.

The State reserves the right to request corrections to minor irregularities (**will not allow a change in scope**), reject any or all proposals received, or cancel this procurement, according to the best interest of the State. One copy of any proposal rejected shall be retained by the State for documentation purposes. The State also reserves the right to waive minor irregularities in proposals providing such action is in the best interest of the State. Where the State may waive minor irregularities as determined by the ITN Issuing Officer, such waiver shall in no way modify the ITN requirements or excuse the vendor from full compliance with ITN specifications and other contract requirements if the vendor is awarded the contract. The State also reserves the right to require vendors, at their own expense, to submit written clarification of a proposal in the manner and format the State shall require.

EVALUATION ORGANIZATION

The State intends to use Technical Evaluators to score proposals for the selection of a contractor. The ITN Issuing Officer may designate other State professional staff to assist in the evaluation process. The State reserves the right to alter the composition of the evaluators and the specific responsibilities without affecting the evaluation criteria.

The Technical Evaluators will be a minimum of six (6) individuals who have extensive experience in the Children's Medical Services program and data processing systems. A minimum of three (3) evaluators will score each question. Evaluators will review assigned proposals independently without discussion with anyone.

The ITN Issuing Officer will designate one or more evaluation proctors who will monitor the technical proposal review period to ensure the integrity of the evaluation process. Proctors will be responsible for ensuring that the correct proposals are issued to evaluators; accounting for all proposal copies at the end of each day; answering questions about the Evaluation Manual or process; referring substantive questions to the ITN Issuing Officer or the Assistant Procurement Manager; and monitoring to ensure independent review by each evaluator.

The ITN Issuing Officer is responsible for proposal evaluation and ancillary activities (including site visits and reference checks). The Assistant Procurement Manager will support the ITN Issuing Officer in the following activities completing the Mandatory Requirements Checklist for the technical proposals, calculating the weighted scores for each proposal, conducting site visits and reference checks, completing the Mandatory Requirements Checklists for Cost Proposals, confirming the scores for the Cost

Proposals, and ranking the proposals. The ITN Issuing Officer will be responsible for preparing a summary of the final scoring and ranking, indicating the highest scoring proposal, and submitting that to the Deputy Secretary of Children's Medical Services. The Deputy Secretary of Children's Medical Services will be responsible for forwarding this summary and the name of the highest scoring proposal to the Secretary of the Department of Health for formal contract award.

CONFIDENTIALITY

Throughout the evaluation process, the confidentiality and security of the vendors' proposals and the scoring process must be maintained.

DOCUMENT ORGANIZATION

The remainder of this document is organized into the following chapters:

Chapter I Introduction--Provides an introduction to the Evaluation Manual and describes format of the proposals that will be submitted. This section also describes the organization of the evaluation process.

Chapter II Evaluation Process--Describes the six separate phases of the evaluation to provide evaluators with a broad understanding of the total process, from proposal receipt to final selection.

Chapter III Evaluation of Technical Proposal Checklist Items--Provides the ITN Issuing Officer and the Assistant Procurement Manager with detailed criteria for determining if each technical proposal is sufficiently responsive to the ITN to permit a complete evaluation.

Chapter IV Technical Proposal Evaluation--Provides evaluators with scoring guidelines, recommended criteria, and scoring documents for performing a detailed evaluation of all the major categories in each technical proposal.

Chapter V Reference Checking--Provides questions for checking both corporate and personal references (two separate formats).

Chapter VI Site Visits--Provides guidelines for conducting site visits and a form for recording observations and findings.

Chapter VII Weighted Scoring--Describes the methodology for calculating weighted scores to reflect the relative importance of different questions within each evaluation category.

Chapter VIII Evaluation of Mandatory Requirements of Cost Proposals--Provides the ITN Issuing Officer and the Assistant Procurement Manager with detailed criteria for determining if each Cost Proposal is sufficiently responsive to the ITN to permit a complete evaluation of the proposal.

Chapter IX Cost Proposal Evaluation--Provides evaluators with recommendations for minimum criteria to establish compliance with the ITN and with detailed criteria to evaluate specific pricing schedules.

Chapter X Proposal Ranking--Describes the formal ranking process.

Chapter XI Negotiations—Describes the negotiations and selection process.

CHAPTER II EVALUATION PROCESS

OVERVIEW

This chapter provides an overview of the Florida Department of Health Children's Medical Services evaluation process. It follows the process from proposal receipt to final contract award. The process itself is divided into six separate phases. These phases, which are described in the following sections of this chapter, are:

Phase 1--Evaluation of Technical Proposal Checklist Items

Phase 2--Evaluation of Technical Proposals

Phase 3--Evaluation of Requirements of Cost Proposals

Phase 4--Evaluation of Cost Proposals

Phase 5--Ranking

Phase 6—Negotiations

Detailed guidelines for completing the steps within these phases are presented in later chapters. Those chapters also contain issues for consideration regarding evaluation criteria, scoring methodology, and scoring and summarization documents.

Material in this chapter describes each of the phases in sufficient detail to provide a broad understanding of the complete process. It is anticipated that not all participants in the evaluation process will use all sections of the evaluation manual.

PHASE 1: EVALUATION OF TECHNICAL PROPOSAL CHECKLIST ITEMS

The purpose of this phase is to determine if each Technical Proposal is sufficiently responsive to the ITN to permit a complete evaluation of the proposal. Immediately following the due date and time, proposals will be reviewed by the ITN Issuing Officer, the Assistant Procurement Manager, and other evaluators (if designated) to determine if the vendor has complied with the instructions contained in Section 4.29 of the ITN.

The ITN Issuing Officer and the Assistant Procurement Manager will score all mandatory items on a pass or fail basis. Proposals that receive a fail score on any item(s) may be rejected by the State. The State reserves the right to reject any and all proposals and to waive minor irregularities. Only those proposals passing all mandatory requirements will be submitted for a complete technical evaluation.

PHASE 2: EVALUATION OF TECHNICAL PROPOSALS

The purpose of this phase is to measure the individual merits of each technical proposal against pre-established criteria. After the completion of Phase 1, the evaluations will begin the review and scoring of the Technical Proposals which passed mandatory requirements. The technical evaluation process includes the following steps:

- Initial scoring
- Reference checks
- Initial debriefings
- Oral presentations
- Site visits
- Final debriefings (Final review and re-scoring, if needed)
- Weighted scoring

Initial Scoring

The following six major sections in the technical proposal are evaluated separately based on pre-established criteria:

- Technical Approach to Feasibility, Definition, Design and Construction
- Technical approach to Rollout
- Technical approach to Operations
- Technical approach to Turnover
- Data processing
- Staffing and Organizational Capacity

Each question requires assignment of an individual raw score by the evaluator. Each evaluator shall assign raw scores from a predefined set of values. Each of the sections will be evaluated by a subgroup of three or four evaluators.

Scoring should reflect individual, independent evaluations of a proposal in response to the criteria. Each criteria includes one or more questions or topics and each question includes suggested considerations for evaluating a response. Where appropriate, the detailed considerations contain specific consistency checks between sections of the proposal.

Expert Review of the Technical Proposal

The State may engage an outside consultant with experience in the information technology field to assess each proposal's technical solution for feasibility, current technology, strengths and issues. The consultant will prepare a summary document for each proposal for use by the evaluators in scoring the proposals. The assessment and summary will not compare the proposals to each other.

Reference Checks

The purpose of contacting references is to verify both the corporate capabilities of the vendor and the qualifications of proposed named staff. Reference check questions should emphasize performance as well as experience.

Reference checks will be done electronically unless responses are inadequate. If this occurs, telephone contacts will be made. The State will contact references identified by the vendor and any other parties referred to or identified by the State as appropriate contacts. Guidelines for reference check questions are included in Chapter V. The results of the telephone contacts will be compiled in writing and provided to all evaluators to assist them in scoring specific questions.

Initial Debriefings

The purpose of this step is to develop questions for the orals and the site visits. Two sets of questions will be developed during this session. The general set of questions will apply to all vendors. There will be a specific set of questions (separate for orals and site visits) for each vendor. During this session, the evaluators will also be given the opportunity to adjust their initial scores by providing appropriate comments. The purpose of this initial review is not to achieve conformity in scoring or to achieve group scoring, but rather to ensure that the evaluators have neither misunderstood nor missed information in a proposal or from the reference check results. Evaluators will have the opportunity to revise their scores based on the discussions. It is acceptable for scores to remain unchanged. Debriefing may be in one session with all the evaluators present, or it may be in multiple sessions organized by the categories of the evaluation.

Oral Presentations

The State may require oral presentations by all qualified Vendors who pass the mandatory requirements. The State shall identify which proposed staff are expected to participate in the oral presentation. Vendors shall be notified in advance when and where oral presentations will be held, and will be provided the format to be followed, topics, and initial questions to be answered at the oral presentation. Any vendor which is clearly not qualified (did not pass the mandatory requirements) will not be invited to make an oral presentation.

Oral presentations provide evaluators with an opportunity to obtain answers to questions raised during the review of proposals and reference checks and to finalize conclusions regarding the abilities of the proposed project manager and other named personnel. During the review of the proposals, evaluators will record both general

questions for all vendors and specific questions for individual vendors. A form is provided at the end of this chapter for evaluator use. All evaluator questions will be compiled into one document for general questions and one document for specific vendor questions. At the initial debriefing session, proposed questions will be reviewed and refined.

As questions are generated during the oral presentation, they will be given to the Issuing Officer and Assistant Procurement Manager to present to the vendor. Observations and information obtained at the oral presentations may be used by evaluators for final scoring.

Site Visits

During the course of Phase 2 of the evaluation, the State staff may make site visits to vendor locations or other locations where the vendor provides third party administrator services. In certain instances, the State staff may also decide to visit the state offices. The State will select the site from a list of suggested locations furnished by the vendor. At the site visits, each vendor will be expected to respond to specific questions, demonstrate specific capabilities, and have appropriate personnel (including the Project Manager) available for discussions. Relevant systems documentation, procedure manuals, and operational processes will be reviewed. A written report summarizing site visit findings for each vendor will be submitted to the evaluators to use in scoring appropriate criteria.

Final Debriefings (Final Review of Technical Scores)

The purpose of this step is to allow evaluators to adjust their initial scores to reflect new understanding and information obtained during oral presentations, site visits, and the debriefing session. The purpose of this final review is not to achieve conformity in scoring or group scoring, but rather to ensure that the evaluators have neither misunderstood nor missed information in a proposal, from oral presentations, or from results of the site visits. Evaluators will have a final opportunity to revise their scores based on the discussions. It is acceptable for scores to remain unchanged.

Weighted Scoring

Prior to the evaluation of the proposals, weighted point values will be assigned to each question in Chapter IV. The weighted values will be held confidential and will not be shared with anyone prior to the evaluation of the proposals. A maximum of 700 weighted points will be available for each vendor's technical proposal. The individual areas and their maximum points available are:

Technical Approach to Feasibility, Definition, Design and Construction	200 points
Technical Approach to Rollout	50 points
Technical Approach to Operations	200 points
Technical Approach to Turnover	50 points
Data Processing	100 points
Staffing and Organizational Capacity	100 points

Weighted point values for each question are determined by averaging the individual raw scores and multiplying them by a predetermined weight. Scoring weights are kept confidential by the ITN Issuing Officer and are not released to the evaluators before or during the process. The weighting calculations are performed by the ITN Issuing Officer and the Assistant Procurement Manager.

Final technical scores for each proposal are calculated using the total of all weighted point values in each proposal. If no proposal totals 700 points, then the highest scoring proposal will be assigned 700 points. Points for other proposals will be assigned using the formula:

$$(N/X) \times 700 = Z, \text{ where}$$

X = highest points awarded to a proposal

N = actual points awarded to the vendor's proposal

Z = final technical score for the vendor

PHASE 3: EVALUATION OF REQUIREMENTS OF COST PROPOSALS

For each Cost Proposal that was publicly opened and read, the corresponding Cost Proposal schedules will be evaluated to determine their compliance with the instructions to vendors listed in Section 4.29 of the ITN.

PHASE 4: EVALUATION OF COST PROPOSALS

The Cost Proposals will be evaluated to determine if the calculations are accurate. Any Cost Proposal that is incomplete or which contains significant inconsistencies or inaccuracies may be rejected by the State. The State reserves the right to reject any or all proposals.

A total of 300 points will be awarded to the lowest acceptable price from Pricing Schedule A, line 3.

Points for other bids will be awarded using the formula:

$$(X/N) \times 300 = Z$$

Where:

X = lowest price bid

N = proposal bid price

Z = awarded points

PHASE 5: RANKING

After the Cost Proposals have been evaluated and points awarded, the points awarded to the Cost Proposals will be added to the points awarded to the respective Technical Proposals to determine the final ranking. The Department may use the rankings to determine which vendors will be eligible to enter the negotiation phase.

PHASE 6: NEGOTIATIONS

In the final phase of the ITN, the State may elect to enter into negotiations with vendors in order to purchase the most efficient third party administrator services available to the State. The State may elect to execute a contract with a selected vendor without any further negotiation. Therefore, proposals should be submitted in complete form and pursuant to all terms and conditions as required in this ITN.

The State's final decision is subject to approval by the Department of Management Services. Immediately after all State approvals are obtained, the State will notify all vendors of the decision. The State will post the notice of the intent to award the contract to the winning vendor on the Department of Management Services web site http://fcn.state.fl.us/owa_vbs/owa/vbs_main_menu.

CHAPTER III

EVALUATION OF TECHNICAL PROPOSAL CHECKLIST ITEMS

Each proposal will be reviewed by the Issuing Officer and the Assistant Procurement Manager for responsiveness to the mandatory requirements set forth in Section 4.29, Required Documentation, of this ITN.

The ITN Issuing Officer and the Assistant Procurement Manager will complete the "Checklist of Required Items – Technical Proposal Rating Sheet" by simply responding "Yes" (pass) or "No" (fail) to each question on the mandatory requirements. Technical Proposals that receive a "No" answer to any question as a result of a proposal being incomplete, non-responsive, containing cost or pricing data, or in which there are significant inconsistencies or inaccuracies may be rejected by the State.

The State reserves the right to reject any or all proposals or waive minor irregularities when to do so would be in the best interest of the State.

No points will be awarded for passing the mandatory requirements.

MANDATORY REQUIREMENTS--TECHNICAL PROPOSAL

Total number of questions in this section	
Total number of questions scored	
Vendor's Name:	
Assistant Procurement Manager Signature	Date:
ITN Issuing Officer	Date:

CHECKLIST OF REQUIRED ITEMS--TECHNICAL PROPOSAL RATING SHEET

Technical Proposal Checklist

Vendor: _____	Evaluator: _____
GENERAL RESPONSE REQUIREMENTS	
1. Was the technical proposal received by CMS no later than the time and date specified in the procurement Timetable?	
2. Were seven (7) copies of the technical proposal submitted? (1 hard copy original, 5 hard copies and 1 electronic copy on CD or Disk)	
3. Was the technical proposal received by CMS no later than the time and date specified in the procurement Timetable?	
4. Are required forms provided in TAB 1 of the proposal?	
5. Are the title page, transmittal letter and executive summary provided in TAB 2 of the proposal?	
6. Is the proposal guarantee provided in TAB 3?	
7. Is the Technical Approach to Feasibility, Definition, Design and Construction provided in TAB 4?	
8. Is TAB 5 the Technical Approach to Rollout?	
9. Is TAB 6 the Technical Approach to Operations?	
10. Is TAB 7 the Technical Approach to Turnover?	
11. Is Data Processing detailed in TAB 8?	
12. Is Staffing and Organizational Capacity addressed in TAB 9?	
13. Does TAB 10 contain the Vendor's agreement to supply the performance bond in the required amount?	

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CHAPTER IV

4.31.5 TECHNICAL APPROACH TO FEASIBILITY, DEFINITION, DESIGN AND CONSTRUCTION

Total number of assigned questions in this section:	
Total number of questions scored:	
Vendor's name:	
Evaluator's name:	
Evaluator's Signature:	Date:
ITN Issuing Officer or Assistant Procurement Manager Signature:	Date:

Technical Approach to Feasibility, Definition, Design and Construction	Evaluator's Score	Scoring Range
1. Are the Planning requirements effectively addressed in the proposal? (Sections 4.30.4.2 and 4.31.5.1)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Proposal includes draft schedule for each deliverable b. Planning approach includes all required elements: <ul style="list-style-type: none"> Assumptions and constraints associated with work plan Separate identifications of Contractor and State staff Logical structure of Work Breakdown Structure (WBS) and Microsoft Project plan Provisions for handling problem identification and resolution c. Schedule allows for adequate CMS review time <p>COMMENTS:</p>		

Technical Approach to Feasibility, Definition, Design and Construction	Evaluator's Score	Scoring Range
2. Are the Feasibility Phase requirements effectively addressed in the proposal? (Sections 4.30.4.2 and 4.31.5.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Planning process uses steps and produces deliverables as required for this project and as approved by CMS b. Contractor produces management documentation, project management plan in formats approved by CMS c. Project management plan addressed all required areas: d. Project manager authority e. Project control approach, including reporting to CMS f. Work hours, time estimating methods g. Sign-off procedures, internal quality control for deliverables completion h. Project risk assessment and management i. Use of walk-throughs for each major task <p>COMMENTS:</p>		

Technical Approach to Feasibility, Definition, Design and Construction	Evaluator's Score	Scoring Range
3. Has the vendor adequately described the approach to identifying all system requirements and end deliverables associated with the Definition Phase, including producing the Systems Analysis Document and the System Design Plan? (Sections 4.30.4.2 and 4.31.5.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Approach to project definition b. Approach to producing Systems Analysis Document, Systems Design Plan <p>COMMENTS:</p>		

Technical Approach to Feasibility, Definition, Design and Construction	Evaluator's Score	Scoring Range
4. Has the vendor adequately described the approach necessary to meet the Design Phase requirements provided in the proposal? (Sections 4.30.4.2 and 4.31.5.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Approach to designing the products that will be built and rolled out during the Construction phase b. Approach to revising to Systems Design Plan and Systems Analysis Document c. Approach to designing prototype models that can be reviewed and approved by CMS during this phase d. Approach to providing a Test Plan - System Test Case, Integration Test Case, Regression Test Case, and Performance Test Case e. Approach to Configuration Management Plan f. Approach to planning: operational, rollout, rollback, pilot site implementation, project, and spending g. Approach to control and management of project risks in this phase of the project h. Approach to maintaining HIPAA compliance i. Approach to Business Continuity and Disaster Recovery planning j. Approach to use of Web-based application k. Approach to use of relational database applications l. Approach to use of rules engine <p>COMMENTS:</p>		

Technical Approach to Feasibility, Definition, Design and Construction	Evaluator's Score	Scoring Range
5. Are the Construction requirements effectively addressed in the proposal? (Sections 4.30.4.2 and 4.31.5.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Approach to hardware and software procurement b. Approach to base system installation c. Approach to environment setup: Development, Testing, Production d. Approach to testing: <ul style="list-style-type: none"> <u>Unit Tests</u> <u>Structured Data Tests</u> <u>Volume and Stress Tests</u> – must include use of volume simulating tools, methods; must include description of its volume testing plan and schedule in response to this ITN <u>Operations Readiness Tests</u> – must include description of operations readiness testing strategy, methodology, and schedule in response to this ITN <u>Beta Tests</u> – must describe approach to beta testing in response to this ITN <u>User Acceptance Tests</u> – must describe approach to User Acceptance Testing (UAT) in response to this ITN <u>Regression Tests</u> – must include description of regression testing strategy, methodology, and schedule in response to this ITN <u>Retesting</u> – must be responsible for meeting the overall deadlines for this implementation; therefore, the vendor must include a description of its strategy and methodology for dealing with the situation where tests fail to produce the desired results in response to this ITN e. Approach to system documentation, user documentation, operations and procedures manuals f. Approach to training g. Approach to User Acceptance Testing (UAT) h. Approach to resolution of defects and deficiencies identified in User Acceptance Testing (UAT) <p>COMMENTS:</p>		

Technical Approach to Feasibility, Definition, Design and Construction	Evaluator's Score	Scoring Range
6. Are the Deliverables requirements for each milestone effectively addressed in the proposal? (Sections 4.30.4.2 and 4.31.5.6)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Adequacy of deliverable prototypes b. Completion of planning activities c. Completion of Systems Analysis and Design documents d. Completion of testing plan e. Completion of Feasibility, Definition, Design and Construction, Start of Readiness Testing period f. Conclusion of User Acceptance Testing g. Contractor's description of status and progress reports provided to CMS throughout this phase <p>COMMENTS:</p>		

Technical Approach to Feasibility, Definition, Design and Construction	Evaluator's Score	Scoring Range
7. Are the Staffing requirements for this phase effectively addressed in the proposal? (Sections 4.30.4.2 and 4.31.5.7)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Approach to staffing for the Feasibility, Definition, Design and Construction Phase b. Separate identifications of Contractor and State staff c. Work hours and time estimating methods d. Approach to use of subcontractors to address specialized requirement areas <p>COMMENTS:</p>		

4.31.6 TECHNICAL APPROACH TO ROLLOUT

Total number of assigned questions in this section:	
Total number of questions scored:	
Vendor's name:	
Evaluator's name:	
Evaluator's Signature:	Date:
ITN Issuing Officer or Assistant Procurement Manager Signature:	Date:

Technical Approach to Rollout	Evaluator's Score	Scoring Range
1. Has the vendor provided adequately described the planning approach to demonstrate success of the rollout phase, including the approach for the checklist? (Sections 4.30.4.3 and 4.31.6.1)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Assumption and constraints associated with the work plan b. Person loading of work plan tasks, including separately identified Contractor and State staff c. Adequacy of the work plan d. Logical structure of work plan and supporting Gantt chart and critical path diagram e. Provision for handling problem identification and resolution f. Schedule (including adequate review time by CMS) for each deliverable <p>COMMENTS:</p>		

Technical Approach to Rollout	Evaluator's Score	Scoring Range
2. Has the vendor provided adequately described the process for installation and deployment of the TPA system, including the approach of training CMS users at headquarters and in the pilot areas? (Sections 4.30.4.3 and 4.31.6.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Project management approach to this phase b. Authority of project manager for this phase c. Project control approach (including reporting to CMS) d. Work hours and time estimating methods e. Sign-off procedures and internal quality control for completion of all system rollout deliverables <p>COMMENTS:</p>		

Technical Approach to Rollout	Evaluator's Score	Scoring Range
3. Has the vendor provided adequately described the approach to risk analysis and cost planning in this phase of the project? (Sections 4.30.4.3 and 4.31.6.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Assessment of project risks and anticipated problem areas and the vendor's approach to managing them. b. Approach to routine problem identification and resolution <p>COMMENTS:</p>		

Technical Approach to Rollout	Evaluator's Score	Scoring Range
4. Has the vendor provided adequately described the approach to deliverables prototypes for each milestone in this phase? (Sections 4.30.4.3 and 4.31.6.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Rollout schedule b. Completion of TPA system for pilot deployment c. Staff training prototypes d. Prototypes of monitoring, defect, and system reports e. Approach to interfaces with CMS f. Approach to quality control g. Assumptions and constraints associated with this phase h. Use of walk-throughs i. Approach to finalized rollout schedule j. Approach to implementation of all components <p>COMMENTS:</p>		

Technical Approach to Rollout	Evaluator's Score	Scoring Range
5. Has the vendor provided adequately described the approach to staffing this phase? (Sections 4.30.4.3 and 4.31.6.5)		0 – 10
<p>CONSIDER:</p> <p>a. Staffing for the rollout phase, including the transition of staffing from the Feasibility, Definition, Design, Construction and Rollout Planning Phases into the Operations Phase</p> <p>COMMENTS:</p>		

4.31.7 TECHNICAL APPROACH TO OPERATIONS

Total number of assigned questions in this section:	
Total number of questions scored:	
Vendor's name:	
Evaluator's name:	
Evaluator's Signature:	Date:
ITN Issuing Officer or Assistant Procurement Manager Signature:	Date:

Technical Approach to Operations	Evaluator's Score	Scoring Range
1. Are the Information Systems Development Methodology (ISDM) tasks effectively addressed in the proposal? (Section 4.8.1.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Documents all computer programs, interfaces, web pages, reports, batch jobs, data tables, other system artifacts b. ISDM represents waterfall – not iterative – process c. No Agile or Rational Unified Processes (RUP) d. Addresses system development flow and process e. Addresses programming standards for each language used f. Addresses system documentation method g. Addresses version control and data integrity preservation h. Addresses system architecture and major design elements documentation i. Addresses change control methods j. Addresses testing and change promotion methods <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
2. Are the Documentation Management Plan requirements effectively addressed in the proposal? (Section 4.8.1.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Includes sections that address introduction, roles and responsibilities, documentation types, document standards, document submission and comment resolution process, code storage and retention, etc. – including willingness to address additional topics as directed by CMS b. All deliverables produced using CMS templates c. All documents and work products delivered in formats acceptable to CMS (Microsoft Office applications, PERT Pro, WBS Pro, Adobe) d. All documents delivered <i>without</i> password protection e. All deliverables supplied to CMS in paper and electronic format; paper printed back to back (both sides of page) f. <i>Management</i> signature and certification of document accuracy and review readiness <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
<p>3. Are the HIPAA compliance requirements for all software, policies and procedures, technical controls, administrative controls, and physical controls effectively addressed in the proposal? (Section 4.8.1.4)</p>		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Notify CMS <i>promptly</i> of actual or suspected unauthorized protected health information (PHI) use, access, or disclosure b. Fully secure and protect all systems, procedures, practices, and facilities that contain or relate to PHI c. Send and receive all HIPAA transaction sets d. Role-based security system with varying levels of access e. Meet all federal, state, and local regulations related to PHI f. Maintain Business Associate agreements with agents (<i>e.g.</i>, subcontractor) g. Make internal practices and records related to PHI available to CMS h. Document and provide record of PHI disclosures as required by HIPAA i. Test and validate HIPAA transaction processing <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
4. Are the Contractor's HIPAA Compliance Plan requirements effectively addressed in the proposal? (Section 4.8.1.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Describes policies and procedures to comply with Privacy Standards b. Describes policies and procedures to comply with Security Standards c. Describes policies and procedures to comply with Transaction and Code Set (TCS) Standards d. Describes policies and procedures to comply with National Provider (NPI) Standards e. Describes policies and procedures to comply with State requirements more stringent than those of HIPAA (preemption) f. Assigns Contractor Privacy Official g. Assigns Contractor Security Official h. Assigns Contractor technical resource to enforce TCS and NPI compliance <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
5. Are the Project Management Plan requirements effectively addressed in the proposal? (Section 4.8.2.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Gives high-level explanation of how Contractor will run project b. Provides project management artifacts (Communications Plan, Risk Plan, etc.) c. Addresses how Contractor's approach will accomplish project goals within time, cost, and other constraints d. Contains all required sections (Purpose of Document, Program Background, etc.) e. Includes provision that Contractor will submit Project Management Plan to CMS Steering Committee for approval and any revisions <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
6. Are the Communications Plan requirements effectively addressed in the proposal? (Section 4.8.2.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Follows CMS template b. Updated throughout project life c. Contains all required sections (Purpose, Names and Roles, Methods, etc.) d. Includes requirements based on interviews with stakeholders e. Applies Project Management Body of Knowledge (PMBOK) communication principles f. Includes weekly status reports g. Includes monthly status reports h. Includes meetings at least once a month between Contractor and CMS Senior Management teams i. Includes Contractor's availability for other CMS Senior Management meetings j. Includes weekly issuance of task reports k. Includes testing result reports to CMS project manager <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
7. Are the Scope Management requirements effectively addressed in the proposal? (Section 4.8.2.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Scope Statement includes all required sections related to services (services for Provider Management, for Eligibility and Enrollment, etc.) b. Scope Statement addresses what services will <i>not</i> be provided c. Scope Statement includes all required sections related to support and services required by CMS d. Scope Statement includes list of systems operational at end of Fiscal Year 2008 – 09 e. Scope Statement includes list of systems operational at end of Fiscal Year 2009 – 10 <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
8. Are the Work Breakdown Structure (WBS) requirements effectively addressed in the proposal? (Section 4.8.2.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Records all significant activities required to meet deliverables b. Provides accurate data to estimate or project values for future work c. Records actual values for completed work, including all data fields specified by CMS d. Decomposes work to degree required by CMS e. Properly tracks all dependencies (predecessor and successor tasks) f. Identifies all resources and critical path g. Modified before each new phase h. Separate Microsoft Project Plans (MPP) for each State fiscal year i. Financial plan with monthly budget forecasts j. Weekly task progress reports; weekly and monthly project plan updates k. Invoices submitted monthly; based on work performed <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
9. Are the Risk Management requirements effectively addressed in the proposal? (Section 4.8.2.6)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Risk plan based on CMS-provided template b. Includes all required sections (risk identification, risk monitoring, resources, tools, techniques, response planning, etc.) c. Contractor creates, updates, and maintains Risk Management Database weekly d. Risk Management Database includes all required data elements <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
10. Are the Cost Management requirements effectively addressed in the proposal? (Section 4.8.2.7)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Monthly Spending Plan based on project budget detailed in Work Breakdown Structure (WBS) b. Monthly Spending Plan reconciled at end of each month c. Data files and reports delivered monthly to CMS for verification of work completion d. Monthly data files and reports allow for determination of budget and schedule variance e. Monthly data files and reports allow for future funding needs f. Monthly invoices submitted within five days of end of month <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
11. Are the Quality Assurance Plan and Testing requirements effectively addressed in the proposal? (Sections 4.8.2.8, 4.8.2.11)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Quality Assurance Plan includes all required sections (narrative, checklists, metrics, tools, identification of resources, etc.) b. Identifies reports that assure CMS visibility into quality management process c. Testing results reported to CMS project manager d. Identifies reports on quality of each significant deliverable and work product e. Describes sample and audit process f. Creates, updates, and maintains Requirements Traceability Matrix (RTM) Database that includes all required data elements g. Test Plan explains Contractor's strategies and methodologies for populating and updating RTM Database h. Test Plan meets all objectives i. Test Plan follows Sample Test Plan template that includes all required data elements <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
12. Are the Time Management Planning requirements effectively addressed in the proposal? (Sections 4.8.2.9, 4.8.2.11)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Addresses time management requirements as part of Feasibility Phase b. Acknowledges Contractor responsibility for all time issues in project plan c. Creates, updates, and maintains Issues Database weekly <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
13. Are the Staffing Management Planning requirements effectively addressed in the proposal? (Section 4.8.2.10)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Staffing Plan submitted as part of overall Project Management Plan b. Staffing Plan maintained and updated at least monthly c. Staffing plan matches Work Breakdown Structure and Spending Plan resources d. Contractor agrees to completing all tasks on schedule and in manner approved by CMS <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
14. Are the Feasibility Phase tasks effectively addressed in the proposal? (Section 4.8.3.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Includes Feasibility Phase checklist of must-be-completed items b. Tracks required but unprovided deliverables in “Managed by Exception” report c. Project Management Plan fulfills all Scope Management requirements d. Microsoft Project Plan includes all required elements, updates, tasks, and reports e. Maintains and updates Task Reporting Control database f. Provides all required plans and databases (Communications, Risk Management, Issues Management, Change Management, Quality Assurance, Spending) g. Contractor delivers Transition Plan, Systems Analysis, and Design Plan templates <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
15. Are the Project Definition Phase tasks effectively addressed in the proposal? (Section 4.8.4.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Includes Project Definition checklist of must-be-completed items b. Contractor delivers Information Systems Development Methodology (ISDM) c. Includes System Analysis Document that follows CMS-supplied template and includes all required elements d. Contractor delivers System Design Plan template e. Contractor delivers Test Plan template <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
16. Are other Project Definition Phase requirements effectively addressed in the proposal? (Section 4.8.4.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Updates to Project Management plan b. Updates to Work Breakdown Structure (WBS) c. Updates to Microsoft Project Plan d. Updates to Requirement Traceability Matrix (RTM) e. Updates to Spending Plan f. Development of Hardware and Software Procurement plan, if required g. Assistance with CMS-run Monte Carlo Simulation on Final Action Plan <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
17. Are the System Design Phase tasks effectively addressed in the proposal? (Section 4.8.5.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Includes System Design checklist of must-be-completed items b. Contractor delivers revised System Design Plan (SDP) that includes Technical Design specifications and all required sections and elements c. Contractor demonstrates prototype models (Eligibility, Enrollment, Provider Administration interfaces, Medicaid Claims Processing and Payment, Title XXI Claims Processing and Payment, etc.) d. Contractor delivers Integrated Testing Plan (ITP) that contains all required sections and elements (general strategy and method, specific end-to-end tests, etc.) e. Contractor delivers Configuration Management Plan (CMP) that contains all required elements (segregated development, testing, production environments; version control procedures; User Acceptance Testing [UAT] environment; etc.) f. Contractor delivers HIPAA Compliance plan g. Contractor delivers Operational Plan template h. Contractor delivers Rollout Plan template i. Contractor delivers Rollback Plan template <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
18. Are other System Design Phase requirements effectively addressed in the proposal? (Section 4.8.5.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Contractor makes needed revisions to Systems Analysis Document b. Contractor provides updates to Test Plan c. Contractor delivers Systems Test Case d. Contractor delivers Integration Test Case e. Contractor delivers Regression Test Case f. Contractor delivers Performance Test Case g. Contractor provides updates to Requirements Traceability Matrix (RTM) h. Contractor provides updates to Project Plan i. Contractor provides updates to Spending Plan j. Contractor delivers Business Continuity and Disaster Recovery Plans k. Contractor implements pilot sites <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
19. Are the System Construction tasks effectively addressed in the proposal? (Section 4.8.6.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Includes System Construction Phase checklist of must-be-completed items b. Contractor sets up development and testing environments c. Contractor delivers formal Test Plan that addresses all required tests (bench/unit, structured data, volume/stress, operations readiness, beta, User Acceptance Testing [UAT], regression, retesting) d. Contractor procures all necessary hardware and software e. Contractor installs base system into required configuration environments f. Delivers tested programs, screens, reports, and interfaces g. Contractor performs tests necessary to meet all requirements in Requirements Traceability Matrix (RTM) h. Corrects and retests defects and deficiencies i. Delivers system and user documentation, procedure and operations manuals to provide all information necessary to operate system j. Delivers all training materials k. Conducts training sessions as requested by CMS <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
20. Are the System Rollout tasks effectively addressed in the proposal? (Section 4.8.7.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Includes Rollout Phase checklist of must-be-completed items b. Contractor installed and deploys system in pilot areas c. Contractor trains users at CMS and in pilot areas d. Pilot operations monitored and reported on <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
21. Are the Operational Performance Standards effectively addressed in the proposal? (Sections 4.8.8.2, 4.8.8.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Contractor meets all operational standards specified in Sections 4.8.10 – 4.8.14: <ul style="list-style-type: none"> Eligibility and Enrollment Contractor Tasks (Section 4.8.10) Provider Administration Contractor Tasks (Section 4.8.11) Claims Processing Contractor Tasks (Section 4.8.12) Service Authorization Objectives (Section 4.8.13) Fiscal Operations Contractor Tasks (Section 4.8.14) b. Contractor meets all staffing requirements in sections 4.10 and 4.11: <ul style="list-style-type: none"> Eligibility and Enrollment Contractor Tasks (Section 4.8.10) Provider Administration Contractor Tasks (Section 4.8.11) c. Contractor meets performance standards (Outcomes and Outputs) established in Section 4.21: <ul style="list-style-type: none"> Eligibility and Enrollment Processing Provider Administration Claims Processing Care Coordination and Service Authorization Management Fiscal Operations, Reporting, Department Services d. Contractor meets performance standards (Outcomes and Outputs) established in chapter 5: Special Instructions to Vendors <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
22. Are the Call Center Operational requirements effectively addressed in the proposal? (Section 4.8.8.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Call Center includes toll-free telephone lines b. Staffed at specified times; automatic answering system available at all times c. Contractor provides monthly reports to CMS d. Appropriate staffing meets all requirements (percentage of calls answered and handled, how soon calls are returned, how long hold may last) e. Responds to all verbal provider inquiries f. Contractor maintains and reviews all statistics g. Contractor provides for English, Spanish, and Creole h. Uses call-tracking system i. Contractor delivers Call Center Procedures Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
23. Are the Operations Testing requirements effectively addressed in the proposal? (Section 4.8.8.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Contractor creates and executes CMS-approved test plan for each Customer Service Request (CSR) b. Contractor conducts repeatable testing according to CMS requirements c. Contractor gives test result documentation to CMS d. Contractor begins implementation after CMS approval <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
24. Are the System Turnover tasks effectively addressed in the proposal? (Section 4.8.9.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Contractor conducts all necessary planning activities for turnover to successor TPA that includes all required elements (schedule, working closely with Contractor) b. Contractor provides to CMS a turnover plan that includes all required elements (approach, list of tasks and sub-tasks, submission of all data and documentation) c. Contractor delivers to CMS a statement of resource requirements that includes all required elements (estimate of staffing levels, facilities and other resources, organizational chart) d. Contractor transfers all archives materials e. Contractor completes closeout services f. Contractor provides training to successor staff <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
25. Are the Turnover Phase Deliverables requirements effectively addressed in the proposal? (Section 4.8.9.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Contractor includes Turnover Plan b. Contractor includes TPA requirement statements c. Contractor provides all software, files, and documentation <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
26. Are the Eligibility and Enrollment Contractor tasks effectively addressed in the proposal? (Sections 4.8.10, 4.21.1)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's overall approach demonstrates an understanding of the following tasks associated with the operations of Eligibility and Enrollment system: <ul style="list-style-type: none"> i. Data processing ii. Record and maintain eligibility, enrollment and care assignment information iii. Capture and maintain information from interfaces iv. Maintain historical information and source data v. Report and communicate information b. The Contractor demonstrates an understanding of the Enrollment and Eligibility requirements for each of the programs covered by CMS c. The Contractor's experience with and overall approach to the operation of an Eligibility and Enrollment system d. The use of Information Systems Development Methodology (ISDM) in the design and development e. The proposed design is responsive to the requirements and facilitates traceability of requirements f. The Contractor's approach to testing and validating the requirements g. The Contractor's commitment to meeting the performance standards as defined in Section 4.21.1 <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
27. Are the Eligibility and Enrollment record maintenance requirements effectively addressed in the proposal? (Section 4.8.10.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal contains sufficient detail to demonstrate the Contractor's understanding of the specific activities required to maintain Eligibility and Enrollment records b. The flexibility of the system to maintain all information necessary to accurately record Eligibility and Enrollment information such as: demographic, medical, financial, spans of time, and siblings' information regardless of their clinical eligibility c. The approach to the definition and design of the Eligibility and Enrollment record d. The quality of the prototype of the Eligibility and Enrollment record e. The ability to maintain and uniquely identify applicants' and recipients' records in accordance with the Health Master Person index strategy f. The approach to controlling the issuance of applicant and recipient identification numbers g. The approach to maintaining valid recipient addresses using address validation software h. The Contractor's commitment to develop and adhere to the Recipient Processing and File Maintenance Procedure Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
28. Are the Eligibility and Enrollment interface requirements effectively addressed in the proposal? (Section 4.8.10.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The approach to design and development of Eligibility and Enrollment interfaces b. The effectiveness of the method for processing and updating the internal records through interfaces c. The Contractor's commitment to processing interface files on a schedule defined by CMS d. The tools and mechanisms that the Contractor will employ to assure the accurate application of information from the interface file to the internal record e. The approach to initial testing and ongoing validation of interface files f. The ability to process multiple interface file formats that may be received from various sources g. The approach to maintaining source data, historical records, and record changes h. The quality and ease of use of the prototype proposed to view source data i. The Contractor's commitment to develop and adhere to the Interface Procedure Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
29. Are the requirements for the applications for CMS programs and eligibility determination effectively addressed in the proposal? (Section 4.8.10.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's plan and commitment to defining and developing enrollment applications according to CMS rules for each program b. The ability to integrate unique clinical and financial rules for each of the CMS programs to insure accurate processing of the applications c. The ability to process the applications received through data entry screens or external interfaces timely d. The quality and design of the Contractor's prototypes or model of the data entry screens e. The plan for a Web portal to handle applications, including its functionality, the services and information to be offered, the links required, and the consistency with paper forms f. The approach to manual updates to the records <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
30. Are the Enrollment requirements effectively addressed in the proposal? (Section 4.8.10.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to process an enrollment transaction b. The Contractor's understanding of the interface process for capturing enrollment data as defined in 4.8.10.3 c. The Contractor's understanding and commitment to utilizing enrollment information to accurately adjudicate claims d. The Contractor's plan for production and distribution of recipient identification cards e. The Contractor's plan for reissuing ID cards, tracking reissues and assuring that no recipient has two cards active at the same time <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
31. Are the Eligibility and Enrollment processing and reporting requirements effectively addressed in the proposal? (Section 4.8.10.6, 4.8.1.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to process Eligibility and Enrollment information and create reports b. The Contractor's approach to recording and utilizing Eligibility and Enrollment information to accurately adjudicate claims, process service authorizations and create reports c. The flexibility of the system to produce reports on a schedule, with the content and format specified by CMS d. The Contractor's approach to verifying Eligibility and Enrollment information including service limitations and authorizations using: HIPAA standard transactions; an Automated Voice Response System; a secure web portal and a call center e. The Contractor's approach to providing secure access to Eligibility and Enrollment information according to state and federal guidelines (See Section 4.8.1.4) <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
32. Are the Eligibility and Enrollment deliverables effectively addressed in the proposal? (Section 4.8.10.7)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities that must be performed to create and maintain all of the Enrollment and Eligibility Deliverables identified in 4.8.10 b. The adequacy of the schedule to allow for development of the required deliverables c. The quality of prototypes of the deliverables as they pertain to the Enrollment and Eligibility functions d. The adequacy of the proposed internal signoff procedures to insure quality deliverables e. The adequacy of proposed CMS signoff procedures and signoff authority f. The adequacy of the schedule for subsequent revisions of deliverables g. The Contractor's performance with deliverables on prior contracts <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
33. Are the Provider Administration Contractor tasks effectively addressed in the proposal? (Sections 4.8.11, 4.21.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's overall approach demonstrates an understanding of the following tasks associated with the operations of a Provider Administration System: <ul style="list-style-type: none"> vi. Maintain all data necessary to process claims and encounter records vii. Create provider records based on provider files received from CMS viii. Update provider records regularly as defined by CMS b. The use of Information Systems Development Methodology (ISDM) in the design and development c. The proposed design is responsive to the requirements and facilitates traceability of requirements d. The Contractor's approach to testing and validating the requirements e. The Contractor's commitment to meeting the performance standards as defined in Section 4.21.2 <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
34. Are the Provider Record Maintenance requirements effectively addressed in the proposal? (Section 4.8.11.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to create and maintain provider records b. The flexibility of the system to maintain all information necessary to accurately record provider demographics such as: multiple addresses; multiple jurisdictions; multiple payer IDs, etc. c. The Contractor's understanding of how the provider record is utilized to accurately process, edit and adjudicate claims or encounter information d. The plan for a Web portal to access secure information, including its functionality, the services and information to be offered, and the links e. The Contractor's commitment to process provider file updates according to the rules and procedures authorized by CMS f. The approach to converting, updating and maintaining an historical provider record g. The Contractor's proposed prototype or model of the provider records h. The Contractor's understanding of and approach to using the National Provider Identifier (NPI) in maintaining provider records i. The Contractor's commitment to adhere to the Provider File Maintenance Procedure Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
35. Are the Provider Interface requirements effectively addressed in the proposal? (Section 4.8.11.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The approach to design and development of provider administration interfaces between the Contractor and CMS b. The effectiveness of the method for processing and updating provider records via an interface c. The Contractor's commitment to processing interface files on a schedule defined by CMS d. The tools and mechanisms that the Contractor will employ to assure the accurate application of information from the interface file to the provider record e. The Contractor's experience with the processing of interface files and processing of provider records f. The approach to initial testing and ongoing validation of interface files g. The ability to process various interface file formats that may be received from various CMS offices h. The Contractor's approach to analyzing the current provider records to formulate initial business rules i. The Contractor's commitment to develop and adhere to the Provider File maintenance Procedure Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
36. Are the Provider Processing and Reporting requirements effectively addressed in the proposal? (Section 4.8.11.6)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to process provider information and provide reports b. The approach to the definition and design of reports c. The flexibility of the system to produce reports on a schedule, with the content and format specified by CMS d. The quality and design of sample reports e. The approach to the definition of provider inquiry screens and the ability to look up information based on criteria defined by CMS such as name, identifiers, jurisdictions, specialty or network f. The Contractor's commitment to produce all reports on a schedule approved by the CMS g. The Contractor's approach to ongoing monitoring and quality assurance of the provider reports <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
37. Are the Provider Training and Communication Requirements effectively addressed in the proposal? (Sections 4.8.11.7,4.8.8.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to meet the provider training and communication requirements b. The approach to the creation and staffing of a Call Center, and commitment to meeting the call center requirements as defined in 4.8.8.3 c. The proposed plan for assisting providers with billing questions and issues including production of CMS Billing Manual d. The Contractor's approach to provider communications via phone, web, email or written correspondence e. The Contractor's plan to design, develop and distribute claims submission software and manuals f. The Contractor's commitment to providing billing assistance to providers g. The Contractor's commitment to develop and adhere to the Provider Call Center Procedure Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
38. Are the Provider Administration deliverables effectively addressed in the proposal? (Section 4.8.11.8)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to create and maintain the Provider Administration Deliverables b. Adequacy of the schedule to allow for development of the required deliverables c. Quality of prototypes of the deliverables as they pertain to the provider administration d. Contractor's proposed internal signoff procedures and signoff authority are appropriate to insure quality deliverables e. Proposed CMS signoff procedures and signoff authority f. Plan for subsequent revisions of deliverables g. Contractor's performance with deliverables on prior contracts <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
39. Are the Claims Processing Contractor tasks effectively addressed in the proposal? (Sections 4.8.12, 4.8.21.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the following Claims Processing tasks: <ul style="list-style-type: none"> ix. Receive, translate and validate claims x. Automatically and manually adjudicate claims and encounters xi. Void and adjust claims xii. Pay and report on all claims and encounters b. The Contractor's experience with and overall approach to operations of a Claims Processing system c. The use of Information Systems Development Methodology (ISDM) in the design and development of the system d. The proposed design is responsive to the requirements and facilitates traceability of requirements e. The Contractor's commitment to testing and validating of the system f. The proposed design's responsiveness to the requirements and facilitates traceability of requirements g. The Contractor's commitment to meeting the performance standards as defined in Section 4.21.3 <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
40. Are the Claims Processing Record Maintenance requirements effectively addressed in the proposal? (Section 4.8.12.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's overall approach to reference files including: design and development of the reference files, plans for maintaining current information through periodic updates, use of HIPAA-compliant standard code sets, and use of various elements in the reference files in the processing of claims b. The Contractor demonstrates knowledge and understanding of how other system files such as: provider, recipient, and reference files are used along with the reference files in the processing of claims c. The system's ability to maintain and apply various methodologies for pricing claims and accommodate timely changes to pricing rules d. The Contractor's use of best practices in the development and application of edits and audits that control claims processing, payment and prevent fraud and abuse e. The level of effort needed to define, set up, and maintain reference rules f. The flexibility of the system to apply various edits to the same claim g. The approach to the claims editing and auditing hierarchy, i.e., is the claim header level edited first, then the line level, if the claim header level denies does any further editing occur h. The proposed EDI solution is able to receive electronic claims transactions, validate format and content according to HIPAA standards, and translate claims into an internal record format for timely processing i. The Contractor's ability maintain historical records and retain the claim in its originally submitted format <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
41. Are the Claims Adjudication requirements effectively addressed in the proposal? (Section 4.8.12.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's experience, capability and commitment to adjudicate all electronic and paper (medical and nonmedical) claims and encounters according to rules set by CMS b. The Contractor's methods and plans to image paper claims, including pre-screening, TCN assignment, and data entry all claims c. The Contractor's plan to create and distribute claim forms for non-medical services d. The capability of the Contractor to receive, validate and process electronic claims and encounters, including HIPAA transactions, Web portal claims, and computer based software claims e. The Contractor's plans for creation and distribution of computer based claims submission software and creation of a web portal for direct data entry of claims include required features, capabilities, and compliance with HIPAA standards f. The proposed solution for assisting providers with the submission of electronic claims by providing: access to companion guides, the ability to submit test claims to a test region and receive feedback, etc. g. The Contractor's solution allows for the tracing, tracking, and balancing claims from point of entry to final adjudication and creation of the remittance advice h. The system's ability to use rules in claims adjudication and the level of effort to modify various rules defined by CMS <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
42. Are the Claims Resolution requirements effectively addressed in the proposal? (Section 4.8.12.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's plan and approach to suspending claims and resolving exceptional claims according to rules defined by CMS b. The level of effort required to maintain and change exceptional rules c. The capability of the system to route exceptional claims to and from CMS or others designated to review exceptional claims d. The approach to provide access to information that may accompany or be required to resolve an exceptional claim, such as operative reports, models, pricing procedures and X-rays e. The ability of the system to process, adjudicate mass adjustments and to report via the remittance advice the results of the mass adjusted claims f. The Contractor's commitment to develop and adhere to the Exceptional Claims Processing Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
43. Are the Claims Payment requirements effectively addressed in the proposal? (Section 4.8.12.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The methods and system proposed by the Contractor to complete the payment process, including experience with performing payment cycles, handling capitation payments, and applying rules defined by CMS b. The Contractor's approach to maintaining and processing accounts receivables, adjusting claims based on receivables, and generating payments on a weekly basis c. The proposed prototype or model of the payment record d. The flexibility of the proposed payment system to identify suspicious payments, to control or stop payments so that only valid payments are made e. The capability of the system to record, track, and balance payments f. The Contractor's plan for producing paper and electronic remittance vouchers utilizing standard payment codes and messages g. The approach to maintaining historical record of all claims payment information as defined by CMS h. The Contractor's approach to issuing notices, reports, and document required by IRS as defined by CMS i. The Contractor's plan for issuing, stop or recovering manual checks and electronic fund transfers created during the payment cycle j. The Contractor's commitment to develop and adhere to the Weekly Payment Processing Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
44. Are the Claims Processing Deliverables effectively addressed in the proposal? (Section 4.8.12.6)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to create and maintain all Claims Processing Deliverables b. The adequacy of the schedule to allow for development of the required deliverables c. The quality of prototypes of the deliverables as they pertain to Claims Processing d. The adequacy of the proposed internal signoff procedures to insure quality deliverables e. The proposed CMS signoff procedures and signoff authority f. The plan for subsequent revisions of deliverables g. The Contractor's performance with deliverables on prior contracts <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
45. Are the Service Authorization objectives effectively addressed in the proposal? (Sections 4.8.13, 4.21.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's overall approach demonstrates an understanding of the following objectives for the Service Authorization system: <ul style="list-style-type: none"> i. Ability to authorize services before or after the delivery of the service ii. Use of various authorization processes to meet the needs of all CMS programs iii. Ability to authorize various services, limit services and restrict payments based on various criteria such as date of service, dollar amount and plan of care b. The use of Information Systems Development Methodology (ISDM) in the design and development of the Service Authorization system c. The Contractor's experience with and overall approach to the operation of a Service Authorization system d. The proposed design is responsive to the requirements and facilitates traceability of requirements e. The Contractor's approach to test and validate that the system meets the requirements f. The Contractor's commitment to meeting the performance standards for Service Authorizations as defined in 4.21.4 <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
46. Are the Service Authorization Record Maintenance requirements effectively addressed in the proposal? (Section 4.8.13.1)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's overall approach to creating and maintaining Service Authorization records including the design and development of the record, comprehensiveness of the record, the mechanisms for updating records based on claims adjudication or data entry b. The flexibility of the system to restrict payments using one or a combination of elements such as dollar amounts, diagnosis codes, procedure codes, date ranges, etc. c. The flexibility of the system to use various Service Authorization methodologies to authorize or limit payment such as plans of care, referral, coordination of benefits, pre and post Service Authorizations, etc. d. The Contractors understanding of the unique service authorization requirements of various programs within CMS e. The design, quality and ease of use of the data entry screens proposed to capture Service Authorizations <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
47. Are the Service Authorization Processing requirements effectively addressed in the proposal? (Section 4.8.13.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's proposed system for Service Authorization processing, including routing and tracking capabilities, imaging, ability to accept Web and HIPAA transactions, and ability to identify the location of Service Authorization at any point in the system b. The system's mechanisms for capturing and tracking paper attachments that accompany Service Authorizations submitted via mail, Web portal or through a standard HIPAA electronic transaction c. The plan to create and distribute Service Authorization documents d. The Contractor's plan for and commitment to processing all types of service authorizations according to CMS defined rules e. The level of effort needed to define, set up, and maintain rules f. The approach to maintaining historical records and record changes <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
48. Are the Service Authorization Reporting and Communications requirements effectively addressed in the proposal? (Sections 4.8.13.3, 4.8.8.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities that must be performed to meet the Service Authorization Reporting and Communication requirements as defined in Section 4.8.11.7 b. The approach to producing and distributing notices via mail or Web according to provider's or recipient's profile c. The Contractor's commitment to communicate service authorization information to providers and recipients via a call center as defined in Section 4.8.8.3 d. The Contractor's approach to the definition and design of Service Authorization reports e. The flexibility of the system to produce reports on a schedule, with content and format specified by CMS f. The quality and design of report prototypes <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
49. Are the Service Authorization Deliverables effectively addressed in the proposal? (Section 4.8.13.4)		0 – 10
<p>BUNny1410 CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities that must be performed to create and maintain all of the Service Authorization Deliverables b. The adequacy of the schedule to allow for development of the required deliverables c. The quality of prototypes of the deliverables as they pertain to the Service Authorization functions d. The adequacy of the proposed internal signoff procedures to insure quality deliverables e. The adequacy of proposed CMS signoff procedures and signoff authority f. The adequacy of the schedule for subsequent revisions of deliverables g. The Contractor's performance with deliverables on prior contracts <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
50. Are the Fiscal Operations Contractor Tasks effectively addressed in the proposal? (Sections 4.8.14, 4.21.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The Contractor's overall approach demonstrates an understanding of the following Contractor's tasks for the Fiscal Operations: <ul style="list-style-type: none"> i. Accounting for payments made on behalf of CMS ii. Strictly controlling the disbursement of funds iii. Adhering to General Accepted Accounting Principles in all operations with regard to disbursement or recovery of funds iv. Accounting, maintaining and reporting detailed information on payment and allocation of funds b. The Contractor's experience with and overall approach to the Fiscal Operations c. The proposed approach is responsive to the requirements and facilitates traceability of requirements d. The Contractor's approach to test and validate that the requirements are met e. The Contractor's commitment to meeting the performance standards for Fiscal Operations as defined in 4.21.5 <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
51. Are the Fund Allocation Requirements effectively addressed in the proposal? (Section 4.8.14.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The ability of the system to maintain historical records, record budgets, maintain updates to records and the use of appropriate audit trails for all financial transactions and funding sources b. The plan for and the ability of the system to account the funding sources as it relates to expenditures, cash receipts and receivables c. The ability to and level of effort required to make changes to the funding sources d. The ability of the system to account for the allocation of funds at the payment level, line level or portion of claim for any financial transactions, voids, mass adjustments, gross adjustments or administrative allocations as directed by CMS <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
52. Are the Bank Account or Comptroller Management Tasks effectively addressed in the proposal? (Section 4.8.14.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities and controls that are required to manage the bank account or interface with the Comptroller b. The Contractor's approach and plan for the following banking responsibilities: <ul style="list-style-type: none"> i. Check printing ii. System-generated check accountability iii. Manual check reconciliation and supporting documentation iv. Financial entries v. Disbursing account c. The Contractor's approach and plan for reconciling the bank account according to the schedule defined by CMS d. The Contractor's commitment to arrange and pay for an independent auditor as directed by CMS <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
53. Are the Financial Controls Contractor Tasks effectively addressed in the proposal? (Section 4.8.14.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities and controls that are required to manage the Fiscal Operations b. The Contractor's use of appropriate internal controls and commitment to adhere to the Generally Accepted Accounting Principles (GAAP) c. The Contractor's approach to the use of appropriate chains of command d. The Contractor's commitment to conducting internal audits for compliance with HIPAA privacy and security regulations e. The Contractor's proposed location and security of the Fiscal Operations <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
54. Are the Financial Reporting Contractor Tasks effectively addressed in the proposal? (Section 4.8.14.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities required to produce the necessary financial and budget reports b. The approach to the definition and design of reports c. The flexibility of the system to produce reports on a schedule, with the content and format specified by CMS d. The quality and design of sample reports e. The Contractor's commitment to produce all reports on a schedule approved by the CMS f. The Contractor's commitment to develop and adhere to the Financial Operations Manual <p>COMMENTS:</p>		

Technical Approach to Operations	Evaluator's Score	Scoring Range
55. Are the Fiscal Operations Deliverables effectively addressed in the proposal? (Section 4.8.14.6)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. The proposal provides sufficient detail to demonstrate the Contractor's understanding of the specific activities that must be performed to create and maintain all of the Fiscal Operations deliverables. b. The adequacy of the schedule to allow for development of the required deliverables c. The quality of prototypes of the deliverables as they pertain to the Fiscal Operations d. The adequacy of the proposed internal sign off procedures to insure quality deliverables e. The adequacy of proposed CMS sign off procedures and sign off authority. f. The adequacy of the schedule for subsequent revisions of deliverables g. The Contractor's performance with deliverables on prior contracts <p>COMMENTS:</p>		

4.31.8 TECHNICAL APPROACH TO TURNOVER

Total number of assigned questions in this section:	
Total number of questions scored:	
Vendor's name:	
Evaluator's name:	
Evaluator's Signature:	Date:
ITN Issuing Officer or Assistant Procurement Manager Signature:	Date:

Technical Approach to Turnover	Evaluator's Score	Scoring Range
1. Has the vendor effectively addressed all aspects of planning in the Turnover Phase? (Sections, 4.8, 4.30.4.5 and 4.31.8.1)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. General planning with the State b. General planning with the Successor c. The complete instructions on the details to be covered in the planning and management of the phase. d. Assumptions and constraints associated with the work plan e. Person loading of work plan tasks, including separately identified Contractor and State staff f. Adequacy of work plan g. Logical structure of WBS and MS Project Plan h. Provision for handling problem identification and resolution i. Schedule (including adequate review time by CMS) for each deliverable <p>COMMENTS:</p>		

Technical Approach to Turnover	Evaluator's Score	Scoring Range
2. Has the vendor adequately described how it will provide Turnover services? (Sections 4.30.4.5 and 4.31.8.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Approach to General Planning with the State b. General planning and cooperation with Successor c. Approach to providing Turnover services d. Approach to providing Contract Closeout Services e. Approach to Contract Responsibilities f. Turnover of Archived Materials g. Financial reconciliation h. Written assessment of contract performance; and i. Resolution of Turnover Issues <p>COMMENTS:</p>		

Technical Approach to Turnover	Evaluator's Score	Scoring Range
3. Are deliverables prototypes for each milestone in this phase effectively addressed in the proposal? (Sections 4.30.4.5 and 4.31.8.3)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Turnover Plan; b. TPA Requirement Statement; c. TPA software, files and system and user operations documentation in hard and soft copy format. d. Approach to project management for this phase e. Project control approach (including reporting to CMS) f. Work hours and time estimating <p>COMMENTS:</p>		

Technical Approach to Turnover	Evaluator's Score	Scoring Range
4. Has the vendor adequately described the approach to staffing this phase? (Sections 4.30.4.5 and 4.31.8.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Separate identifications of Contractor and State staff; b. Work hours and time estimating methods c. Approach to use of subcontractors <p>COMMENTS:</p>		

4.31.9 DATA PROCESSING

Total number of assigned questions in this section:	
Total number of questions scored:	
Vendor's name:	
Evaluator's name:	
Evaluator's Signature:	Date:
ITN Issuing Officer or Assistant Procurement Manager Signature:	Date:

Data Processing	Evaluator's Score	Scoring Range
1. Has the vendor's technical approach to data processing clearly described and provided the location of data and the fiscal agent operations facility in the proposal? (Sections 4.30.4.6 and 4.31.9.1)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. List of local hardware/software b. List of corporate site hardware/software <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
2. Has the vendor adequately described the locations required in the ITN? (Sections 4.30.4.6 and 4.31.9.2)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Location of computer resources b. Location of back-up and contingency facilities c. Location of system analyst and programmer resources d. Location of subcontractors <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
<p>3. Is the vendor's approach to system capacity evaluation and planning to address identified issues clearly addressed in the proposal? (Sections 4.30.4.6 and 4.31.9.3)</p>		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Hardware and software requirements b. System architecture and major design elements c. Federal, state and local regulations related to personal health information d. Approach to recording all significant activities required to meet deliverables e. Approach to tracking all contract requirements and compliance with requirements <p>COMMENTS</p>		

Data Processing	Evaluator's Score	Scoring Range
4. Has the vendor's approach to data processing standards been adequately described in the proposal? (Sections 4.30.4.6 and 4.31.9.4)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. TPA system architecture requirements b. DSS system architecture requirements c. Software/hardware configuration d. TPA transaction processing requirements e. DSS information processing requirements f. Programming language requirements g. System modification and change control requirements h. Application development and testing requirements i. Data imaging and data entry requirements j. Data quality control k. Security and confidentiality requirements l. Documentation m. Continuous business improvement n. State training requirements o. Provider training requirements <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
5. Is the vendor's approach to the use of COTS and Web-based solutions effectively addressed in the proposal? (Sections 4.30.6 and 4.31.9.5)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Vendor's experience and overall approach to using commercial off-the-shelf solutions b. Vendor's experience and overall approach to Web-based applications b. Approach to use of relational database applications <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
6. Is the vendor's approach to imaging and data entry adequately addressed in the proposal? (Sections 4.30.4.6 and 4.31.9.6)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. All documents produced in electronic formats acceptable to CMS b. The imaging and data entry processes are HIPAA compliant c. Documentation of disclosures of personal health information d. Approach to linking HIPAA transaction and imaged documents together in history e. Approach to providing authorized providers with the ability to access and view claims as they submitted it f. Approach to future possible enhancements, including giving recipients their own secure "portal", providing them with on-line personal data <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
7. Is the vendor's approach to telecommunications adequately addressed in the proposal? (Section 4.30.4.6 and 4.31.9.7)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Contractor's approach to maintaining and providing all telecommunications circuits between CMS and the vendor b. Vendor's ability to provide reports on voice telecommunications <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
8. Has the approach to security and confidentiality been effectively addressed in the proposal? (Sections 4.30.4.6 and 4.31.9.8)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Has the vendor addressed the protection of personal health information? b. Protection of all systems, procedures, practices, and facilities that contain or relate to PHI c. Transmission of all HIPAA transaction sets d. Role-based security system with varying level of access e. Maintenance of business associate agreements f. Testing and validating HIPAA transaction processing g. Policies and procedures to comply with privacy standards h. Policies and procedures to comply with security standards i. Policies and procedures to comply with state requirements more stringent than those of HIPAA j. Assignment of privacy official, security official <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
9. Is the vendor's approach to documentation adequately addressed in the proposal? (Sections 4.30.4.6 and 4.31.9.9)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Documentation Management Plan b. Documentation types c. Document standards d. Document submission and comment resolution process e. Code storage and retention f. All documents and work products delivered in formats acceptable to CMS (Microsoft Office applications, PERT Pro, WBS Pro, Adobe) g. All documents delivered without password protection h. All documents supplied to CMS in paper and electronic format; paper printed back to back i. Management signature and certification of document accuracy and review readiness <p>COMMENTS:</p>		

Data Processing	Evaluator's Score	Scoring Range
<p>10. Is the vendor's approach to the approach to the procurement of State hardware adequately addressed in the proposal? (Sections 4.30.4.6 and 4.31.9.10)</p>		<p>0 – 10</p>
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Development of hardware procurement plan, if required b. Vendor's experience with the procurement of state hardware <p>COMMENTS:</p>		

4.31.10 STAFFING AND ORGANIZATIONAL CAPACITY

Total number of assigned questions in this section:	
Total number of questions scored:	
Vendor's name:	
Evaluator's name:	
Evaluator's Signature:	Date:
ITN Issuing Officer or Assistant Procurement Manager Signature:	Date:

Staffing and Organizational Capacity	Evaluator's Score	Scoring Range
1. Is the corporate background adequately addressed in the proposal? (Sections 4.31.10 and 4.32.1)		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Name of vendor or subcontractor b. Date established c. Ownership (public company, partnership, subsidiary, etc.) d. Corporation's Federal Employer's Identification Number (FEIN) and Florida Corporate Charter Number e. Corporation's primary line of business f. Total number of employees g. Number of personnel engaged in computer systems development and operations h. Number of personnel engaged in TPA system development and operation i. Computer resources <p>COMMENTS:</p>		

Staffing and Organizational Capacity	Evaluator's Score	Scoring Range
<p>2. Has the vendor provided audited financial statements for the legal contracting entity (and parent company, if applicable) and subcontractors, sufficient to demonstrate the capability to perform this contract, for each of the last fiscal years? (Sections 4.31.10 and 4.32.2)</p>		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Balance sheets b. Statement of income c. Statement of changes in financial position d. Auditor's reports e. Notes to financial statements f. Summary of significant accounting policies <p>Note: If not all of these have been provided, has the vendor adequately explained why?</p> <p>COMMENTS:</p>		

Staffing and Organizational Capacity	Evaluator's Score	Scoring Range
<p>3. Has the vendor provided the details of corporate experience to include all TPA work (including subcontractors) within the last five years? (Sections 4.31.10 and 4.32.3)</p>		0 – 10
<p>CONSIDER:</p> <ul style="list-style-type: none"> a. Experience with large-scale data processing system development (medical claims, TPA, MMIS, DSS or otherwise) b. Experience with the operation of a large-scale data processing system (medical claims, TPA MMIS, DSS or otherwise) c. Experience with TPA MMIS/DSS (indicate clearly which projects demonstrate experience with system design and development, implementation, operation, modification, certification, or turnover) d. Experience with multiple benefit plan administration e. Experience with Web portal development and operations f. Experience with encounter data g. Experience with prescription benefit management (PBM) and other benefit management plan development and operations h. Experience with Decision Support System (DSS) i. Experience working directly with managed care providers, HMOs, etc. j. Experience as a TPA or fiscal agency or fiscal intermediary k. Experience with other health care systems. <p>COMMENTS:</p>		

CHAPTER V REFERENCE CHECKING

The purpose of contacting references is to verify both the vendor's, and appropriate subcontractors, corporate capabilities and the qualifications of named staff. These reference checks will be initiated at the beginning of the evaluation of the technical proposals.

Selected individuals will be designated to conduct the reference checks and to compile the results of the contacts. Personal reference checks will be done on selected key staff. It is possible that an individual may be proposed for more than one position or responsibility. If that is the case, a reference check will be done on all positions if possible.

The ITN Issuing Officer will select a minimum of three corporate references that are most comparable with the requirements of this ITN. A minimum of two personnel references will be checked, and must include the most recent experience and the most relevant experience. Reference checking is not limited to those references supplied by the Vendor.

Reference checks will be a time consuming process. Corporate policies will dictate the type and level of information that can be provided. It is likely that some of the references will provide scores in the requested scoring range while others will only give comments in their own words. It is also likely that some references will refuse to answer certain questions. The information gathered will be provided to the evaluators, regardless of the completeness of the responses. It will be up to the evaluators to independently interpret the responses and use the information for scoring relevant questions. If an evaluator feels that not enough reference information is available to score a particular question, he or she should bring the matter to the attention of the ITN Issuing Officer during the first debriefing session, or before the debriefing session, and try to obtain the required information through additional reference checks or the Oral and Site Visit processes.

The persons contacted for the reference checks will be asked to provide a numeric score for each question of between zero (0) and ten (10) with zero (0) indicating no performance/capability and ten (10) indicating the best possible performance/capability.

Copies of the completed questionnaires will be provided to all Evaluators prior to the final debriefing.

Florida Department of Health
Children's Medical Services
Third Party Administrator Procurement

Reference Check Form

June 2008

Charlie Crist
Governor

Ana M. Viamonte Ros M.D., MPH
Secretary
4052 Bald Cypress Way
Tallahassee, FL 32399-1728

<http://floridashealth.com>

Introduction

Your name has been provided to Florida Department of Health as a Corporate reference check for **#Vendor#** for the evaluation of proposals in response to the Florida Children's Medical Services ITN for a Third Party Administrator. We have a series of questions that we would like to request your response to on this electronic form. These responses will be used by the evaluators of the proposals in consideration of scoring certain areas of the response, as the information relates to the requirements in our ITN.

Please complete the requested ranking below using a scale of 0 to 10 with 0 indicating no performance/capability and 10 indicating the best possible performance/capability. Please enter only whole numbers. You may supply additional comments in the spaces provided under each question.

At the end of the survey, please provide your name, title, organization name, and date that the information is completed. Please return the completed electronic survey by return e-mail. The e-mail address is Randy_Wilcox@doh.state.fl.us.

Thank you for your attention to this request and for your time in completing this important tool for our evaluation. If you have any questions, please contact me by email at the email address above.

Randy Wilcox

Issuing Officer

Florida Children's Medical Services ITN Procurement Project

850-245-4200

NAME OF PERSON VENDOR

REFERENCE

FIRM/AGENCY

ADDRESS

NAME OF THE PERSON COMPLETING THE SURVEY

TITLE

PHONE NUMBER

PROJECT DATES

START AND END DATES OF THE ORIGINAL CONTRACT

TOTAL CONTRACT VALUE

AVERAGE STAFF HOURS IN FTES DURING OPERATIONS

TRANSACTION PROCESSING VOLUME

BRIEF DESCRIPTION OF WORK

COMMENTS

DATE

Corporate Reference Check

		Feasibility Phase	System Design Phase	System Construction Phase
1a.	<p>Problems encountered during this phase that are attributable to this vendor.</p> <p>Rate your satisfaction with these services using a scale from 0 to 10: (10 = Very satisfied, no problems)</p> <p>Comments:</p>			
1b.	<p>Delays encountered during this phase that are attributable to this vendor.</p> <p>Rate your satisfaction with these services using a scale from 0 to 10: (10 = Very satisfied, no problems)</p> <p>Comments:</p>			
1c.	<p>Adequacy of the vendor's working relationships and interface with the client.</p> <p>Rate your satisfaction with these services using a scale from 0 to 10: (10 = Very satisfied, no problems)</p> <p>Comments:</p>			
1d.	<p>Ability of the vendor to complete tasks according to the schedules agreed to between the vendor and the client.</p> <p>Rate your satisfaction with these services using a scale from 0 to 10: (10 = Very satisfied, no problems)</p> <p>Comments:</p>			
1e.	<p>Provision of sufficient staff by the vendor to support this phase.</p> <p>Rate your satisfaction with these services using a scale from 0 to 10: (10 = Very satisfied, no problems)</p> <p>Comments:</p>			
1f.	<p>Ability of the vendor to meet all interim completion deadline without problems.</p> <p>Rate your satisfaction with these services using a scale from 0 to 10: (10 = Very satisfied, no problems)</p> <p>Comments:</p>			

2. HOW DO YOU RATE THIS VENDOR'S PERFORMANCE IN THE ROLLOUT OF MAJOR SYSTEMS?

- a. Problems encountered during the rollout phase that are attributable to this vendor.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = Very satisfied; no problems)
Comments:
- b. Delays encountered during the rollout phase that are attributable to this vendor.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = Very satisfied; no delays)
Comments:
- c. Adequacy of the vendor's working relationships and interface with the client.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = perfect)
Comments:
- d. The level and quality of training provided by the vendor to the client and contractor staff.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- e. Ability of the vendor to complete tasks according to the times agreed between the vendor and the client.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- f. Provision of sufficient staff by the vendor to support the rollout phase.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = Very satisfied; always sufficient)
Comments:
- g. Ability of the vendor to meet all interim completion deadlines without problems.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = Very satisfied; no problems)
Comments:

- h. Implementation and execution of any contingency plans, as appropriate.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

3. HOW DO YOU RATE THIS CONTRACTOR'S PERFORMANCE IN THE OPERATIONS OF MAJOR SYSTEMS?

- a. The availability of staff sufficient to support operational responsibilities.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = Very satisfied; always sufficient)
Comments:
- b. Ability to support data entry and claim resolution.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- c. Ability to provide on-line access for all major files.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- d. Ability to adhere to the response time guidelines set by the client.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- e. Adequacy of support (electronic interfaces, mailing labels, training, etc.) provided to prepaid health plans.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- f. Ability to effectively use the imaging system for archiving and storage (if applicable)
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- g. Starting the processing of all claim types on agreed upon dates between the vendor and the client.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = Very satisfied; always on schedule)
Comments:
- h. Overall performance in their operation of a TPA.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- i. Use of web based technology in their operations of a TPA.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- j. Ability to effectively plan for and execute administration of multiple benefit plans.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- k. Ability to integrate the use of subcontractors in a manner that is transparent to the state/client.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

4. HOW DO YOU RATE THIS VENDOR'S PERFORMANCE IN THE TURNOVER OF A MAJOR SYSTEM?

- a. Level of support provided during the turnover phase of the contract.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:
- b. Cooperation with the state/client and the new vendor during the turnover of the contract.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)

Comments:

5. HOW DO YOU RATE THIS CONTRACTOR'S PERFORMANCE IN THE AREAS OF SYSTEM MODIFICATIONS AND SYSTEM CONTROL?

- a. Quality of support provided in the areas of system modification and system maintenance.
Rate your satisfaction with these services using a scale from 0 to 10:

(10 = excellent)

Comments:

- b. Its proficiency in use of automated and manual tools for system change control.
Rate your satisfaction with these services using a scale from 0 to 10:

(10 = extremely proficient)

Comments:

- c. Its ability to respond to system modification requests on a timely basis.
Rate your satisfaction with these services using a scale from 0 to 10:

(10 = always timely)

Comments:

- d. Its ability to system test all changes in a timely manner.
Rate your satisfaction with these services using a scale from 0 to 10:

(10 = Very satisfied; always timely)

Comments:

- e. Its effort to use system modification requests as opportunities to negotiate for high payments or contract amendment.

Rate your satisfaction with these services using a scale from 0 to 10:

(10 = Very satisfied; never done inappropriately)

Comments:

- f. Its ability to keep redesign and reprogramming due to its own mistakes to a minimum.
Rate your satisfaction with these services using a scale from 0 to 10:

(10 = excellent)

Comments:

- g. Its relationship and interface with your systems group.

Rate your satisfaction with these services using a scale from 0 to 10:

(10 = excellent)

Comments:

6. HOW DO YOU RATE THIS VENDOR'S ABILITY TO DEAL WITH PROVIDER RELATIONS AND PROVIDER SUPPORT ISSUES?

- a. The adequacy of training provided to new and continuing providers.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- b. Its ability to support provider enrollment and provider inquiry functions from a provider perspective.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- c. Its ability to maintain high quality and easy to use provider billing manuals.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- d. Its ability to maintain timely updates to the provider billing manuals.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- e. Your and provider satisfaction with its performance of provider interface activities.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = extremely satisfied)
Comments:

- f. Its performance in the area of developing outreach plans to encourage higher provider participation in the CMS program.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- g. Your satisfaction with system-generated and manual provider correspondence.
Rate your satisfaction with these services using a scale from 0 to 10:
(10 = extremely satisfied)
Comments:

7. OTHER COMMENTS

- a. Do you have any other comments related to this vendor that the state of Florida can use to make a fair and impartial evaluation of its proposal? Yes or No
- b. Comments:

Thank you for your time and input!

Florida Department of Health
Children's Medical Services
Third Party Administrator Procurement

Reference Check Form

June 2008

Charlie Crist
Governor

Ana M. Viamonte Ros M.D., MPH
Secretary
4052 Bald Cypress Way
Tallahassee, FL 32399-1728

Introduction

Your name has been provided to Florida Department of Health by **#Person's Name#** as a Personnel reference check for the evaluation of proposals in response to the Children's Medical Services ITN for a Third Party Administrator. We have a series of questions that we would like to request your response to on this electronic form. These responses will be used by the evaluators of the proposals in consideration of scoring certain areas of the response, as the information relates to the requirements in our ITN.

Please complete the requested ranking below using a scale of 0 to 10 with 0 indicating no performance/capability and 10 indicating the best possible performance/capability. Please enter only whole numbers. You may supply additional comments in the spaces provided under each question.

At the end of the survey, please provide your name, title, organization name, and date that the information is completed. Please return the completed electronic survey by return e-mail. The e-mail address is Randy_Wilcox@doh.state.fl.us.

Thank you for your attention to this request and for your time in completing this important tool for our evaluation. If you have any questions, please contact me by email at the email address above.

Randy Wilcox
Issuing Officer
Florida Children's Medical Services
850-245-4200 Phone

NAME OF PERSON COMPLETING THIS SURVEY

TITLE

ORGANIZATION NAME

DATE

PHONE NUMBER

COMMENTS

Personnel Reference Check

HOW DO YOU RATE THIS PERSON?

- a. Communication skills
Please rate these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- b. Analytical and problem-solving skills
Please rate these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- c. Planning skills
Please rate these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- d. Decision making skills
Please rate these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- e. Technical skills in Implementation Planning comparable to those required in the ITN
Please rate these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- f. Approach to resolve problems in contract administration
Please rate these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- g. Record of timely completion of assigned projects
Please rate these services using a scale from 0 to 10:
(10 = excellent)
Comments:

- h. Stability on various assignments (Was he or she removed from any assignments; why was this necessary)

Please rate these services using a scale from 0 to 10:

(10 = very stable)

Comments:

- i. Working relationship with the client

Please rate these services using a scale from 0 to 10:

(10 = excellent)

Comments:

- j. Other Comments

CHAPTER VI SITE VISITS

The Department may decide to conduct site visits. The purpose of making site visits is to verify the vendor's, and appropriate subcontractors', capabilities related to: project management, technical approach to design and development, technical approach to implementation planning, technical approach to implementation, technical approach to operations, and data processing.

Two lists of questions will be developed by the Site Visit Team before making the site visits. One will include questions or subjects to be covered with all vendors, the other will include those questions or subjects to be covered with specific vendors based on questions identified by the Evaluators during the Technical Proposal evaluation. These questions will be given to the vendors approximately five (5) working days prior to the site visit.

The State will select the location of the site visit from a list of suggested sites supplied by the Vendor. It shall be the State's preference to visit sites at which an operational TPA system has been developed and installed by the vendor at a site that is comparable in size and complexity to the Florida Children's Medical Services program. The ITN Issuing Officer will select the sites to be visited.

Selected evaluators will be designated to make the site visits and to compile the results of the visits on the "Visit Evaluation Record". Copies of the completed records will be provided to all evaluators prior to the final debriefing.

VISIT EVALUATION RECORD

VENDOR NAME _____ LOCATION _____

DATE OF VISIT _____

VENDOR PARTICIPANTS

SITE VISIT TEAM PARTICIPANTS

ASSISTANT PROCUREMENT MANAGER

SIGNATURE DATE

QUESTION	OBSERVATION/FINDING	TECHNICAL PROPOSAL EVALUATION CRITERIA REFERENCES
<p><u>GENERAL QUESTIONS</u></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p><u>VENDOR SPECIFIC QUESTIONS</u></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>		

CHAPTER VII WEIGHTED SCORING

After the evaluators have completed scoring the Technical Proposals, weighted scores for each question will be calculated. Weighted scoring of technical proposal question is used to address the relative importance of different requirements within each category. The weighted scores are calculated after final scoring to ensure objectivity in evaluating all components of the technical proposals.

All evaluation materials containing the final raw scores and all Technical Proposals will be turned in by the evaluators following the final debriefing. The evaluation scoring sheets will be used by the ITN Issuing Officer to calculate the weighted scores for each proposal. The weighted scores will be calculated for each evaluation category by averaging the individual raw scores, if different, and multiplying them by a predetermined weight. Scoring weights will be kept confidential by the ITN Issuing Officer. No evaluators will have access to the weights before or during the evaluation.

The individual raw scores, the calculated average, the applied weight, and the final weighted value will be tallied by question, by category, and by proposal, on the Technical Proposal Score Sheet. Averages will be calculated to two significant decimal places (i.e., 3.75). The weighted scores will be totaled for each evaluation category of the proposal to ensure that they do not exceed the maximum points for a category. The maximum weighted points available by evaluation category are:

Technical Approach to Feasibility, Definition, Design and Construction	200 points
Technical Approach to Rollout	50 points
Technical Approach to Operations	200 points
Technical Approach to Turnover	50 points
Data Processing	100 points
Staffing and Organizational Capacity	100 points

The final weighted score for each category will be rounded to the appropriate whole point using arithmetic rounding procedures. The category weights will also be totaled for the proposal as a whole to ensure no proposal exceeds the maximum available technical score of 700 weighted points.

Final technical scores will then be calculated using the total of all weighted points for each proposal. The highest scoring proposal will be assigned 700 points. Points for other proposals will be assigned using the formula:

$$(N/X) \times 700 = Z,$$

where

X = highest points awarded a proposal

N = actual points awarded to the vendor's proposal

Z = final technical score for vendor

TECHNICAL PROPOSAL

VENDOR NAME _____

TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Feasibility, Definition, Design, and Construction											
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Feasibility, Definition, Design, and Construction											
13.											
14.											
15.											
16.											
17.											
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28.											

TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Feasibility, Definition, Design, and Construction											
29.											
30.											
31.											
32.											

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Rollout											
1.											
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TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Rollout											
16.											
17.											
18.											
193.											
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27.											
28.											
29.											

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Rollout											
30.											
31.											
32.											

TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Operations											
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WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Operations											
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TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Operations											
30.											
31.											
32.											

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Turnover											
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15.											

TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Turnover											
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WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Technical Approach to Turnover											
30.											
31.											
32.											

TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Data Processing											
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WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Data Processing											
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15.											
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TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Data Processing											
30.											
31.											
32.											

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Staffing and Organization Capacity											
1.											
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TECHNICAL PROPOSAL

VENDOR NAME _____

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Staffing and Organization Capacity											
16.											
17.											
18.											
19.											
20.											
21.											
22.											
23.											
24.											
25.											
26.											
27.											
28.											
29.											

WEIGHTED SCORING AND SUMMARIZATION SHEET											
EVAL. CRITERIA #	INITIAL SCORE FROM EVALUATOR							TOTAL	AVG.	WEIGHT	WT. SCORE
	A	B	C	D	E	F	G				
Staffing and Organization Capacity											
30.											
31.											
32.											

TECHNICAL PROPOSAL						
EVAL. CRITERIA #	WEIGHTED SCORING TOTALS					
	A	B	C	D	E	F
1. Technical Approach to Feasibility, Definition, Design and Construction						
2. Technical Approach to Rollout						
3. Technical Approach to Operations						
4. Technical Approach to Turnover						
5. Data Processing						
6. Staffing and Organizational Capacity						
Total						

FINAL TECHNICAL SCORE SHEET

VENDOR	WEIGHTED SCORE	CALCULATED TECHNICAL SCORE
A		
B		
C		
D		
E		
F		

The maximum of 700 points will be given to the vendor with the total highest weighted score.

Technical scores will be calculated as follows:

$(\text{Proposal Weighted Score} / \text{Highest Weighted Score}) \times 700 = \text{Technical Proposal Points}$

Assistant Procurement Manager

Signature

Date

ITN Issuing Officer

Signature

Date

CHAPTER VIII EVALUATION OF MANDATORY REQUIREMENTS OF COST PROPOSALS

The Cost Proposal evaluation process begins with the public opening of Cost Proposals of qualified vendors. The public opening will include only those vendors who passed the mandatory technical requirements and were awarded a final technical score. The prices shown on Pricing Schedule A of the ITN will be the amounts read at the public opening.

Following the public opening, each Cost Proposal that was publicly opened and read will be reviewed to determine if it is sufficiently responsive to the ITN to permit a complete evaluation.

Each of the items in the following matrix will be scored "Yes" (Pass) or "No" (Fail) by the ITN Issuing Officer and the Assistant Procurement Manager on the following Cost Proposal Checklist. A proposal that contains a "No Answer" on any question may be rejected by the State.

MANDATORY REQUIREMENTS - COST PROPOSAL

Total number of questions in this section	
Total number of questions scored	
Vendor's name:	
Assistant Procurement Manager Signature	Date:
ITN Issuing Officer	Date:

Vendor Name: _____

Proposal Submission Requirements			
Mandatory Requirements for the Cost Proposal (ITN Section 4.29)			
Question	Yes (Pass)	No (Fail)	Comments
1. Was the cost proposal received by CMS no later than the time and date specified in the procurement Timetable?			
2. Were seven (7) copies of the Cost Proposal submitted in a separate sealed package? (1 hard copy original, 5 hard copy copies and one electronic copy on CD or disk)			
3. Did the proposal contain a firm, fixed price without any additional stipulations or limitations?			
4. Is Pricing Schedule A completed and signed? (ITN Section 4.28)			
4a. Is Pricing Schedule B completed and signed? (ITN Section 4.28)			
4b. Is Pricing Schedule C completed and signed? (ITN Section 4.28)			
4c. Is Pricing Schedule C-1 completed and signed? (ITN Section 4.28)			
4d. Is Pricing Schedule C-2 completed and signed? (ITN Section 4.28)			
4e. Is Pricing Schedule C-3 completed and signed? (ITN Section 4.28)			
4f. Is Pricing Schedule C-4 completed and signed? (ITN Section 4.28)			

CHAPTER IX COST PROPOSAL EVALUATION

After the mandatory Cost Proposal requirements review has been completed, each Cost Proposal successfully passing will be further evaluated to determine if all calculations are accurate.

The pricing schedules required by the ITN will be examined to ensure that all arithmetic calculations are correct. Any errors found on pricing schedules will be reviewed for possible resolution or rejection of the complete proposal. Generally, guidelines for resolution should be that typographical errors should, with the vendor's written submission of a corrected form, be corrected. If any variance in prices between Pricing Schedule A and the detailed schedules is found, the detailed pricing schedules shall prevail. To prevent rejection of the complete proposal, the vendor will then be requested to submit an amended schedule(s) to address the discrepancy(ies). All other vendors would be notified of the amended price if Schedule A prices are impacted by the correction of the discrepancy(ies). Other computational errors may result in rejection of the proposal unless the vendor's intent is clear and no change to the Summary of Total Proposal is required to reflect such intent. Inconsistencies in cost components within and across schedules are also checked using the evaluation criteria.

Any Cost Proposal that is incomplete or in which significant inconsistencies or inaccuracies are found in the evaluation may be rejected by the State. The State reserves the right to reject any or all proposals.

After evaluation of all Cost Proposals, points will be awarded to qualified proposals based on the price presented on Schedule A, Summary of Total Proposal, line 3. A total of 300 points will be awarded to the lowest acceptable price.

The final score for each vendor will be calculated to two significant decimal places (i.e., 3.75) and rounded to the appropriate whole point using arithmetic rounding procedures.

Points for other bids will be awarded using the formula:

$$(X/N) \times 300 = Z$$

Where:

X = lowest price bid

N = proposal bid price

Z = awarded points.

COST PROPOSAL EVALUATION CRITERIA SCORING SHEET

VENDOR'S NAME: _____ EVALUATOR: _____

Description	Yes	No
1. Pricing Schedule A		
<p>a. Does the Summary of Total Bid Schedule contain each of the required prices shown on pricing Schedule B, Line 10, Cost Column and Schedule C, Line 1, Column F, and are they consistent with the prices shown on Schedules B and C? Has Schedule A been computed correctly?</p> <p>COMMENTS:</p> <p>“Computed” refers to mathematical accuracy and does not reflect any subjective analysis.</p>		
<p>b. Is the schedule form signed by the authorized corporate official?</p> <p>COMMENTS:</p>		
2. Pricing Schedule B		
<p>a. Does the price on Schedule B not exceed 25% of the total contract price?</p> <p>COMMENTS:</p>		

<p>b. Is the schedule form signed by the authorized corporate official?</p> <p>COMMENTS:</p>		
<p>3. Pricing Schedule B</p>		
<p>a. Has Schedule B been computed correctly?</p> <p>COMMENTS:</p>		
<p>b. Is the schedule form signed by the authorized corporate official?</p> <p>COMMENTS:</p>		
<p>4. Pricing Schedule C</p>		
<p>a. Has Schedule C been computed correctly?</p> <p>COMMENTS:</p>		
<p>b. Is the schedule form signed by the authorized corporate official?</p> <p>COMMENTS:</p>		

5. Pricing Schedule C-1 through C-4		
<p>a. Have Schedules C-1 through C-4 been computed correctly and are those prices accurately reflected on Schedule C?</p> <p>COMMENTS:</p>		
<p>b. Have any subcontractor costs that exceed 10% of line 10 on Schedules C-1 through C-4 been detailed in a supplemental schedule? Are the supplemental schedules computed correctly and correctly reflected on Schedules C-1 through C-4?</p> <p>COMMENTS:</p>		
<p>e. Are the schedule forms C-1 through C-4 signed by the authorized corporate official?</p> <p>COMMENTS:</p>		

COST PROPOSAL ASSIGNMENT OF POINTS SUMMARY

TOTAL BUSINESS POINT SCORES		
PROPOSAL	PROPOSAL PRICE	COST PROPOSAL POINTS**
A		
B		
C		
D		
E		
F		

**The maximum of 300 points will be given to the vendor with the lowest total proposal price.

Cost Proposal Points are calculated as follows:

$$(Lowest\ Price\ Proposal / Proposal\ Price) \times 300 = Cost\ Proposal\ Points$$

Assistant Procurement Manager

Signature Date

ITN Issuing Officer

Signature Date

CHAPTER X

RANKING OF PROPOSALS

Phase 5 of the evaluation process, ranking of proposals, begins after the Cost Proposal evaluation and scoring are completed. The final technical evaluation scores and the points awarded the respective Cost Proposals will be added together and recorded on a summary scoring document. A sample of this document is shown on the next page. The combined scores will be ranked in order from highest combined score to lowest. Rankings will be used by the Department to determine which vendors to enter into negotiations with.

TECHNICAL AND COST PROPOSAL SUMMARY SCORE SHEET

PROPOSAL	TECHNICAL PROPOSAL POINTS	COST PROPOSAL POINTS	TOTAL SCORE	RANKING
A				
B				
C				
D				
E				
F				

AGREED

ASSISTANT PROCUREMENT MANAGER

SIGNATURE

DATE

ITN ISSUING OFFICER

SIGNATURE

DATE

CHAPTER XI

NEGOTIATIONS

Phase 6 of the evaluation process, the negotiation process, begins after the technical and cost Proposal evaluations are added, scoring is completed and the proposals are ranked in order from highest combined score to lowest.

The Department may enter into negotiations with the selected top three vendors. The purpose of this process is to negotiate the maximum levels of service available for a competitive price. During this process the Department will discuss modifications to the contractor proposal, changes in proposed services or service levels, improvements to the proposed solution, and the price of the contract. The Department is the sole judge of which proposal best meets the combination of best technical merits and price. The Department may elect to execute a contract with a selected vendor without any further negotiation. Therefore, proposals should be submitted in complete form and pursuant to all terms and conditions as required in this ITN.

The State's final decision is subject to approval by the Department of Management Services. Immediately after all State approvals are obtained, the State will notify all vendors of the decision. The State will post the notice of the intent to award the contract to the winning vendor on the Department of Management Services' web site http://fcn.state.fl.us/owa_vbs/owa/vbs_main_menu .

RANKING OF PROPOSALS SUMMARY SCORE SHEET

PROPOSAL	INITIAL RANKING	FINAL RANKING
A		
B		
C		
D		
E		
F		

AGREED

ASSISTANT PROCUREMENT MANAGER

SIGNATURE

DATE

ITN ISSUING OFFICER


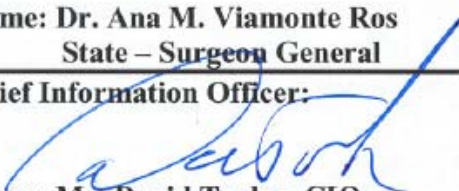

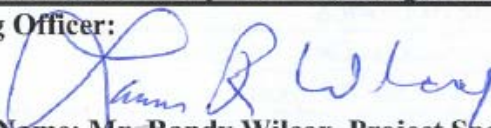
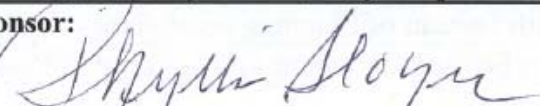
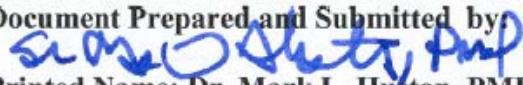
SIGNATURE

DATE

REVISION HISTORY

DATE	VERSION	DESCRIPTION
6/13/08	v.1	Submitted to the State

**SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY
BUSINESS CASE**

Schedule XII Cover Sheet and Agency Project Approval	
Agency: Department of Health	Schedule XII Submission Date: 10 December 2007
Project Name: CMS Infrastructure Development Project #225	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2008-2009 LBR Issue Code:	FY 2008-2009 LBR Issue Title: 36303C0 CMSIDP
Agency Contact for Schedule XII (Name, Phone #, and E-mail address): Dr. Mark L. Huston, PMP 245-4444, Ext. 3836, mark_huston@doh.state.fl.us Mr. Randy Wilcox, CMS Project Sponsor, 245-4219, randy_wilcox@doh.state.fl.us	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule XII in support of our legislative budget request. I have reviewed and agree with the information in the attached Schedule XII.	
Agency Head:  Printed Name: Dr. Ana M. Viamonte Ros State – Surgeon General	Date: 11/11/08
Agency Chief Information Officer:  Printed Name: Mr. David Taylor, CIO	Date: 1/4/08
Budget Officer:  Printed Name: Ms. Terry Walters, Budget Officer	Date: 1/4/08
Planning Officer:  Printed Name: Mr. Randy Wilcox, Project Sponsor	Date: 1/4/08
Project Sponsor:  Printed Name: Dr. Phyllis Sloyer, Executive Sponsor	Date: 1/4/08
Document Prepared and Submitted by:  Printed Name: Dr. Mark L. Huston, PMP CMS Project Manager	Date: 01/04/08

References: Schedule IVB FY0607 Submitted and Approved
 Schedule IVB FY0708 Submitted and Approved
 Schedule IVB FY0809 Submitted

Table of Acronyms

Term	Definition
ACHA	Agency for Health Care Administration , State of Florida
ACS	Affiliated Computer Services
ARNP	Advanced Registered Nurse Practitioner
ASPIRE	Proposed replacement for FLAIR. Project Cancelled
B	Billion, i.e. 24B – 24,000,000,000
BCBS	Blue Cross – Blue Shield
BCR	Benefit Cost Ratio
CAP	Care Administration Program (Care Coordination System)
CBA	Cost Benefit Analysis
CHD	County Health Department Clinics
CIO	Chief Information Office
CIS	Computer Information System
CMDS	Children’s Medical Services Case Management Data System
CMS	Children’s Medical Services
CMS AO	Children’s Medical Services Area Office
CMS CO	CMS Central Office
CMS CO ES	Children’s Medical Services Central Office Early Steps
CMS ES	Children’s Medical Services Early Steps
CMS LES	Children’s Medical Services Local Early Steps Offices
CMSIDP	Children’s Medical Services Infrastructure Development Project
CMS-IS	Children’s Medical Services Information System
CMSN	Children’s Medical Services Network
COB	Coordination of Benefits
COTS	Commercial Off the Shelf Software
DB2	Database 2, database software
DBA	Database Administrator
DFS	Department of Financial Services
DMC	Delta Medical Care
DOH	Department of Health, State of Florida
DOH AD	Department of Health Applications Development group
DOH IT	Department of Health Information Technology
DOH PMO	Department of Health Project Management Office
DOH PQI	Department of Health Bureau of Planning and Quality
DTS SQL	Data Transformation Services Standard Query Language
EDS	Electronic Data Systems
EFT	Electronic Funds Transfer
EOG	Executive Office of the Governor
EVMS	Earned Value Management System
FLAIR	Florida Accounting Information Resource (FLAIR) system
FMMIS	Florida Medicaid Management Information System
FSAI	First Services Administrators, Inc.

FTE	Full Time Employee or Full Time Equivalent
FY	Fiscal Year
HCFA 1500	Health Care Financing Administration Form 1500
Health PAS	Healthcare Payer Administration Solution (Unisys)
HIPAA	Health Insurance Portability and Accountability Act (HIPAA)
HMO	Health Maintenance Organization
HMS	Health Management System, computer system used by CHDs, county health departments throughout the State of Florida
IAPI	Image API
ITN	Invitation to Negotiate
IV&V	Independent Verification and Validation
K	Thousand, i.e. 24K – 24,000
KSJ	Management Consulting Firm
LBR	Legislative Budget Request
M	Million, i.e. \$24M = \$24,000,000.00
MIS	Management Information System
MOU	Memorandum of Understanding
MPP	Microsoft Project Plan
MS-DOS	Microsoft Disk Operating System
MSSQL	Microsoft Sequel or MS Standard Query Language
NASCO	National Account Service Company (NASCO)
NPS	NASCO Processing System
OEG	Office of Efficient Government
PCG	Public Consulting Group
PCS	Safety Net Program, Purchased Client Services
PDF	Portable Document File (Adobe)
PMP	Project Management Professional
PMP	Project Management Plan
PPO	Point of Provider Organization
RFI	Request for Information
RFP	Request for Proposal
RFQ	Request for Quote
ROI	Return on Investment
SCHIP	State Children’s Health Insurance Program
SDM	Software Development Methodology
SOW	Statement of Work
Title XIX	Medicaid, administered in Florida by the Agency for Health Care Administration (AHCA) with eligibility determination performed by and through the Department of Children and Families
Title XXI	KidCare. Administered in Florida by Florida Health Kids Corporation (FHKC)
TOC	Total Operational Cost
TPA	Third Party Administrator
TRW	Technology Review Workgroup

OEG Direction	Action	Date Action Accomplished
Spell Check	DRAFT document submitted to OEG for initial review. Final document has been proof read and spell checked.	01/04/2008
Grammar Check	DRAFT document submitted to OEG for initial review. Final document has been proof read and grammar checked.	01/04/2008
Change RFP to ITN	Global Search and Replace executed to remove RFP and refer to ITN only. Then document read for change context.	01/04/2008
Add a statement of explanation regarding the RFI Process	Narrative added to Section III, Sub-Section 1, and Paragraph 2. Embedded PDFs added with RFI Issuance and RFI Response Analysis. Page 28	01/04/2008
Add table defining all acronyms	Table added, beginning page 2 after signature authority page.	01/04/2008
Add a table listing cost by fiscal year (found in attachments)	Narrative added to explain embedded PDF and summary table (FY Cost) added to Section II, Sub-Section 6, and Page 23.	01/04/2008
Add key event timeline (found in attachments)	Narrative added to explain embedded PDFs and high level summary tables (Timeline) added. Section III, Sub-Section 2, Page 31	01/04/2008
Submit completed ITN document once it is available to address procurement and ITN evaluation questions	11/21/07 ITN Draft, Replaced with Draft ITN 01/02/08 Version 32. CMS will send OEG final ITN when released 01/22/2008.	01/22/2008

**SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY
BUSINESS CASE**

I. Background Information
1. Describe the service or activity proposed to be outsourced or privatized.
<p>The objective of the CMS Infrastructure and Development Project is to engage the use of a Third Party Administrator (TPA) to provide computer support services and data processing for Claims Processing and Payment, Eligibility and Enrollment, Provider Management, Clinic Administration, Care Coordination and any other “back office” support functions that can be provided by the TPA to Children’s Medical Services. This is not an outsourcing project as the goal is to increase significantly the capacity to serve a growing client base while maintaining the existing levels of Full Time Employees (FTE). It is not a privatization effort as CMS will run and direct all activities. The TPA will be providing support services that CMS needs but can not provide internally.</p>
2. How does the service or activity support the agency’s mission? What are the agency’s goals and objectives for the performance of this service or activity?
<p>Children’s Medical Services is a program within the Department of Health, providing targeted medical services to over 103,000 (Fiscal Year 0607) special needs children (under the age of 21) throughout the State of Florida. The Children’s Medical Services Network coordinates the provision of medical services and payments for children with special healthcare needs whose serious or chronic physical or developmental conditions require extensive preventative and maintenance care that is well above or outside that required by normally healthy children. These services are paid for using a combination of Title XIX (Medicaid), Title XXI (KidCare) Federal Part C (Early Steps) and Safety Net funding sources.</p> <p>The focus of the Children’s Medical Services Infrastructure Development Project is to implement a “virtual” statewide managed care network administered and directed by Children’s Medical Services. Third Party Administrator(s) will provide support and services for Claims Processing and Payment, Provider Management, Eligibility and Enrollment, Care Coordination, Clinic Management and any other services that can be successfully handled by the third party administrator.</p>
3. Provide the legal citation authorizing the agency’s performance of the service or activity.
<p>Children’s Medical Services is operated under Chapter 391, of the 2005 Florida Statues. See hyperlink for entire source documentation. http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0391/ch0391.htm</p> <p>CMS was granted permission to use a Third Party Administrator and/or Administrative Services Organization during FY0607 when the Florida Legislature enacted Statute 391.026(16)</p>

4. Identify the service's or activity's major stakeholders, including customers, clients, and affected organizations or agencies.

- ✓ Children with Special Needs in the State of Florida between 0 and 21 years of age.
- ✓ CMS Central Office
- ✓ CMS Field Offices
- ✓ Early Steps Central Office
- ✓ Early Steps Field Offices
- ✓ Child Protective Services
- ✓ Medical Foster Care
- ✓ Physicians
- ✓ Dentists
- ✓ ARNPs
- ✓ Physician Assistants
- ✓ Licensed Health Care Professionals
- ✓ Non-Licensed Health Care Professionals
- ✓ Service and Commodities Providers
- ✓ Facilities
- ✓ Third Party Administrators
- ✓ System Integrators
- ✓ State of Florida
- ✓ Department of Health
- ✓ DOH IT
- ✓ DOH PMO and PQI
- ✓ Respondents to RFI
- ✓ TPA Consultants
- ✓ CMS Project Manager
- ✓ CMS Business Sponsor
- ✓ CMS Executive Sponsor
- ✓ DOH IT Tier 3 Governance Committee
- ✓ CMS Deputy Secretary
- ✓ DOH State-Surgeon General
- ✓ Department of Financial Services
- ✓ DOH Application Support
- ✓ DOH/DFS Contract Administration
- ✓ Title XIX Administration and Programs
- ✓ Title XXI Administration and Programs
- ✓ PCS SafetyNet Administration and Programs
- ✓ Early Steps Administration and Programs
- ✓ 3rd Party Insurance Companies
- ✓ Image API
- ✓ Brandt Consulting
- ✓ Ciber Consulting
- ✓ Health Management Associates
- ✓ Executive Office of the Governor
- ✓ Technology Review Work Group

- ✓ Office of Efficient Government
- ✓ Title XIX Program (Medicaid)
- ✓ Title XXI Program (Florida Health Kids)
- ✓ PCS Safety Net
- ✓ Early Steps Program
- ✓ All specialized CMS Programs
- ✓ FMMIS database
- ✓ American Board of Pediatrics Database
- ✓ Drug Enforcement Agency Database
- ✓ Medical Quality Assurance Database
- ✓ American Board of Medical Specialties Database
- ✓ Department of Insurance Mal Practice Database
- ✓ Licensing and Certification databases
- ✓ Social Security Administration database
- ✓ Third Party Administrator Systems
- ✓ Federal Government Databases as required
- ✓ State Government Databases as required
- ✓ Commercial Databases as required
- ✓ Existing CMS systems are required to facilitate conversion and changeover

5. Describe how the service or activity is currently performed and list the resources, including information technology services and personnel resources, and processes used.

The CMS Case Management Data System (CMDS) is the tool used by the 22 CMS Area Offices and CMS Central Office to process medical provider billings for warrant issue by the State of Florida's Department of Financial Services (DFS). Development of this application was initiated some eighteen years ago, by a former CMS employee, using the old MS-DOS based dBase software. The system is not centralized but rather a stand-alone procedure at each of the 22 CMS Area Offices. It is also being used by a majority of the Primary Care Contractors that provide primary care service and case management for CMS.

This lack of centralization of information creates problems with client information duplication, information sharing and State wide data reporting and analysis. Essentially, most of the features have not changed as the business needs of CMS have changed. It is a distributed system without centralization. Other functions are provided by a patchwork of support systems, but by in large, the work routines are heavily human dependent and use antiquated technologies. Extensive use of MS Access and MS Excel are applied differently in each CMS Area Office or within specific CMS programs, without centralization, coordination or standardization.

The CMS Central Office, using MSSQL, MS Access and MS Excel, has been forced to provide interim database routines to carry on mandated tasks, but this is far from optimal. These are standalone applications reacting to an immediate need, not a planned and coordinated data processing effort.

CMDS does not support simultaneous data entry of claims information and will not screen entered information for duplication. Enrollment information is maintained in two separate systems (CIS and CMDS) for which there is no automated uploading or reconciliation resulting in double key punching for staff and increased likelihood of errors.

It is clear CMDS has reached the extent of its useful life and should have been replaced several years ago. The only reason CMDS works is that people make it work. The computer system provides very limited value added.

There are about 30+ CMS employees engaged in Claims Processing and Payment operations. Case Management Data System (CMDS) uses DB4, 18 year old + flat file software to gather data for payment. Each claim is manually processed and the results fed into the CMDS. The data collected is then transferred via middleware, Cloverleaf, and fed into the VPS SQL for processing. The output of this system is transferred and processed by FLAIR. FLAIR issues warrants and/or EFTs. This interim solution replaces the four part mainframe routine previously in use. All operations run in batch mode. Other resources include DOH Servers, Applications Support, Middleware Brokers and Data Security Services.

Provider Management is split between Early Steps and CMS Central Office. All provider management data is manually controlled through the use of MS Access Databases. No data is centralized and nothing is coordinated. Provider billing is not automated.

Clinic Management is run separately at each of the CMS Field offices and reported back to CMS Central office.

Care Coordination is accomplished through the use of the CAP system and is not integrated with any other data sources.

Eligibility and Enrollment is not automated. CMS CO must physically query database systems for Title XIX, Title XXI and Early Steps Programs. Safety Net participants can be accounted for through DTS SQL queries.

Most if not all the work accomplished by CMS is manually performed with some computer assistance. However the majority of work is done by humans not the computers.

Current Environment:

- ✓ Approximately 750 users
- ✓ No public access availability and not HIPAA compliant
- ✓ Fragmented system
- ✓ Distributed server environment, standard routine backups to tape
- ✓ Character based systems developed in MS-DOS based dBase IV and Clipper
- ✓ External mainframe based sub-process application (FLAIR)
- ✓ Outdated Users Guide
- ✓ No automated interfaces
- ✓ Not consistent with Department software standards
- ✓ Not optimized for Department's hardware platforms
- ✓ Not scalable beyond present usage
- ✓ Work around developed using VPS SQL and Cloverleaf to extend operational life

<p>6. Provide the existing or needed legal authorization, if any, for outsourcing or privatizing the service or activity.</p>
<p>CMS was granted permission to use a Third Party Administrator and/or Administrative Services Organization during FY0607 when the Florida Legislature enacted Statute 391.026(16)</p> <p>http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0391/ch0391.htm</p>
<p>7. Provide the reasons for changing the delivery or performance of the service or activity. What is the current cost of service and revenue source?</p>
<p>If the question regarding the current cost of service refers to the current DOH expense of processing the existing level of claims that cost has been estimated to be approx. \$1.8 million. The revenue source for this includes General Revenue, Donations Trust Funds (Federal Titles XXI and XIX), Federal Grant Trust Funds and Administrative Trust Funds. If the question pertains to the dollar value of service payments that will be initially paid through the third party administrator it will be approximately \$445 million. This includes Medicaid payments for services provided to children enrolled in the Medicaid Reform Provider Service Network in Broward and Duval Counties; Federal SCHIP (Title XXI) for children enrolled in the CMS component of KidCare; Federal funds, State General Revenue, Welfare Transition Trust Funds for children receiving services through the CMS Early Steps Program; and State General Revenue Funds for children receiving services through the CMS Safety Net Program.</p> <p>CMS has no alternative other than to execute the project as planned and approved. CMS is avoiding the expenditure of \$20M for a new computer system and at least \$24M in addition personnel cost and salaries/benefits.</p> <p>This investment will not necessarily lower operating cost, result in staff decreases or lower present budget levels. It will however replace an antiquated data system and patch worked claims processing system that has no growth potential, is difficult to extract information from, and has substantial limitations as a management tool for the CMS program. In addition, it will replace the Early Steps program data structure with a centralized system that will produce valid demographic information about enrolled children, claims information to analyze expenditure information etc.</p> <p>The CMS CBA is based upon the following assumptions.</p> <ul style="list-style-type: none"> ✓ With the implementation of existing statutory provisions regarding Medicaid CMS could see as much as a 10 fold increase in the number of claims it has to process. ✓ CMS, as with most State programs, can not create additional full time personnel. Personnel levels that would be necessary to support the manual activities associated with the current claims processing structure at the projected claims levels would be cost prohibitive ✓ The present CMS equipment and software have far exceeded the useful life and will cease to function when a new operating system is introduced. All systems are 1983 vintage and can not be extended, they must be replaced. ✓ The present CMS systems are not fully HIPAA compliant which puts not only CMS, DOH but the State at risk.

- ✓ DOH IT in conjunction with Gartner and Group did a market analysis and obtained general estimates indicating that it would cost between \$12M to \$30M dollars to build and implement a new computer system with all the functionality required by Children's Medical Services to Support its programs. The **FY0506 Schedule IVB** used a figure of \$20M.
- ✓ To meet the increase in claims and services anticipated, CMS would have to increase its FTE by 410 personnel over the next 5 years.
- ✓ In addition to an increase in personnel, CMS would have to spend at least \$20M to replace the existing hardware and software so it can run an autonomous operation.
- ✓ ***CMS does not want to own and operate computer systems***; it simply needs the services that these systems provide. Third Party Administrators have existing systems that can provide what CMS needs at Total Cost of Ownership and Operation far less than if CMS were to try to take on the task. Additionally, they are licensed to specifically provide claims processing services that meet federal CMS standards.

Return on Investment/Labor Analysis (Initial FY0708 Analysis)

The major impetus for the CMSIDP project revolves around the assumption that the number of claims that CMS has to process far exceeds the capability of the present infrastructure to do so. Systems are past lifecycles and will not be replaced. CMS has to outsource to do any additional work. Using the variables above and assuming a \$60K TOC per employee processing, assuming we have about 30 people directly involved in claims processing and payment, preliminary analysis make look like this:

30 FTE at \$60K per year processing 90K claims = \$1.8M (Current Operations)

TPA may be able to do same level for \$300K to \$900K

However, CMS is maxed out and cannot process additional claims, assuming ratios are correct; CMS process claims cost \$20.00 per claim, the analysis

625K Claims at \$20 per claim = \$12,500,000M for CMS to Process (At Apex)

625K for vendor forecasted at \$4,375,000.00

There is a **3.5 to 1 Benefit to Cost Ratio**, i.e. vendors can do the required work at least 3.5* cheaper than CMS if CMS were to gear up. This is the classic make or buy scenario and CMS wants to buy. BCR = Project Solution Benefits/Project Solution Cost, this has been translated into Cost that Vendor can do work as opposed to Cost of CMS doing the work.

Using an estimated ROI (Return on Investment)

ROI (%) = Net Project Solutions Benefits/Project Solution Cost *100

Net Project Solutions Benefits = Ability to process 12.5M + cost avoidance of \$20M or 32.5M

Project Solution Cost = \$6.5M

ROI (%) = 32.5/6.5 * 100 = 5 * 100 = 500%

Each dollar invested will payback \$5.00. Payback is in cost avoidance dollars and the ability of the organization to process 10 times the amount of work it does now and continue to expand in the future.

Given complete infrastructure upgrade would be required; we can forecast an **8 to 1 or higher. Benefit to cost ratio by using TPAs.**

Beside the processing cost, if CMS had to replace the CMDS with the present functionality, DOH AD forecasted a cost between \$12M and \$20M for a complete CMS wide interoperable system. These costs will be avoided by acquiring the services of a TPA.

II. Evaluation of Options

1. Provide a description of the available options for performing the service or activity and list for each option the general resources and processes needed to perform the service or activity.

CMS has for many years faced the problem that the systems and MIS infrastructure currently in use would eventually be incapable of providing for the increasing level of services that has been documented by the CMSN growth. Several previous initiatives were proposed and all abandon or considered impractical. They are as follows:

CMS replaces CMDS

(Not Possible)

This idea has been proposed many times. The idea here is that CMS with labor provided by DOH IT Applications and Development would rewrite the CMDS program in its entirety. The problem with this is one of risk and longevity. While the DB2 program could be converted, there are too many sub-systems that would have to be addressed. In addition, even with a new front end there would be no way for the present labor base to deal with the projected increase in claims processing. Replacing the CMDS front end would not address future needs and the requirement to interface with any FLAIR replacement. What is needed is a claims processing engine and CMDS was never meant to be this.

CMS contracts for development of CMS-IS

(Not Practical)

An LBR and initiative to develop a comprehensive MIS system for CMS was proposed at the same time the HMS initiative was presented and approved by the Legislature. In this LBR, the goal was to create a comprehensive system entirely developed, implemented and ran by CMS and DOH. While expertly written, the task of developing such a system in its entirety still requires that all work be performed by CMS. The complexity and risk of such a project was not shared with System Integrators or other experts. The project as designed and presented was approved by TRW but not funded by the Legislature. More importantly, it did not take into account the Medicaid Reforms enacted by the Florida legislature. The system would have been outdated before it completed development.

CMS uses HMS

(Not Possible)

The Health Management System is a software system specially designed to support County Health Department Clinics (CHDs). A major assumption in the development of the CMS-HMS Project was that the functionality of the Health Management System could be applied to the CMS business processes as they now exist and how they are anticipated to exist in the future. An extensive CMS-HMS Gap Analysis was executed between 01/2006 through 04/2006. The result was a 1400 page document that analyzed every aspect of HMS. The conclusions were as follows:

In brief the CMS-HMS Gap Analysis Project Team concluded the following:

- ✓ The HMS application has successfully automated the specific work processes at County Health Department Clinics.
- ✓ HMS is currently being rolled out and some parts of the product are still being developed and changed as the rollout occurs.

- ✓ The integration of CMS into HMS was not planned at the time HMS was developed.
- ✓ The work processes that are performed at the 67 CHDs are entirely different than the work processes performed by 20 CMS Area Offices, CMS Central Office and CMS Programs. CMS, by law and policy, operates a different business than the **CHD(s)**. As a result, CMS work processes must reinforce and implement legislative directives and policies.
- ✓ HMS is a stand-alone operation at each of the clinics, with some limited data warehousing capabilities. However, it is a distributed not centralized operation.
- ✓ CMS requires that all CMS Area Offices, CMS Central Office and CMS Programs be linked through a centralized data control and management function.
- ✓ CMS work processes need to be reengineered, consolidated and reorganized before any automation of processes can occur. This has not been done yet.
- ✓ Assessments by programmers suggest HMS would require so much modification to make it CMS compliant that it would be cost prohibitive.
- ✓ CMS wants to out source all operations via a front office/back office model and HMS will not support this to the extent required by CMS.
- ✓ CMS now processes about 400,000 claims per years. With the addition of Medicaid, CMS will process 5,000,000+.
- ✓ Linking HMS functionality to CMS business processes is simply not practical, therefore the previous departmental decision to couple the CMS Development and Integration Program to HMS should be put aside.

The findings were presented to the IT Governance Committee and DOH Secretary. This resulted in a signed Memorandum of Understanding that decoupled CMS from HMS and formally request that the CMS Development and Integration Project be rescoped as the CMS Infrastructure Development Project. The MOU states:

“Based upon these conclusions, the following parties request that the Secretary with concurrence of the Tier 3 IT Governance Committee direct that the CMS Development and Integration Project be “decoupled” from HMS and be permitted to be developed as a separate and independent project of Children’s Medical Services. The goal of the CMS Development Project will be to reorganize and consolidate basic business processes, to develop centralized business procedures, and to outsource all development and implementation.”

**CMS Contracts Out All CMS AO Processes and CMS CO operation to TPAs, HMO or PPOs.
(Not Acceptable)**

One suggested solution was the transfer of all CMS AO and CMS CO activities to Third Party Providers with CMS managing the TPAs. Another suggestion was the complete outsourcing of CMS function to HMOs and PPOs. This solution does not recognize what CMSN really is and how it operates. CMSN provides specific services and programs to children with special needs (about 60,000 clients). The CMSN is not an HMO or PPO, but operates like this type of organization with specific tasks and services provided by CMS Area Offices, CMS CO and providers. A more important reason this cannot be done, is that CMS does not have the infrastructure in place to support such a strategy. TPAs can be used for Claims Processing and Payment only when CMS has centralized databases for Provider Management and Eligibility and Enrollment. In addition, there is the whole issue of CMS CO provider management, program management, specialized programs, and other unique aspects of CMS including Care Coordination and Clinic Management functions.

Status Quo – Do Nothing

(Not Possible)

In the Status Quo scenario, CMS continues working as it does now. Eventually, the CMSN becomes overwhelmed and is not able to effectively complete its mission. ASPIRE comes online and CMDS can not interface. Medicaid Reform dramatically increases the number of applicants CMS must process and these are turn away or sent to other programs. The result is clients are not served, providers are not paid, HIPAA compliance is not met and CMSN then is in violation with legislative statues CMS is mandated to follow. CMS continues to use MS Access, MS Excel, MSSQL, but all operations are siloed. Service continues to decline and systems continue to deteriorate until CMS can no longer function. Individual CMS Area Offices form independent CMS regions and contract directly with TPAs and other sources resulting in a mixture of systems with no direction, coordination or sound management oversight. The CMSN becomes increasingly more difficult to manage. Obviously, this is not acceptable.

CMS Infrastructure Development Project

(Optimal Choice)

The approved strategy now being implemented is in two phases. Phase 1 is the development of an internal CMS infrastructure that can support TPA operations. Phase 2 is the conversion of CMS to TPA Operations and the development and implementation of support modules for Claims Processing and Payment, Care Coordination, Provider Management, Eligibility and Enrollment and Clinic Management. Other modules and services to be added in future iterations.

In FY0607, the Schedule IVB was approved (\$565K) and planning monies released for the project. In FY0708, the Schedule IVB was approved (\$1.8M) to implement CMS Infrastructure clean up. This phase is under way. Vendor Image API has developed and put into production a Box Tracking System for Inactive Client Records and Imaging of Provider Management Paper Files. Image API is in construction of a Provider Management On-Line Application System, Database Consolidation for Early Steps and CMS. CMS is working to cleanup the Eligibility and Enrollment databases and to document interfaces. This is all required before a TPA can be employed.

In addition to these actions, a Request for Information was sent to potential TPAs. Responses were received and evaluated. Two expert TPA Consultants (Crayton and Tur Louw) have been retained to write and implement the ITN. We expect the ITN to be release in FY0809.

The Schedule IVB for FY0809 and FY0910 covers the implementation of a TPA. The TPAs have told us it will take between 12 to 24 months to convert CMS. We have divided the plans into Fiscal Years so they will tie directly back to Appropriations. In FY0809, implements the Feasibility, Definition and Design Phases of the project and will result in a pilot that demonstrates Claims Processing and Payment. FY0910 rolls out Claims Processing and Payment CMS/Early Steps wide and begins adding additional modules, i.e. Care Coordination, Eligibility and Enrollment, Call Center, Provider Management, Clinic Management and other services the TPA can provide. When completed a “Front Office – Back Office” model will be executed. CMS will direct and control the activities of the TPA and the TPA will provide direct support services to CMS.

2. For each option, describe its current market. How many vendors are currently providing the specific service or activity on a scale similar to the proposed option? How mature is this market?

CMS replaces CMDS

(Not Possible)

In this scenario, CMS contracts with a Systems Integrator or Systems Developer to develop and implement a replacement system run by CMS Employees. This develop would be to pay claims only or feed the data now collected at the CMS Field Offices directly into the FLAIR System. We estimate an internet based CMDS replacement with front end logic and case management functions would cost between \$5M to \$7M. It would still require CMS employees to run costing a minimum of \$1.8M annually and would have to be maintained by a vendor at a cost of between \$500K to \$1M.

The current market is comprised of all system developers, integrators and consultants that could develop a specialized product from scratch or modify a COTS product (we have not found or identified one) that could in theory do the work.

CMS contracts for development of CMS-IS

(Not Practical)

This scenario is similar to CMS replaces CMDS, on in this case the vendor build a system that provides for Claims Processing and Payment, Care Coordination, Eligibility and Enrollment, Clinic Management and Provider Management. System would still have to be run by CMS Employees. Gartner, DOH IT and KSJ consultants have all estimated this system to cost around \$12M to \$30 to development and implement. It my also cost \$1M to \$2M to maintain and would still require CMS and DOH employees to run and manage.

The current market is comprised of all system developers, integrators and consultants that could develop a specialized product from scratch or modify a COTS product that could in theory do the work. Cost estimates were provided by Gartner, DOH IT, KSJ and CMS Analysis.

CMS uses HMS

(Not Possible)

HMS is designed to directly support County Health Departments. It was never designed to support CMS operations and can not be modified to do so. The cost of modification would be the same as having to develop a product from scratch. In addition, HMS is written in Cache, making data transferability and open architecture impossible. System is not centralized and CMS must have a centralized system. Cost to modify HMS might cost as much or more that it cost to develop HMS.

Cache is a proprietary product and there is only one vendor.

**CMS Contracts Out All CMS AO Processes and CMS CO operation to TPAs, HMO or PPOs.
(Not Acceptable)**

In this scenario, CMS becomes a holding company that does not provide services directly but manages contractors to provide CMS services. This is not an acceptable option and was rejected outright by CMS Sr. Management. Cost to do this would be equal to or greater than the cost in running the entire CMS operation.

We have not identified any vendor that is large enough to absorb the entire CMS operation

**Status Quo – Do Nothing
(Not Possible)**

We estimate the present operating cost to be approximately \$1.8M in salaries per year for CMS to support Claims Processing and Payment. If the number of claims processed or number of clients increase, CMS can only add people to the processing mix. Given the present rates of production, CMS would have to increase its labor by 410 people over 5 years. This cost is estimated to be \$24M. Because CMDS is not HIPAA compliant, CMS, DOH and the State are at risk. It is not possible to estimate the cost of potential law suits. Because of the age and non-functionality of the present software and the fact it can not be upgrade or replaced, CMS is facing a crucial juncture in operations. Eventually, CMS will not be able to perform the mission it is required to perform by Legislative Mandate.

**CMS Infrastructure Development Project
(Optimal Choice)**

The Florida Legislature has authorized CMS to make use of a Third Party Administrator(s) to provide claims processing operations for CMS. As a result, CMS wishes to outsource Claims Processing, Payment, and Billing to a Third Party Administrator(s). This means Third Party Administrator (TPA) will process all “claims” submitted directly from the CMS providers to the TPA(s) on behalf of the 22 CMS Area Offices, CMS Central Office and CMS Special Programs. The TPA will then bill the appropriate “fund” for recovery. In addition, the TPA(s) must provide on-line information regarding claims processing and payment to all 22 CMS Areas Offices, CMS Central Offices and CMS Special Programs. It is expected the TPA(s) will implement conversion to the new system then provide long term on-going services. CMS will directly manage client eligibility and care coordination activities as it does now; provider management may be directly managed or contracted to regional partners.

The task of CMS creating or replacing the existing infrastructure and work routines with state-of-art systems developed and run by DOH/CMS maybe simply too large to execute and control in house. A better approach would be to outsource computer systems development and implementation to companies and providers that already have existing systems that have spent millions of dollars on development and fine tuning software and work routines CMS seeks. This is the same approach used by Blue Cross – Blue Shield and the same approach used by many other States such as New York, California, Texas, Oklahoma, Arizona, Colorado, Hawaii, Connecticut, New Mexico, Nebraska – to name a few.

A Case Study in Outsourcing (NASCO)

The National Account Service Company (NASCO) was created in 1987 as a way to provide multiple “Blue” Plans national processing and support capabilities. The idea is to create a situation where any “Blue” plan can provide services to any part of the country as required. There are currently 12 member plans using NASCO to administer benefits for over 6.5 million members. In 2002, NASCO processed in excess of 89 million healthcare claims. The “Blues” that use NASCO are:

- ✓ Anthem Blue Cross and Blue Shield ★
(Indiana, Colorado, Connecticut, Kentucky, Nevada, New Hampshire, Ohio and Maine)
- ✓ Blue Cross and Blue Shield of Florida
- ✓ Blue Cross Blue Shield of Georgia
- ✓ Blue Cross and Blue Shield of Louisiana
- ✓ Blue Cross and Blue Shield of Kansas City
- ✓ Blue Cross Blue Shield of Michigan★
- ✓ Blue Cross Blue Shield of Massachusetts
- ✓ Blue Shield of California

- ✓ CareFirst Blue Cross Blue Shield (Maryland, National Capital Area, Delaware and Northern Virginia.

- ✓ Empire Blue Cross Blue Shield of New York★
- ✓ Horizon Blue Cross Blue Shield of New Jersey★
- ✓ Premera Blue Cross (Washington and Alaska)

★ With The BlueCross BlueShield Associates, these plans are the owners of NASCO

NASCO is unique because it coordinates the activities of its Blues Plans and has outsourced claims processing, membership, client services and customer support to vendors who provide these services under the direction of NASCO. **IBM hosts** the supporting systems, coordinates system dependent processing and provides web-enabled business-to-business functions from Lexington KY and Raleigh NC. The **Personix** organization provides EOB and check generation along with HIPAA letter printing and archiving/on-line viewing of the documents. **EPSIIA** is a leading provider of integrated document output management solutions. Located in Austin, Texas, the company develops its own software, operates two data processing service bureaus and a state-of-the-art Web hosting facility for ASP electronic document delivery applications. EPSIIA runs the entire Web hosting and Internet document delivery applications for NASCO. A fourth support player is **BluesNet**. This organization develops, supports and monitors the WAN and infrastructure that connects each of the Plans to NASCO and to IBM. CareFirst provides the technical staff to BluesNet.

The average processing time for a claim submitted to NASCO is about 6.1 days. 88.9% of all claims are paid in 14 days or less. 97.8% of all claims submitted are paid within 30 days.

The Claims System is the module within NPS (NASCO Processing System) that manages the processing, maintenance, and adjudication of claims-related transactions. This includes generating payments, calculating financial data, and reporting claims-based statistics. NPS process professional, facility, drug, dental; vision, hearing, HMO, PPO, and point-of-service claims for *all* benefit levels.

Claims System data is submitted to the NPS through electronic and manual mechanisms (FTP and magnetic tape). Claims System transactions are initiated a number of ways, including directly from the Plans or from the provider. Data submitted to NPS is verified for accuracy before processing and then retained in the system's centralized file structure for future manipulation and reference.

The file structure that supports Claims System processing includes:

- ✓ Group
- ✓ Subscriber
- ✓ Provider
- ✓ Procedure
- ✓ Diagnosis
- ✓ Benefit
- ✓ Administrative
- ✓ Authorization
- ✓ Pricing
- ✓ Coordination of Benefits (COB)
- ✓ Output Document Messages
- ✓ Bank/Cash.

The Claims System cross-references these respective files, as well as the other NPS systems, to verify accurate claims adjudication.

Claims come to NPS in either paper or paperless form. However, NPS has the capability to process paperless claims in 'real time.' During the week (Monday through Friday) claims can also be batched processed. On the weekends all claims are processed in real time.

The Plan associates can receive paper claims information several ways. Information can be received directly from Plan subscribers, providers, or managing groups. National account subscribers may submit their claims information to the participating (PAR) Plan in the network. Upon receipt, the respective Plan's records department sorts the claims, batches the claims with other similar claims, assigns each claim an internal control number (ICN), and forwards the claim to the control Plan. The records department archives the data via microfiche for all paper claims received.

This is a mature market with know and proven players. In April of 2007, a Request for Information (RFI) was published and CMS received responses from 8 potential vendors.

The following is a brief analysis of the RFI Responses. (See Section 3, Sub-Section 1, Para 1, RFI Process)

✓ Eight Vendors responded to the Request for Information. There were:

- FISERV Health Plan Management
- Affiliated Computer Services (ACS)
- Unisys
- Public Consulting Group
- First Services Administrators
- Delta Medical Care
- Accounting Today
- MED3000

✓ The Analyst has forced ranked the responses as follows:

1. Affiliated Computer Services
2. FISERV Health Plan Management
3. MED3000
4. Unisys
5. Delta Medical Care
6. First Services Administrators
7. Public Consulting Group
8. Accounting Today

✓ **Synopsis – Affiliated Computer Services**

ACS can do the job needed by CMS and has over 36+ years direct experience in Medicaid, State Children’s Health Insurance and other TPA activities. For more than 20 years, ACS has provided services directly to the Florida Medicaid Community and is currently on contract with the Agency for Health Care Administration (AHCA) which it provided as a reference. In addition to providing services to over 25 other states and to the Federal Government, ACS has expertise in conversion and has addressed conversion problems many times. ACS has its processing facility in Tallahassee and uses a known and proven software system call AchieveHCS that is a packaged, repeatable and proven solution.

ACS estimates that after conversion it would cost between \$2.00 and \$2.90 per claim, dependent on volume of claims processed. ACS also forecast conversion cost to be between \$925,000 and \$1,450,000. Estimated time is 12 to 15 months.

✓ **Synopsis – FISERV Health Management Plan**

FISERV has been a major participant in the Healthcare Administrative Services Market for over 30 years. Company has over 22,000 employees and annual revenues of approximately \$2.7 Billion. FISERV specializes in comprehensive business process outsourcing services to health plans, insurance companies, states and other large “client” entities. FISERV uses EDS Metavance Software and operating platform. FISERV makes extensive use of auto-adjudication and image retrieval systems. FISERV has extensive experience in converting data and outsourced business processes for organizations and health plans in transition and uses a highly collaborative approach to do so. FISERV has built more than 200 interfaces with vendors, utilizing a wide range of web-enabled tools. FISERV provides services to the States of Oklahoma and Arizona

FISERV forecasted it would cost \$6.35 per member per month to process claims. This includes billing and payment. They also forecasted it would cost between \$175,000 and \$225,000 to convert CMS to their system. Analyst believes this figure to be low. Analyst recommends we bring FISERV in for further discussions.

✓ **Synopsis - Unisys**

Unisys is one of the oldest companies in the computer services business. It began more than 130 years ago. It is a \$6B dollar a year company employing over 36,000 people. The Unisys solution is the implementation of the Unisys' Healthcare Payer Administration Solution (Health PAS). This is a new Medicaid Information Technology Architecture specifically targeted at State administered programs. Unisys has extensive Medicaid experience and provides services to the states of West Virginia, Louisiana and New Jersey. In addition the firm lists Blue Cross- Blue Shield, the Department of Defense Military Health System, Department of Veteran Affairs, the National Institutes of Health, the Social Security Administration, and the Veteran's Health Administration as clients. Unisys has over 30 years experience in all aspects of healthcare administration and management. The Health PAS product is web-based and supports fee-for-services, managed care strategies and other capitated plans, care coordination, and case management.

Unisys could not provide an order of cost figures. In addition they believe the conversion time should be between 18 to 24 months, not the 12 to 15 months we have asked for.

✓ **Synopsis - Delta Medical Care**

Response is impressive as it complete and in detail explains the claims processing and payment process and exactly how Delta Medical Care would operation on behalf of CMS. Delta Medical Care (DMC) is a full services and Florida licensed Third Party Administrator. Firm has been in business for over 10 years and has major experience provider TPA operations. In 2006, DMC process approximately \$32M in claims about 160,000 claims for Quality Health Plans. Detailed process flow charts were provided in the response, proving the respondent truly understands the processes and the work to be done. Response is difficult to analyze as it was not presented in the required format.

Delta Medical Care forecasted a rate of \$5.00 per claim but was unable to forecast conversion cost. Analyst suspects that firm could probably handle claims payment and processing but questions whether the firm has the manpower and expertise to effectively convert the CMS existing operations. Including them in future discussions may be optional, but by doing so, we may also have a benchmark to compare against the larger firms.

✓ **Synopsis - First Services Administrators**

First Services Administrators, Inc (FSAI) is a Lakeland based Third Party Administrator. Company has been in business for 19 years and generates about \$2M per year. The response to the RFI is minimal but does indicate that the firm has experience in claims process and payment and does have Medicaid experience. FSAI believes it can convert CMS in 12 months or less and can convert Office by Office. Production facilities are in Lakeland. In 2006, FSAI processed 648,854 claims with a dollar amount of approximately \$152,144,593.

First Services Administrators forecasted a per claim rate of between \$.85 and \$3.25 depending on claim volume. They estimated conversion cost between \$25,000 and \$50,000. Analyst believes this is way too low. Company does not appear to have major State Government experience doing exactly what we need to be done.

✓ **Synopsis - Public Consulting Group**

The Public Consulting Group (PCG) is a management consulting firm specializing in operations management consulting to health care and government clients. It would act as an integrator and partner with Health Management Systems and Diversified Technologies to implement the CMS project. The core of their approach is to provide an "Assessment Study" i.e. As-Is To-Be Analysis or what they term a systems and business process readiness assessment for the CMS Area Offices in Jacksonville and Ft. Lauderdale and then the CMS Central Office in Tallahassee. Based upon this study, the firm then would enter the Design, Develop and Implement phase with its partners. PCG was established in 1986 and is a privately held corporation located in Boston Massachusetts. However, the firm does have a local present in Tallahassee. They have over 500 full time staff and 100+ consultants. Firm produces about \$100M per year in annual revenue. In short, PCG would set up the job and turn it over to Health Management Systems. Management would be done by PCG. The respondent did not follow the RFI format nor did they give us the information requested in the section that they did answer.

PCG gave little or no information on how much it would cost to pay a claim or convert CMS. Analyst determined they believe it would cost about \$7.91 per member per month, but believes the analysis is specious.

✓ **Synopsis – Accounting Today**

The response from Accounting Today is typical of the type of effort and product normally received from small start-ups or firms in development. The Accounting Today plan states that they will act as the go between for CMS with hosting companies yet to be named. The response suggests that Accounting Today is in negotiation with three hosting companies. This clearly indicates that Accounting Today cannot provide the services directly and would act as a systems integrator. Accounting Today cannot demonstrate expertise in our area of needs and the response seems to be a way to sell a consulting contract not the direct provision of services. Other areas of the response are marginal and seem to suggest the firm is a sole proprietorship with a limited amount of employees and expertise.

CMS appreciates the effort made by the respondent. Firm can not directly provide the types and kinds of services needed by CMS. Firm has no direct experience in claims processing and payment or Third Party Administrator operations. Accounting Today would require a partner to even participate in the project. While this is not unusual, the size and type of partner needed to do the job would not need the services of Accounting Today and they would deal with us directly.

✓ **Synopsis - MED3000**

MED3000 provides TPA services for CMS in Duval County. They have been in business for 20 years, but can not name any other states or large scale organization where they provide services at the same level needed by CMS. The approach used by MED3000 involves the implementation of Trizetto's Facets product which is in use by over 60% of Blue Cross Blue Shield operations. However, we do not know if MED3000 is directly operating the system for the Blues, we only know that the software is in use. The response did not give us any cost or time figures for CMS to TPA conversion. The cost per clients, when converted was estimated to be between \$9.00 and \$22.00 per month per client. This is approximately the same cost CMS now pays to process claims using CMDS. One gets the impression if MED3000 were selected, this would be the largest contract they have had and the firm would be on a learning curve at the expense of CMS.

At this point in the project (as of this writing) TPA Consultants are writing and ITN instrument for release in January of 2008. This document will be used to secure a TPA to provide the services required by CMS. The Agency for Health Care Administration is using the same approach for its Medicaid operations and we are following suit.

3. List the criteria used to evaluate the options. Include a cost comparison as appropriate.

CMS used the following criteria to analyze the choices. These questions were:

- ✓ Does the solution or process directly support CMS Business Processes and Missions?
- ✓ Will use of the solution or process maintain the present FTE while allowing us to provide increasing services to our client base?
- ✓ Does the solution or process provide centralized data administration with distributed access and is the system open architecture for integration with other DOH or outside vendor support systems?
- ✓ Does the solution or process all payment and processing of claims by a third party, yet permit control and management of all claims payment and processing data by CMS Management and Staff?
- ✓ Does the solution or process integrate Care Coordination with Eligibility and Enrollment process into claims payment and process and provider management?
- ✓ Can the solution or process provide for outside Call Center operations?
- ✓ What is the Total Cost to Implement a System, i.e. initial project cost to convert CMS?
- ✓ What are the On-Going Cost of maintaining the system once it is installed and running?
- ✓ Can the solution or process be expanded or contract in the future to meet the needs of CMS?
- ✓ In the event there is a problem with the vendor, can the data in the system be easily transferred by CMS to another vendor or in-house for continued operations?
- ✓ What is the cost per claim?
- ✓ What is the cost per client?
- ✓ What are the conversion costs?
- ✓ What other services can the vendor provide?
- ✓ What do firms like Blue Cross and Blue Shield do?

- ✓ What are other State Agencies doing, such as ACHA (Agency for Health Care Administration)
- ✓ What are other states doing, i.e. California, Texas, New York etc.

4 Based upon the evaluation criteria, identify and describe the advantages and disadvantages of each option.

This question was answered in Section 1, 2 and 3 of the Evaluation Options Block

5. For each option, describe the anticipated impact on the agency and the stakeholders, including impacts on other state agencies and their operations.



FY0809 Risk Assessment V1.pdf ..

The most comprehensive answer and assessment to this question is answered in the FY0809 Risk Assessment Tool. The attached PDF is a callable embeds.

6. Identify changes in cost and/or service delivery that will result from each option. Describe how the changes will be realized. Describe how benefits will be measured and what the annual cost will be.



Revised CBA for Total Project ...
 FY0708 Spending Plan.pdf (15 K...
 FY0809 Forecasted Budget Spend...
 FY0910 Forecasted Budget Spend...

The Schedule IVB Response requires detailed Spending Plans as does the DOH PMO. Spending Plans are monitored monthly. The PDFs above show spending by Fiscal Year by Month. These spending plans tie back to the Cost Benefit Analysis and to the MS Project Plans. We have provided a summary table; however, it is best to call the Spending Plans for the electronic copy of this Schedule XII. The electronic copy is on the CD accompanying this document.

Summary Budget by Fiscal Year (Project Budget Only)

FY0607 Budget	FY0708 Budget	FY0809 Budget	FY0910 Budget	Total Project Budget
\$513,587	\$1,814,000	\$2,509,000	\$1,600,000	\$6,436,587.00

CMS Infrastructure Development Project
(Optimal Choice)

We have researched estimates to forecast how much it would cost to convert CMS to a TPA. At this time we do not know for certain on-going cost. We know that Phase 1 Image API contract, will cost \$1.2M as forecasted and that the balance of the FY0708 appropriation of \$1,814,000 is allocated for the TPA Consultants, a Senior Business Analyst and CMS Project Manager. Using the Request for Information responses from 8 TPAs we forecast that TPA conversion and/or development cost will between \$1.8 and \$2.2 Million spent over at 12 to 24 month period. This initial forecast is for claims processing operations only. On going operational costs based on number of CMS children enrolled and volume of claims processed will range from \$1.8 to \$2.2 per year for future years of operation.

The other component of the TPA is the ongoing charges to process and pay claims. We have identified several types of costing arrangements. TPAs may charge per claim paid or may charge per client in system.

To bracket the analysis we can assume a charge per claim of between \$3 and \$7 dollars per unit. If charged by client we are assuming a \$15 to \$25 per client fee. Possible exposures may be as follows:

With 60K clients, at \$15 to \$25 per client, range would be: \$900,000 to \$1,500,000 per year

With 90K clients, at \$15 to \$25 per client, range would be: \$1,350,000 to \$2,250,000 per year

With 120K clients, at \$15 to \$25 per client, range would be: \$1,800,000 to \$3,000,000 per year

Per Claim Analysis: \$3.00 to \$7.00 per claim

400K lines, converted to HCFA 1500, 8 Lines per form = 1 claim, therefore 400K = 50K

5M lines, converted to HCFA 1500, 8 Lines per form = 1 claim, therefore 5M = 625K

With 50K claims, at \$3 to \$7 per claim, range would be: \$150,000 to \$350,000

With 625K claims, at \$3 to \$7 per claim, range would be: \$1,875,000 to \$4,375,000

We are unable to answer the question with a degree of certainty until the vendor completes the Feasibility, Definition and Design Phases of the project. Performance Benchmarks are to be established during the Invitation to Negotiate Process.

7. List the major risks for each option and how the risks could be mitigated.

Risk and Mitigation Strategies for specific solutions addressed in Section 2

Assumptions (Risk Factors) and Constraints (Mitigators) for CMS Infrastructure Development Project (Optimal Choice)

Definition of an Assumption

An assumption is a “fact” that is believed to be true without proof. Assumptions are made regarding how the project will function and the results that are to be obtained. A “violation” of an assumption can cause changes to Time, Scope, Quality and Budget.

Project Assumptions

- ✓ The Project Management Plan and overall project approaches are approved by CMS and DOH before April 2007. **(Done)**
- ✓ Project Management Plan phases begin on assigned start dates and finish on or before end dates. **(Close)**
- ✓ The As-Is and To-Be and basic requirements can be done by the PM working as a Systems Analyst. **(Done)**
- ✓ The Florida Legislature funds the project in a timely manner so there is no delay in project execution. **(Some Delay, but Close)**
- ✓ Phase 1 is complete within 18 to 24 months. **(Forecasted at 12 Months)**
- ✓ Phase 2 can fast track half way through Phase 1 and run 18 to 24 months **(Being Done)**
- ✓ Phase 3 can fast track half way through Phase 2 and run 18 to 24 months **(Combined in Phase 2)**
- ✓ The ITN and SOW process times (hang times) are correct. **(Accepted)**
- ✓ The Monte Carlo Simulation (Model) of the project plan is correct. **(Within Acceptable Limits)**

- ✓ The budget analysis for Phase 1 is near or below estimates as developed in the Budget Plan. **(Below Estimates)**
- ✓ TPAs can be found to provide Eligibility and Enrollment and the cost of doing so is within CMS budgetary constraints. **(Determined Possible)**
- ✓ TPAs can be found to provide Provider Management and the cost of doing so is within CMS budgetary constraints. **(Determined Possible)**
- ✓ The TPAs can effectively convert CMS data and integrate CMS and Providers in a timely manner. **(Forecast 12 to 18 months)**
- ✓ The project methodologies provide a clear set of decisions and executable directives to accomplish the objectives of CMS as stated in the Project Management Plan. **(Done)**
- ✓ CMS personnel do not directly develop any of the systems in-house. All systems will be provided by outside entities that link to CMS and to CMS entities through data tiers and .Net architectures. **(Done)**
Image API doing Phase 1, RFI/ITN to identify Phase 2 Vendor(s)
- ✓ If systems need to be developed, they will be developed and implemented by professional systems integrators. Systems will not be built using DOH IT or Applications Support staff. **(Done)**
- ✓ Middleware can link up disparate systems. **(Proven)**
- ✓ The use of .Net architecture using existing equipment is acceptable and doable. **(Internet Based)**
- ✓ DOH Applications can develop .Net screens and interfaces as required. **(Not Required)**
- ✓ CMDS is replaced by outsourcing and web portals. **(Major Goal, Determined Possible)**
- ✓ CMS-IS is replaced by outsourcing, web-portals, middleware and data tiers. **(Approved Strategic Plan)**
- ✓ All project final functions are stand-alone that will integrate. No one function is dependent on another. That is, Claims Processing, Payment and Billing are not dependent on the execution of Eligibility and Enrollment. If one function can not be accomplished through the project the existing data streams and operations can be linked to the developed systems. **(Possible)**
- ✓ The state electronic file vendor is capable and produces electronic images from Provider Management and Eligibility and Enrollment in a timely and professional manner. **(Demonstrated)**
- ✓ CMS is able to consolidate all its databases into one unified system. **(Underway)**

Definition of a Constraint

A constraint is any activity or event that will directly affect the quality, the cost of providing or the time frames for delivering the end product. Constraints describe factors that effect Quality, Budget and Schedule. These constraints are monitored and reported by:

- ✓ Compliance to the agreed upon schedule, project management plan or deliverable time tables.
- ✓ Compliance to spending and budget plans
- ✓ Compliance with Testing and Quality Assurance Plans for product that are developed

Project Constraints

- ✓ The length and complexity of the CMS Infrastructure Development project is about 5 years in length which increases project risk factors. Phases must be completed on schedule.
- ✓ CMS Infrastructure Development Project is done in Phases. Each phase must complete before another phase goes forward, and work in one phase is dependent on the operation of end products from one phase to another.
- ✓ The ability of all project teams to execute the Project Plan as developed.
- ✓ The skill and expertise of the CMS Infrastructure Development Project Team.
- ✓ The skill and expertise of the TPA Project Team.
- ✓ The skill and expertise of the Systems Integrator(s).
- ✓ The skill and expertise of the Electronic Records Vendor
- ✓ The ability to adequately provide a thorough Systems Analysis Document that will clearly state As-Is and To-Be requirements that are actionable and biddable by TPA.
- ✓ The ability to develop an effective strategy for Provider Maintenance centralization and CMS Field Office, CMS Headquarters data access, control and reporting.
- ✓ The ability to develop an effective strategy for Eligibility and Enrollment centralization and CMS Field Office, CMS Headquarters data access, control and reporting.
- ✓ Development of CMS Infrastructure Development Models that can be successfully executed by Third Party Administrators.
- ✓ The ability to start project on or near 01/2007 (some pre-fiscal year work using operational resources) with the appropriate staffing load. Phase 1 to complete on or before 09/25/2008.
- ✓ The ability to start Phase 2, on or near 07/2008 with the appropriate staffing load.
- ✓ The ability to effectively get top rate talent for Phases 1 and Phase 2 on time and within budgets.
- ✓ The project needs to be funded in phases. Initial forecasts and budgets only forecast for Phase 1. The actual budget for Phases 2 and 3 cannot be determined until ITN responses are received. In addition we will not know fixed overhead or operating expenses until the plans are actually executed and conversions made.
- ✓ The ability of the SOW and ITN processes to execute as planned within time frames.
- ✓ The ability of the SOW and ITN processes to produce results acceptable to CMS and DOH
- ✓ CMS receives no protest or experiences any delays in the SOW and ITN process.
- ✓ Project personnel remain stable and on the project for the duration, turnover is minimal
- ✓ TPA conversion plans are viable, risk adverse and accepted by CMS
- ✓ TPA conversion plans are executed by the project team as designed and within or before stated time frames.
- ✓ Medicaid is integrated into any CMS solution in a seamless manner and without disruption or delay to other aspects of the project.

- ✓ Title XXI is integrated into any CMS solution in a seamless manner and without disruption or delay to other aspects of the project.
- ✓ DBAs are able to get access to multiple databases for data validation and all accesses are granted.
- ✓ The high level system architecture is executable with no major flaws or problems. Data tiering is acceptable and can be implemented with little problems
- ✓ A .Net strategy is acceptable from the CMS Field Office, through the identified data tiers.
- ✓ Middleware can be used to link disparate systems together into one unified enterprise wide resource.
- ✓ CMS can clearly decide and provide direction as to what functions and/or services within the organization can be centralized, consolidated, eliminated or outsourced.
- ✓ An effective Organizational Change Management Plan is developed and executed before Phase 2 or during Phase 2.
- ✓ All levels of management approve Path Forward Plans as developed and delivered by the Project Team within the required time frames.
- ✓ Project Scope can be effectively managed over the life of the project and that scope of systems are contained to ensure conversion and implementation.
- ✓ TPAs and contractors can be found at costs within CMS budgets.
- ✓ TPAs develop integrated prototype systems that are acceptable to CMS
- ✓ Conversion of CMS data to TPA occurs faster than planned and systems are operational ahead of forecast.
- ✓ There are no unforeseen events that cancel the project or cause undue delay. This refers to events beyond the control of the project team (i.e. natural disasters, cancellation of project by Legislature, etc.)
- ✓ All stakeholders agree as to what the “final” end product will be and take the appropriate actions to support and execute the solutions as agreed to and approved.
- ✓ Independent Verification and Validation is used and finds little problems with project methodologies at all levels.
- ✓ The test “Medicaid” operations now in play are so successful, that all Medicaid functions are handled by these vendors or group of vendors and are directly part of the CMS TPA system.

8. Describe any relevant experience of other agencies, other states, or the private sector in implementing similar options.

The question was answered in Sections 1, 2, and 3 of the Evaluation Options Block.

III. Information on Recommended Option

1. Identify the proposed procurement method including the anticipated number of respondents.

During the Request for Information (RFI) process we learned about the complexities of converting CMS to a TPA. Consultations with DOH procurement and review of all documents produced to this point, recommended that we engage expert TPA Consultants and consider an ITN. After careful consideration, we have elected to use the Invitation to Negotiate strategy.

Description of Request for Information Process



RFI Third Party
Administrator ...



Request for
Information TPA Re..

To better understand the order of magnitude for TPA Conversion, CMS worked with DOH General Services to develop a Request for Information. This is a detailed document (DOH06-124) that described in detail what services that CMS wants to implement. This document was then posted on MyFlorida and mailed directly to potential Third Party Administrators. The RFI provided the following segment discussions and information:

- ✓ Purpose of Document
- ✓ Program Background
- ✓ As-Is and To-Be Process Overview
- ✓ CMS Enterprise IT Strategy
- ✓ RUP Vision Statement and Use Case
- ✓ Early Steps Program
- ✓ Response and Review Process
- ✓ Contact Information and Questions
- ✓ Signature and Acceptance Page

The RFI was approved at all levels of DOH Sr. Management including the State-Surgeon General.

Respondent to the RFI were to following the presentation outline below:

- ✓ Title Page
- ✓ Introduction
- ✓ Company Resume
- ✓ Scope of Services You Can Provide
- ✓ Project Approach
- ✓ Pre-Conversion Tasks
- ✓ Medicaid Experience and Other Insurance Processing
- ✓ Production Operations
- ✓ Financial Viability
- ✓ Conversion Strategies from Previous Clients
- ✓ Risks and Issues
- ✓ Management Team and Contact Points

- ✓ Financial Analysis and Projection
- ✓ Questions or Clarifications
- ✓ References
- ✓ Statement of Interest
- ✓ Sr. Management Review, Approval and Commitment

The RFI was officially issued on April 30, 2007. CMS received eight written responses to the RFI (copies of the Responses are on file and available for review). CMS received responses from:

Affiliated Computer Services

Unisys

Med3000

FISERV

The CMS PM then read and analyzed all the responses and presented the finding to the Sr. CMS Management Steering Committee. Based upon the analysis, four respondents were requested to meet with CMS and explain their responses and approaches. Owing to the complexity of the issues at hand, the TPA Consultants (Crayton and Tur Louw) reviewed the work of the CMS PM and were present during vendor exploratory meetings. Based upon this extensive front work, it was decided that an Invitation to Negotiate would be a better method of procurement than the Request for Proposal. The ITN method was approved by DOH General Services as an appropriate and best procedure. Current plans call for the ITN to be released January 22, 2008.

Justification for Use of an Invitation to Negotiate

The Department of Health's Central Purchasing Office has determined that the use of an Invitation to Bid or a Request for Proposals will not result in the best value to the state for the following procurement and recommends the use of an Invitation to Negotiate, according to Florida Statute 287.057(3)(a).

Description of Service: The Florida Department of Health, Children's Medical Services (CMS) provides medical services to Florida's most vulnerable medically complex children throughout the State of Florida. CMS provides these services through a network of 22 area offices + 16 local early steps offices throughout Florida; claims management and payment services from these offices are currently coordinated through CMS in Tallahassee. The tool used by CMS to manage and process claims is based on antiquated technologies and inefficient manual labor. Currently, CMS handles approximately 400,000 claims per year using this tool.

As a part of Medicaid reform, CMS will eventually process in excess of 5,000,000 claims per year with an anticipated continual growth trend. Furthermore, the State wishes to transform CMS into a capitated program to establish a defined budget for CMS services. This transformation, in addition to the dramatic increase in claims that is expected, requires that CMS claims payment and processing operations be reengineered and outsourced to utilize the latest technologies.

A professional Third Party Administrator (TPA) will be procured to provide the functions of provider enrollment, maintenance of member enrollment files, claims processing, care management, third party liability functions, fraud and abuse prevention, data analysis, and reporting functions.

Estimated Contract Value: Approximately \$1.8 to \$2.2 million to develop and implement the TPA system and \$1.5 to \$3M per year for the first four years for annual operations. It is anticipated the yearly annual expense could reach \$3 to \$4M with increases in clients and claims processing volumes or additional services provided by the TPA Vendor.

Justification:

- ✓ While CMS has a very definite scope of work and specific requirements that must be accomplished by the TPA, there are multiple ways that these tasks could be accomplished. CMS is looking for vendors to propose innovative solutions. It is not in the best interest of CMS to prescribe exactly how these tasks are accomplished, as there may be creative solutions that can be proposed that cannot be predicted with certainty.
- ✓ It may be possible, through negotiations, to improve a proposed TPA system by adding unique features that were not initially proposed. By combining the best features of the proposals into one comprehensive solution, CMS could obtain the best overall result. That will only occur through negotiations.
- ✓ A structured evaluation of the vendor proposals and subsequent negotiations, with one or more vendors, will allow CMS to determine the TPA system best suited to its unique needs, and obtain the best terms and conditions for the state.



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We anticipate a minimum of three respondents

2. Provide the agency's timeline for outsourcing or privatization of the service or activity including key deliverables and milestones for transitioning it from the state to the vendor. Provide copy of the agency's transition plan.

We are providing the following project artifacts. These artifacts explain in detail the project timeline for the entire project and specific project initiatives.

TPA Consultants ITN Project Plan, PERT Chart, Monte Carlo Simulation



TPA MPP 111907 v1.pdf (32 KB) TPA MPP 111907 PERT v1.pdf (24... TPA MPP 091207 Histogram v1.pd...

FY0708 Image API Project Plan, PERT Chart, Monte Carlo Simulation



FY0708 Project Plan FY0708 Project Plan PERT.pdf (... FY0708 Risk histograms.pdf (53..

FY0809 TPA Conversion Project Plan, PERT Chart, Monte Carlo Simulation



FY0809 Forecasted FY0809 Forecasted FY0809 Project Plan
 Project Plan... Project Plan... Histograms...

FY0910 TPA Conversion Project Plan, PERT Chart, Monte Carlo Simulation



FY0910 Forecasted FY0910 Forecasted FY0910 Project Plan
 Project Plan... Project Plan... Histograms...

High Level Summary Timeline for Project Plans

FY0607 Timeline	FY0708 Timeline	FY0809 Timeline	FY0910 Timeline
Project Planning	Image API Develops and Implements: ✓ Box Tracking ✓ Inactive Records Archiving ✓ Imaging of Provider Management Files ✓ Provider Management On-Line Application System ✓ Provider Management Centralized Database ✓ Eligibility and Enrollment Databases Cleaned Up (Internal) ✓ On-board TPA Consultants ✓ Issue ITN for Third Party Administrator	TPA Vendor On Board ✓ Feasibility Phase completed ✓ Definition Phase completed ✓ Design Phase completed ✓ Pilot Claims Processing and Payment Implement ✓ Pilot Approved ✓ Construction Phase begins	TPA Vendor Rollout ✓ Construction Phase Completed ✓ Provider Management ✓ Claims Processing and Payment ✓ Clinic Management ✓ Care Coordination ✓ Call Center Operations ✓ Eligibility and Enrollment Functions and/or modules rollout Statewide. Rollout Completed Project Moves to Operations.

While many Transition Strategies have been discussed, the vendor will provide a formal Transition Plan as part of the project deliverables in the Definition Phase of the project. This is because each vendor has a different method of transition to systems and services.

<p>3. Identify all forms of compensation to the vendor(s) for performance of the service or activity, including in-kind allowances and state resources to be transferred to the vendor(s). Provide a detailed cost estimate of each.</p>
<p>There are no in-kind allowances or state resources being transferred to vendors. Vendors are paid an agreed contract amount during the project based upon the Earned Value Management System. This means vendors will only be paid for the Budget Cost of Work Performed during a billing period. This has been written into existing vendor contracts and will be added to future vendor contracts.</p> <p>For the TPA Vendor, we have forecasted FY0809 cost to be between \$1.2 to 1.8M. For FY0910 we have forecasted TPA Vendor costs to be between \$1M and \$1.6M.</p> <p>On going costs are forecasted to be between \$1.2M and 2.2M for each year for years 1 through 4. Maximum yearly cost, when systems are operating at 5 year capacity is forecasted at \$4M per year. This figure can increase depending on number of clients served; number of claims processed or increases in services provided by the TPA.</p>
<p>4. Provide an analysis of the potential impact on federal, state, and local revenues, and expenditures. If federal dollars currently fund all or part of the service or activity, what has been the response of the federal funding agency(ies) to the proposed change in the service delivery method?</p>
<p>Not applicable – The federal funding authorities have no interest regarding how CMS pays claims for provider services. Based on previous concerns expressed by the Auditor General’s staff regarding weaknesses in the current claims payment process it is assumed that both the Auditor General and the federal funding authorities would recognize the need to pursue a more accountable consistent process for paying claims.</p>
<p>5. What responsibilities, if any, required for the performance of the service or activity will be retained and performed by the agency? What costs, including personnel costs, will the agency continue to incur after the change in the service delivery model? Provide these cost estimations.</p>
<p>CMS will run a “Front Office-Back Office Model.” In this scenario, CMS still engages in all front end operations and management of CMS. The TPA provides data processing services to CMS. CMS is responsible for management the vendor and ensuring the vendor performs as required. We anticipate little change in current CMS cost structures.</p> <p>This investment will not necessarily lower operating cost, result in staff decreases or lower present budget levels. It will however replace an antiquated data system and patch worked claims processing system that has no growth potential, is difficult to extract information from, and has substantial limitations as a management tool for the CMS program. In addition, it will replace the Early Steps program data structure with a centralized system that will produce valid demographic information about enrolled children, claims information to analyze expenditure information etc.</p>

<p>6. Describe the agency’s contract management process for the outsourced or privatization contract, including how the agency will address potential contractor nonperformance.</p>
<p>Contractor performance standards will negotiated into the contract not only during the project process but also for on-going operations. Contractor performance is continually assessed during all project lifecycle stage gates, i.e. Feasibility, Definition, Design, Construction, Rollout and Close. In the first three phases, failure to provide agreed upon deliverables or agreement by contractor and sponsor to end products will result in contract termination. For Construction, Rollout and Close, financial penalties and liquidated damages will be applied.</p> <p>During on-going operations, we will establish specific measurements for successful completion by the vendor and the target must be met or penalties applied. These will all be administered through contract administration. This is a four way mechanism, where CMS Management assesses and report vendor performance, Project Management review operations and reports, IV&V assess and reports and DOH Contract Administration takes action or no action base upon report to them.</p>
<p>7. Provide the agency’s contingency plan(s) that describes how the agency will resume the in-house provision of the service or activity in the event of contract termination/non-renewal.</p>
<p>The answer to the question depends on what phase the TPA Operation is operating. During the Project Transition Phase, all systems will run in parallel. If there is a vendor fault at this time, CMS will continue with existing operations and go out for rebid.</p> <p>Once data is being processed by the TPA, CMS contracts call for a completely open architecture using non-proprietary products. This means that all data is transferable to other vendors. If the TPA is not renewed it will be in the contract that the terminated vendor must assist and cooperate with the new vendor during transition and provide limited services until such time as transition to the new vendor is completed.</p> <p>CMS will have a complete copy of all data in the Vendor Database via a data warehouse and backup systems. At no time will the vendor be in sole possession of CMS data.</p>
<p>8. Identify all other Legislative Budget Request issues that are related to this proposal.</p>
<p>FY0506 Schedule IVB – CMS IS System Development DOH FY0607 Schedule IVB – CMS Development and Integration Project #225 FY0708 Schedule IVB – CMS Infrastructure Development Project #225 FY0809 Schedule IVB – CMS Infrastructure Development Project #225</p>
<p>9. Explain whether or not the agency can achieve similar results by a method other than outsourcing or privatization and at what cost. Please provide the estimated expenditures by fiscal year over the expected life of the project.</p>
<p>CMS is not capable of matching the equipment, systems and personnel of a Third Party Administrator. We do not have or will not be given the resources to develop such a support system in house. Cost to do so far exceed any budget and LBR recommendations. No other method is available to CMS at this time.</p>

10. Identify the specific performance measures that are to be achieved or that will be impacted by changing the service's or activity's delivery method.
We anticipate the volume of claims and the turn around time for payment will increase dramatically. Industry standards are 3 days for electronic claims once submitted, 99% of all claims processed within 30days with at least 90% accuracy. Other specific measure will be determined during ITN and during the Definition Phase of the project.
11. Provide verification of vendor(s) agreement to comply with public records law.
This is part of the DOH Contract and is vetted during the contract process.
12. If applicable, provide verification of compliance with applicable federal and state law, including sections 282.601-282.606, F.S., regarding accessibility by persons with disabilities.
This is part of the DOH Contract and is vetted during the contract process.
13. If applicable, provide a description of potential differences in current agency policies or processes and a plan to standardize or consolidate.
The major difference is that support operation will be provider primarily by outside vendors as opposed to completely internal operations. Policies and process will remain largely unchanged.

Office of Policy and Budget – July, 2007



Council on Efficient Government

January 3, 2008

Dr. Mark L. Huston, PMP
Senior Consultant, CMS Project Management
Department of Health
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399

Dear Dr. Huston,

Thank you for your business case submission for the Council on Efficient Government's review. Council staff offers the following business case summary and recommendation:

Summary of Business Case and Recommendation

Proposed Project Title: Children's Medical Services Infrastructure Development Project

Objective: The agency's goal is to implement a "virtual" statewide managed care network administered by a third party contractor and directed by DOH's Children's Medical Services unit to replace an antiquated software system. The third party administrator will provide support and services for claims processing and payment, provider management, eligibility and enrollment, care coordination, clinic management and any other services that can be successfully transferred.

Agency Cost:

Year 1:	FY06-07 - \$585,000
Year 2:	FY07-08 - \$1,800,000
Year 3:	FY08-09 - \$2,457,633
Year 4:	FY09-10 - \$1,600,000

Note: annual expenses could reach \$3 to \$4 million per year if increases in clients and claim processing volumes occur.

Term: Estimate between 3 to 5 years

Agencies and/or Stakeholders Affected: 62 listed in business case

Recommendation:

The Council on Efficient Government recommends proceeding with this initiative. This business case represents the best business case submitted to the Council on Efficient Government to date by any state agency. **Job well done, DOH Team!**

Additionally, staff reports that based on interactions with you, Dr. Huston, it is apparent that you are extremely knowledgeable and experienced in IT and PMP projects. Through your extensive knowledge, resources and software tools you have the ability to determine within a high percentage of probability whether a vendor's proposed plan is executable or is flawed and unachievable. Your private sector experience is an extremely valuable resource to State of Florida government and should be shared with other state agencies.

The Council's analysis, conducted using the LBR Schedule XII form and other documents submitted by the agency indicates a high probability for attaining the desired results.

Analysis Summary:

Strengths:

- Agency's submission was extremely polished, professional and showed that extensive amounts of research and preparation have been accomplished for this project.
- The project is being led by a highly experienced project leader who has extensive private sector experience in implementing programs of this nature, equal to or better than most private sector contractors.
- The proposal to contract out the service is in response to current agency infrastructure needs.
- The agency provided sound estimated costs for current and future fiscal years.
- The agency provided a strong return on investment (ROI) analysis documenting impact to agency.
- The agency provided a cost benefit analysis documenting current and estimated costs of project.
- The agency provided a risk assessment of key factors that could adversely affect the project and the agency.
- The agency provided data regarding benchmarking other similar programs in other states.
- The agency has contracted a knowledgeable third party consultant to aid them in developing the ITN documents and analysis services.
- The agency has conducted an extensive Request for Information process that provided valuable data about the proposed project, including who the top service providers are for this type of service and estimates on what they would charge for a project of this size.

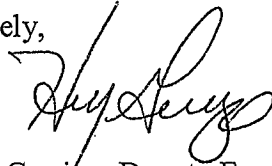
Areas of Potential Concern:

- Staff has no significant areas of concern regarding this business case submission. Reviewing analyst recommends the following minor, cosmetic changes to the Schedule XII form:
 - spell check
 - grammar check
 - change references of RFP to ITN
 - add a statement of explanation regarding the RFI process
 - add table defining all acronyms
 - add a table listing costs by fiscal year (found in attachments)
 - add key event timeline (found in attachments)
 - submit completed ITN document once it is available to address procurement and ITN evaluation questions

The work product submitted is the best CEG has received to date and we would like to commend the DOH project team on their outstanding work. The office looks forward to working with your agency on

future outsourcing initiatives. If we can be of any further assistance, please do not hesitate to contact us at (850) 414-9200. Thank you.

Sincerely,



Henry Garrigo, Deputy Executive Director
Office of Efficient Government

cc: Dr. Ana M. Viamonte Ros, Secretary
Department of Health
2585 Merchants Row Blvd.
Tallahassee, FL 32399

Dr. Phyllis Slayer, CMS Project Sponsor
Department of Health
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399

OEG File No. 08-0008

CBAForm 1 - Net Tangible Benefits

Agency	Department of Health	Project	CMSIDP - TPA
	Children's Medical Services		

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency (Operations Only -- No Project Costs)	FY 2010-11			FY 2011-12			FY 2012-13			FY 2013-14			FY 2014-15		
	(a)	(b)	(c) = (a)+(b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)
	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	\$900,000	(\$900,000)	\$0	\$0	(\$1,600,000)	(\$1,600,000)	\$0	(\$1,600,000)	(\$1,600,000)	\$0	(\$1,600,000)	(\$1,600,000)	\$0	(\$1,600,000)	(\$1,600,000)
A.b Total FTE	15.00	(15.00)	0.00	0.00	(30.00)	(30.00)	0.00	(30.00)	(30.00)	0.00	(30.00)	(30.00)	0.00	(30.00)	(30.00)
A-1.a. State FTEs (Salaries & Benefits)	\$450,000	(\$450,000)	\$0	\$0	(\$800,000)	(\$800,000)	\$0	(\$800,000)	(\$800,000)	\$0	(\$800,000)	(\$800,000)	\$0	(\$800,000)	(\$800,000)
A-1.b. State FTEs (# FTEs)	7.50	(7.50)	0.00	0.00	(15.00)	(15.00)	0.00	(15.00)	(15.00)	0.00	(15.00)	(15.00)	0.00	(15.00)	(15.00)
A-2.a. OPS FTEs (Salaries)	\$450,000	(\$450,000)	\$0	\$0	(\$800,000)	(\$800,000)	\$0	(\$800,000)	(\$800,000)	\$0	(\$800,000)	(\$800,000)	\$0	(\$800,000)	(\$800,000)
A-2.b. OPS FTEs (# FTEs)	7.50	(7.50)	0.00	0.00	(15.00)	(15.00)	0.00	(15.00)	(15.00)	0.00	(15.00)	(15.00)	0.00	(15.00)	(15.00)
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contract FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Data Processing -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. External Service Provider -- Costs	\$120,000	\$250,000	\$370,000	\$120,000	\$0	\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-1. Consultant Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Maintenance & Support Services	\$0	\$250,000	\$250,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-4. Data Communications Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other Image API	\$120,000	\$0	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Others -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total of Operational Costs (Rows A through E)	\$1,020,000	(\$650,000)	\$370,000	\$120,000	(\$1,600,000)	(\$1,480,000)	\$0	(\$1,600,000)	(\$1,600,000)	\$0	(\$1,600,000)	(\$1,600,000)	\$0	(\$1,600,000)	(\$1,600,000)
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. Specify		\$0			\$0			\$0			\$0			\$0	
F-2. Specify		\$0			\$0			\$0			\$0			\$0	
F-3. Specify		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		\$650,000			\$1,600,000			\$1,600,000			\$1,600,000			\$1,600,000	

SPECIFY CHARACTER OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	<input checked="" type="checkbox"/>	Confidence Level	10%
Order of Magnitude	<input type="checkbox"/>	Confidence Level	
Placeholder	<input type="checkbox"/>	Confidence Level	

CBAForm 2 - Project Cost Analysis

Agency	<u>Department of Health</u>	Project	<u>CMSIDP - TPA</u>
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PROJECT COST ELEMENTS	PROJECT COST TABLE -- CBAForm 2A					TOTAL
	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	
State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0
OPS FTEs (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0
Contractors (Costs)	\$2,242,800	\$0	\$0	\$0	\$0	\$2,242,800
Deliverables	\$0	\$0	\$0	\$0	\$0	\$0
Major Project Tasks	\$0	\$0	\$0	\$0	\$0	\$0
Hardware <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0
COTS Software	\$0	\$0	\$0	\$0	\$0	\$0
Misc. Equipment <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0
Other Project Costs <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECT COSTS (*)	\$2,242,800	\$0	\$0	\$0	\$0	\$2,242,800
CUMULATIVE PROJECT COSTS	\$2,242,800	\$2,242,800	\$2,242,800	\$2,242,800	\$2,242,800	

INVESTMENT SUMMARY						TOTAL
	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$2,242,800	\$0	\$0	\$0	\$0	\$2,242,800
Federal Match	\$0	\$0	\$0	\$0	\$0	\$0
Grants	\$0	\$0	\$0	\$0	\$0	\$0
Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT (*)	\$2,242,800	\$0	\$0	\$0	\$0	\$2,242,800
CUMULATIVE INVESTMENT (*)	\$2,242,800	\$2,242,800	\$2,242,800	\$2,242,800	\$2,242,800	

(*) Total Costs and Investments are carried forward to CBAForm3 Project Investment Summary worksheet.

Character of Project Costs Estimate - CBAForm 2B		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous <input checked="" type="checkbox"/>	Confidence Level	10%
Order of Magnitude <input type="checkbox"/>	Confidence Level	
Placeholder <input type="checkbox"/>	Confidence Level	

CBAForm 3 - Project Investment Summary

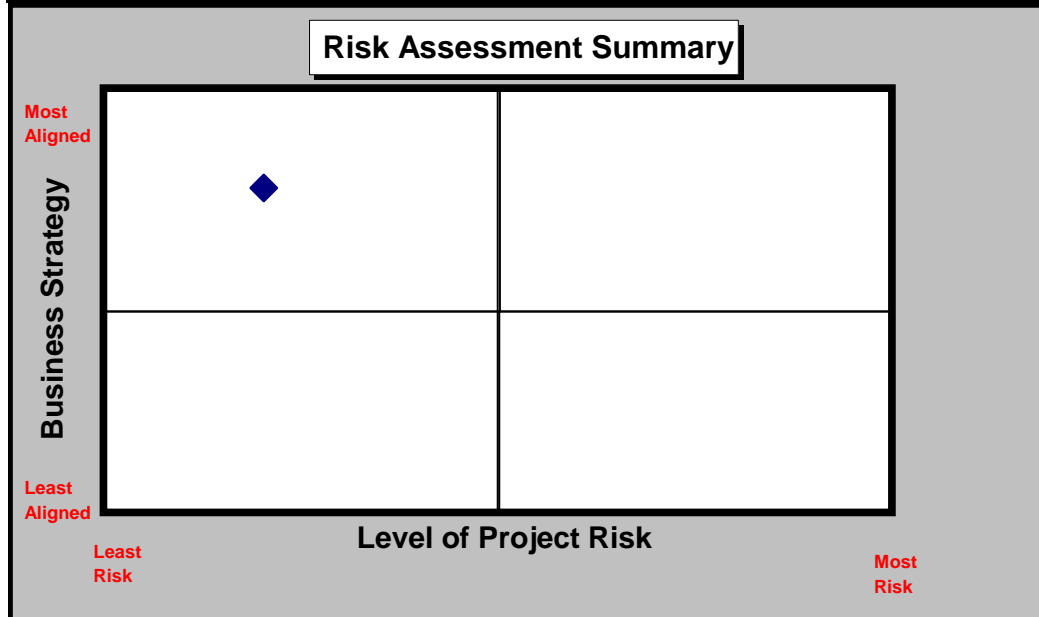
Agency	<u>Department of Health</u>	Project	<u>CMSIDP - TPA</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	TOTAL
Project Cost	\$2,242,800	\$0	\$0	\$0	\$0	\$2,242,800
Net Tangible Benefits	\$650,000	\$1,600,000	\$1,600,000	\$1,600,000	\$1,600,000	\$7,050,000
Return on Investment	(\$1,592,800)	\$1,600,000	\$1,600,000	\$1,600,000	\$1,600,000	\$4,807,200
Year to Year Change in Program Staffing	(15)	(30)	(30)	(30)	(30)	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	2	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2011-12	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	\$3,824,770	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	93.25%	IRR is the project's rate of return.

Treasurer's Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Cost of Capital	5.35%	5.38%	5.38%	5.38%	5.38%

Project	<i>CMS Infrastructure Development</i>	
Agency	<i>Department of Health - CMS</i>	
FY 2010-11 LBR Issue Code:	FY 2010-11 LBR Issue Title:	
<i>Issue Code</i>	<i>Issue Title</i>	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Mr. Randy Willcox, 245-4219, randy_wilcox@doh.state.fl.us</i>		
Executive Sponsor	<i>Dr. Joseph Chiaro, Deputy Secretary</i>	
Project Manager	<i>Dr. Mark L. Huston, PMP</i>	
Prepared By	<i>Dr. Mark L. Huston, PMP</i>	<i>8/15/2009</i>



Project Risk Area Breakdown	
Risk Assessment Areas	Risk Exposure
Strategic Assessment	LOW
Technology Exposure Assessment	LOW
Organizational Change Management Assessment	MEDIUM
Communication Assessment	LOW
Fiscal Assessment	LOW
Project Organization Assessment	LOW
Project Management Assessment	LOW
Project Complexity Assessment	HIGH
Overall Project Risk	
MEDIUM	

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	Legislation or proposed rule change is drafted
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Few or none
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Minimal or no external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 1 and 3 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Read about only or attended conference and/or vendor presentation	Supported production system 1 year to 3 years
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	External technical resources will be needed for implementation and operations	Internal resources have sufficient knowledge for implementation and operations
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Moderate changes to organization structure, staff or business processes
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	81% to 100% -- All or nearly all processes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	1% to 10% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Less than 1% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Moderate changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with similar change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	All or nearly all messages are documented
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	All or nearly all messages have success measures
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between \$2 M and \$10 M
		Greater than \$10 M	
		Between \$2 M and \$10 M	
		Between \$500K and \$1,999,999	
		Less than \$500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within $\pm 10\%$)	Detailed and rigorous (accurate within $\pm 10\%$)
		Order of magnitude -- estimate could vary between 10-100%	
		Placeholder -- actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	Yes
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Not applicable
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	All or nearly all project benefits have been identified and validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	Within 3 years
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Firm Fixed Price (FFP)
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager assigned is not the procurement manager or the project manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Yes, bid response did/will include proof of concept or prototype
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Agency: Department of Health - CMS

Project: CMS Infrastructure Development

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
		Some have been defined and documented	
		All or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	System Integrator (contractor)
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	3 or more
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
		No, project manager is assigned 50% or less to project	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	Yes, business, functional or technical experts dedicated full-time, 100% to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Few or no staff from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
		No, only IT staff are on change review and control board	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	81% to 100% -- All or nearly all have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	More complex
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	More than 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	Greater than 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	More than 4
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Statewide or multiple agency business process change
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Infrastructure upgrade
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Greater size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Lesser size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	



Final

Final



CMS Development and Integration Project ♦ **Proprietary**

State of Florida ♦

Children's Medical Services

Project Management Plan

*Children's Medical Services Development and Integration Project
Florida Department of Health*

Fiscal Year 2006 – 2007

17. Signature and Acceptance Page

We have reviewed the CMS Development and Integration Project Management Plan and agree that the content of the document is accurate as of this point in the program and clearly delineates the work to be done for the project. A formal PMO document (Work and Spending Plans) have been submitted in conjunction with this write-up as required by PMO directives. This document serves as the source and will be updated if and when required.



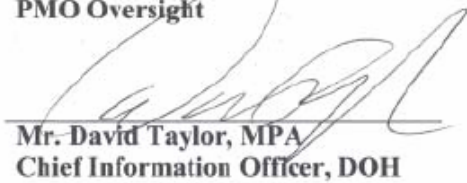
Dr. Mark L. Huston, PMP
Project Manager – Sr. Consultant
CMS Project Manager

03/01/06
Date



Ms. April Edwards
PMO Oversight

03/01/06
Date



Mr. David Taylor, MPA
Chief Information Officer, DOH

3/1/06
Date



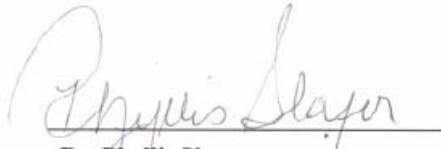
Mr. Randy Wilcox
Project Sponsor
Director, CMS Network Division

3/6/06
Date


CONTINUED – NEXT PAGE

Final

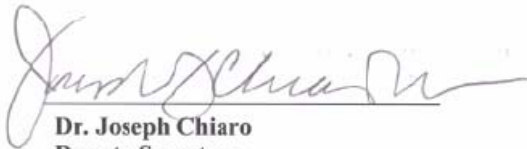
Approval and Signature Block Continued



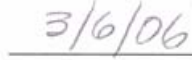
Dr. Phyllis Sloyer
Executive Sponsor
Director, CMS Network Division



Date



Dr. Joseph Chiaro
Deputy Secretary
Children's Medical Services



Date



Florida Department of Health
Children's Medical Services

CMS Infrastructure Development Project

Project Charter

Governance Project # 225

Signature of Agreement

Signatures within this document represent concurrence to and acceptance of the information presented in this document.

Signature _____ Date _____

Superseded by Signed Project Plan

Mr. Randy Wilcox, Chief CMS Network
Administration

Superseded by Signed Project Plan

Signature _____ Date _____

Dr. Phyllis Sloyer, Director, CMS Network Division

Revision History

Any revisions or amendments to this agreement shall be documented in the Revision Log and initialed by the authorized parties.

#	Date	Version No.	Revision Description	Author(s)	Initials
1	10/31/06	1.0	Draft	Dr. Mark L. Huston	MLH

Table of Contents

Purpose..... 8

Project Description..... 8

Funding Source..... 9

Primary Stakeholders..... 9

Scope Authority..... 9

Purpose

The purpose of this Charter is to provide an executive overview and to authorize the CMS-HMS Development and Integration project.

This document formally authorizes the project described herein.

Project Description

The focus of the Children's Medical Services (CMS) Infrastructure Development Project is to lay the foundation for the creation of a "virtual" statewide HMO/PPO operation. This "virtual" network will be controlled and directed by CMS with support services provided by Third Party Administrator(s) and contract operations who report directly to CMS/DOH. This is to effectively replace the CMS-IS data processing systems now run by CMS and directly supported by DOH. ***The CMS Infrastructure Development Project is the first phase of a three phase implementation strategy.****

CMS needs to accomplish three objectives for this project. These are:

- ✓ **Implementation of Electronic File Imaging and Retrieval** for all CMS Area Offices, CMS Central Office and CMS Programs. Imaging files are to be integrated into all other systems that are developed or that will be used by CMS. This includes the conversion of existing files and archives.
- ✓ **Development and Implementation of a Provider Management System** (databases) that accepts on-line applications (data) and then report the data from a central database to and from all CMS AO, CMS CO and CMS Programs. This system must link directly to the electronic imaging systems so that electronic records can be called up with the Provider Management System. The Provider Management function will report on all Providers and Facilities utilized by CMS operations state wide.
- ✓ **Development and Implementation of an Eligibility and Enrollment system** (databases) that accept on-line applications (data) and then report the data from a central database to and from all CMS AO, CMS CO and CMS Programs. This system must link directly to the electronic imaging systems so that electronic records can be called up with the Eligibility and Enrollment system. The Eligibility and Enrollment function will report on all clients in CMS operations state wide.

* In this implementation strategy, all phases stand alone and are functional within themselves. The plan is to first provide for an infrastructure to create Electronic Records Imaging integrated with Provider Management and Eligibility and Enrollment functions. The next phase will be to implement TPA Claims Processing that integrates with the first set of systems. The third phase is development and integration of Care Coordination and Clinic Management components into the developed infrastructure.

Funding Source

Funds will be allocated by Legislative Approval and then supplemented as required.

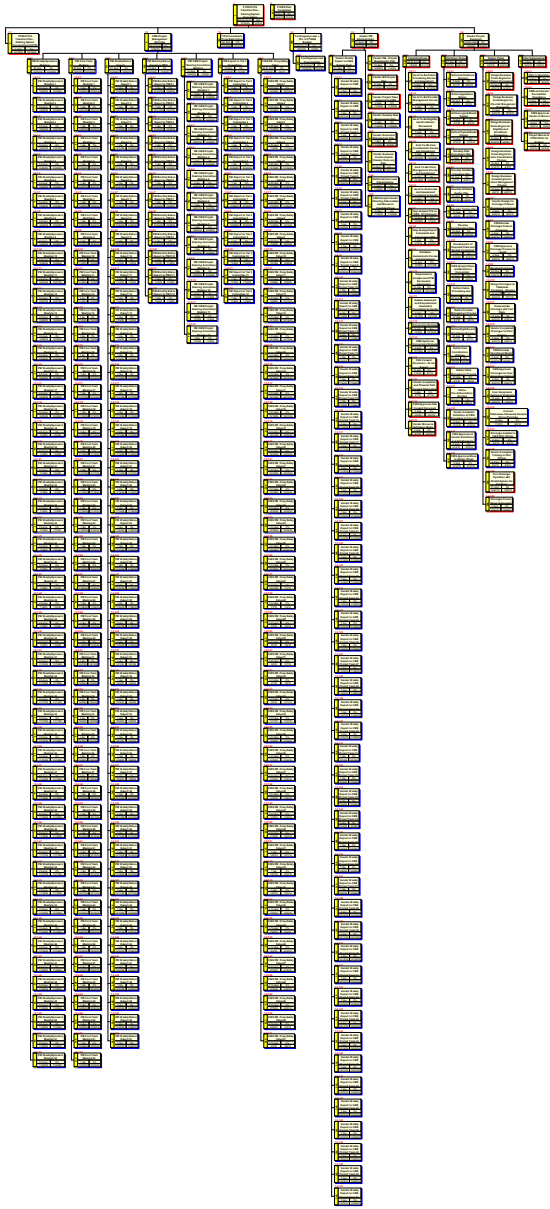
Primary Stakeholders

Key Stakeholders include at a minimum, DOH, CMS, The Secretary of DOH, CMS Director, Providers, Clients, and Children with Special Needs, Citizens of the State of Florida, Project Team and Support Entities.

Scope Authority

The CMS Executive Steering Committee and the Secretary of the Department of Health, Dr. M. Rony François.

FY0910 Forecasted Project Plan.mpp



Fields

WBS		Name	
ID	Duration	% Complete	
	Start	Finish	

Critical Task

Critical Milestone

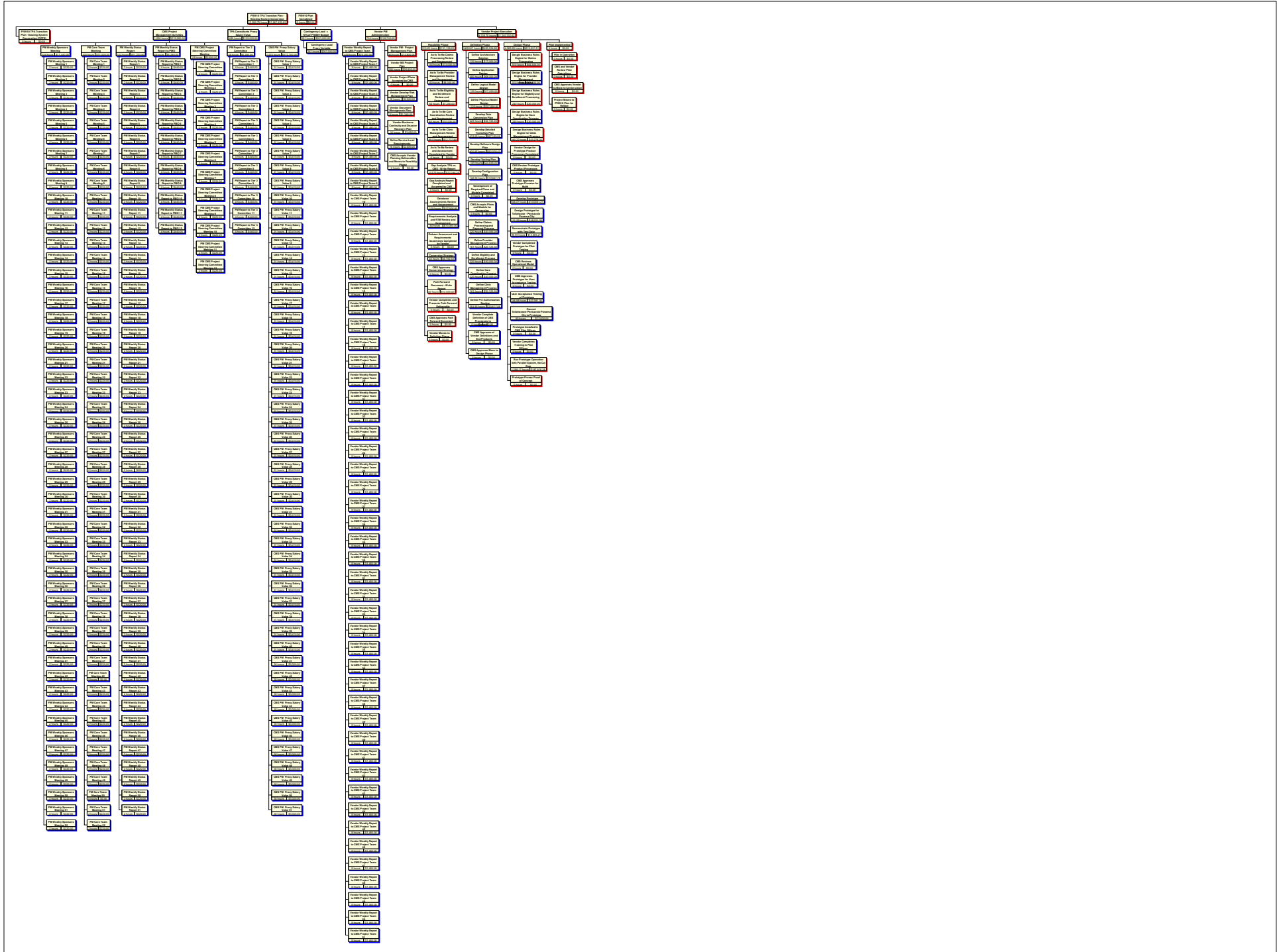
Critical Summary

Noncritical Task

Noncritical Milestone

Noncritical Summary

FY0910 Forecasted Project Plan.mpp



**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
1	FY0910 TPA Transition P	2	0 days	0 days	0 days	0
2	<i>FY0910 TPA Transition Pl</i>	0	0.75 days	1 day	1.25 days	3
4	CMS Project Managemen	0	0 days	0 days	0 days	0
5	PM Weekly Sponsors Me	0	0 days	0 days	0 days	0
6	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
7	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
8	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
9	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
10	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
11	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
12	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
13	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
14	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
15	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
16	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
17	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
18	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
19	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
20	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
21	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
22	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
23	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
24	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
25	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
26	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
27	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
28	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
29	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
30	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
31	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
32	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
33	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
34	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
35	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
36	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
37	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
38	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
39	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
40	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
41	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
42	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
43	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
44	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
45	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
46	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
47	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
48	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
49	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
50	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
51	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
52	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
53	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
54	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
55	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
56	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
57	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
58	PM Core Team Meeting	0	0 days	0 days	0 days	0
59	PM Core Team Meeting 1	0	0.75 days	1 day	1.25 days	3
60	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
61	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
62	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
63	PM Core Team Meeting 5	0	0.75 days	1 day	1.25 days	3
64	PM Core Team Meeting 6	0	0.75 days	1 day	1.25 days	3
65	PM Core Team Meeting 7	0	0.75 days	1 day	1.25 days	3
66	PM Core Team Meeting 8	0	0.75 days	1 day	1.25 days	3
67	PM Core Team Meeting 9	0	0.75 days	1 day	1.25 days	3
68	PM Core Team Meeting 10	0	0.75 days	1 day	1.25 days	3
69	PM Core Team Meeting 11	0	0.75 days	1 day	1.25 days	3
70	PM Core Team Meeting 12	0	0.75 days	1 day	1.25 days	3
71	PM Core Team Meeting 13	0	0.75 days	1 day	1.25 days	3
72	PM Core Team Meeting 14	0	0.75 days	1 day	1.25 days	3
73	PM Core Team Meeting 15	0	0.75 days	1 day	1.25 days	3
74	PM Core Team Meeting 16	0	0.75 days	1 day	1.25 days	3
75	PM Core Team Meeting 17	0	0.75 days	1 day	1.25 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
76	PM Core Team Meeting 1	0	0.75 days	1 day	1.25 days	3
77	PM Core Team Meeting 1	0	0.75 days	1 day	1.25 days	3
78	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
79	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
80	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
81	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
82	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
83	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
84	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
85	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
86	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
87	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
88	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
89	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
90	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
91	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
92	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
93	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
94	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
95	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
96	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
97	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
98	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
99	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
100	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
101	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
102	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
103	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
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105	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
106	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
107	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
108	PM Core Team Meeting 5	0	0.75 days	1 day	1.25 days	3
109	PM Core Team Meeting 5	0	0.75 days	1 day	1.25 days	3
110	PM Core Team Meeting 5	0	0.75 days	1 day	1.25 days	3
111	PM Weekly Status Report	0	0 days	0 days	0 days	0
112	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
113	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
114	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
115	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
116	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
117	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
118	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
119	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
120	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
121	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
122	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
123	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
124	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
125	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
126	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
127	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
128	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
129	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
130	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
131	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
132	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
133	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
134	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
135	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
136	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
137	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
138	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
139	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
140	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
141	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
142	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
143	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
144	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
145	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
146	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
147	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
148	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
149	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
150	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
151	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
152	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
153	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
154	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
155	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
156	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
157	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
158	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
159	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
160	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
161	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
162	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
163	PM Monthly Status Repc	0	0 days	0 days	0 days	0
164	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
165	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
166	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
167	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
168	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
169	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
170	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
171	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
172	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
173	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
174	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
175	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
176	PM CMS Project Steering	0	0 days	0 days	0 days	0
177	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
178	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
179	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
180	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
181	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
182	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
183	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
184	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
185	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
186	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
187	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
188	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
189	PM Report to Tier 3 Com	0	0 days	0 days	0 days	0
190	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
191	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
192	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
193	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
194	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
195	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
196	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
197	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
198	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
199	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
200	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
201	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
202	CMS PM Proxy Salary V	0	0 days	0 days	0 days	0
203	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
204	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
205	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
206	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
207	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
208	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
209	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
210	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
211	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
212	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
213	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
214	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
215	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
216	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
217	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
218	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
219	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
220	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
221	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
222	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
223	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
224	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
225	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
226	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
227	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
228	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
229	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
230	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
231	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
232	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
233	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
234	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
235	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
236	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
237	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
238	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
239	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
240	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
241	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
242	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
243	CMS PM Proxy Salary Va	0	0.75 days	1 day	1.25 days	3
244	CMS PM Proxy Salary Va	0	0.75 days	1 day	1.25 days	3
245	CMS PM Proxy Salary Va	0	0.75 days	1 day	1.25 days	3
246	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
247	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
248	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
249	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
250	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
251	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
252	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
253	CMS PM Proxy Salary Va	0	2.81 days	3.75 days	4.69 days	3
255	TPA Consultants Proxy S	0	0 days	0 days	0 days	0
256	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
257	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
258	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
259	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
260	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
261	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
262	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
263	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
264	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
265	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
266	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
267	TPA Consultants Proxy S	0	3.75 days	5 days	6.25 days	3
269	Contingency Load = 10%	0	0 days	0 days	0 days	0
270	Contingency Load Proxy V	0	24.47 days	32.63 days	40.79 days	3
272	Vendor PM Administrati	0	0 days	0 days	0 days	0
273	Vendor Weekly Report to	0	0 days	0 days	0 days	0
274	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
275	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
276	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
277	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
278	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
279	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
280	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
281	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
282	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
283	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
284	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
285	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
286	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
287	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
288	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
289	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
290	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
291	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
292	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
293	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
294	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
295	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
296	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
297	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
298	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
299	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
300	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
301	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
302	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
303	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
304	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
305	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
306	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
307	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
308	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
309	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
310	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
311	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
312	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
313	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
314	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
315	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
316	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
317	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
318	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
319	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
320	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
321	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
322	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
323	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
324	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
325	Vendor PM - Project Manag	0	7.5 days	10 days	12.5 days	3
326	Vendor MS Project Plan	0	9 days	12 days	15 days	3
327	Vendor Project Plans Acc	0	0 days	0 days	0 days	3
329	Vendor Develop Risk Man	0	1.5 days	2 days	2.5 days	3
330	Vendor Document Manag	0	0.75 days	1 day	1.25 days	3
331	Vendor Business Continui	0	1.5 days	2 days	2.5 days	3
332	Define Service Level Req	0	1.5 days	2 days	2.5 days	3
333	CMS Accepts Vendor Plar	0	0 days	0 days	0 days	3
335	Vendor Project Executio	0	0 days	0 days	0 days	0
336	Feasibility Phase	1	0 days	0 days	0 days	0
337	As-Is To-Be Claims Proce	0	3.75 days	5 days	6.25 days	3
338	As-Is To-Be Provider Man	0	3.75 days	5 days	6.25 days	3
339	As-Is To-Be Eligibility and	0	3.75 days	5 days	6.25 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

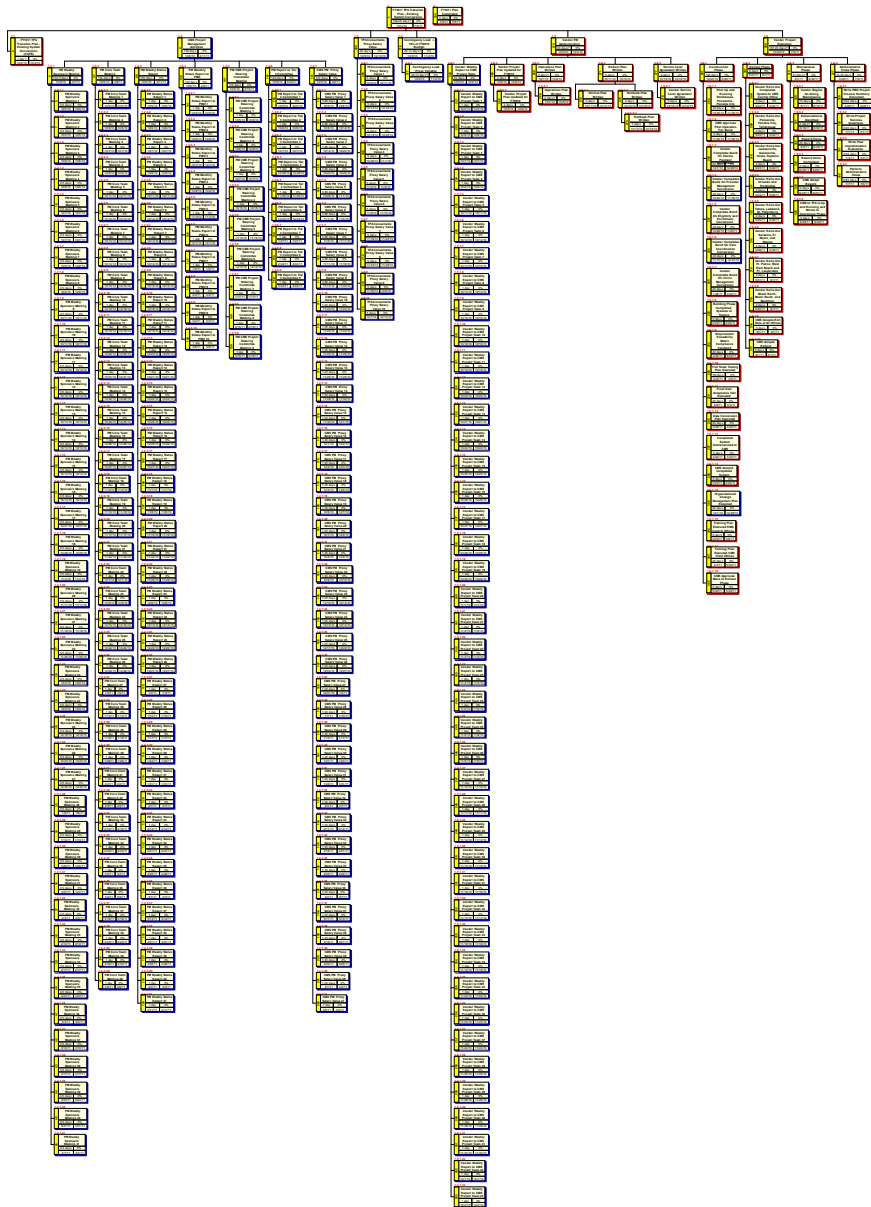
ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
340	As-Is To-Be Care Coordin	0	3.75 days	5 days	6.25 days	3
341	As-Is To-Be Clinic Manag	0	3.75 days	5 days	6.25 days	3
342	As-Is To-Be Review and A	0	0 days	0 days	0 days	3
344	Gap Analysis TPA vs. CM	0	9 days	12 days	15 days	3
345	Gap Analysis Report Com	0	0 days	0 days	0 days	3
347	Database Assessments R	0	7.5 days	10 days	12.5 days	3
348	Requirements Analysis an	0	7.5 days	10 days	12.5 days	3
349	Dabase Assesment and R	0	0 days	0 days	0 days	3
351	Conversion Strategy	0	3.75 days	5 days	6.25 days	3
352	CMS Approves Conversio	0	0 days	0 days	0 days	3
354	Path Forward Document -	0	7.5 days	10 days	12.5 days	3
355	Vendor Completes and Pr	0	0 days	0 days	0 days	3
356	CMS Approves Path Forw	0	0 days	0 days	0 days	3
357	Vendor Moves to Definitio	0	0 days	0 days	0 days	3
359	Definition Phase	1	0 days	0 days	0 days	0
360	Define Architecture Soluti	0	3.75 days	5 days	6.25 days	3
361	Define Application Design	0	15 days	20 days	25 days	3
362	Define Logical Model Desi	0	3.75 days	5 days	6.25 days	3
363	Define Physical Model De.	0	7.5 days	10 days	12.5 days	3
364	Develop Data Conversion	0	5.25 days	7 days	8.75 days	3
365	Develop Detailed Transiti	0	22.5 days	30 days	37.5 days	3
366	Develop Software Design	0	18.75 days	25 days	31.25 days	3
367	Develop Testing Plan	0	7.5 days	10 days	12.5 days	3
368	Develop Configuration Pla	0	11.25 days	15 days	18.75 days	3
369	Development of Required	0	0 days	0 days	0 days	3
370	CMS Accepts Plans and M	0	0 days	0 days	0 days	3
372	Define Claims Processing	0	15 days	20 days	25 days	3
373	Define Provider Managem	0	15 days	20 days	25 days	3
374	Define Eligibility and Enroll	0	15 days	20 days	25 days	3
375	Define Care Coordination	0	15 days	20 days	25 days	3
376	Define Clinic Managemen	0	15 days	20 days	25 days	3
377	Define Pre-Authorizaiton F	0	15 days	20 days	25 days	3
378	Vendor Complete Definitic	0	0 days	0 days	0 days	3
379	CMS Approves of Vendor	0	0 days	0 days	0 days	3
380	CMS Approves Move to D	0	0 days	0 days	0 days	3
382	Design Phase	1	0 days	0 days	0 days	0
383	Desgin Business Rules Er	0	11.25 days	15 days	18.75 days	3

**FY0910 Forecasted
Project Plan
Optimistic, Most Likely, Pessimistic Forecast**

Risk Inputs Duration as of Fri 7/31/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
384	Design Business Rules Er	0	11.25 days	15 days	18.75 days	3
385	<i>Design Business Rules Er</i>	0	11.25 days	15 days	18.75 days	3
386	Design Business Rules Er	0	11.25 days	15 days	18.75 days	3
387	<i>Design Business Rules Er</i>	0	11.25 days	15 days	18.75 days	3
388	Vendor Design for Prototy	0	0 days	0 days	0 days	3
389	CMS Review Prototype Pr	0	0 days	0 days	0 days	3
390	CMS Approves Prototype	0	0 days	0 days	0 days	3
392	<i>Develop Prototype</i>	0	33.75 days	45 days	56.25 days	3
393	Design Prototype for Talla	0	15 days	20 days	25 days	3
394	Demonstrate Prototype wi	0	7.5 days	10 days	12.5 days	3
395	Vendor Completed Prototy	0	0 days	0 days	0 days	3
396	CMS Reviews Operationa	0	0 days	0 days	0 days	3
397	CMS Approves Prototype	0	0 days	0 days	0 days	3
399	User Acceptance Testing	0	11.25 days	15 days	18.75 days	3
400	Convert Tallahassee-Pens	0	7.5 days	10 days	12.5 days	3
401	Prototype Installed in CMS	0	0 days	0 days	0 days	3
402	Vendor Completes Trainin	0	0 days	0 days	0 days	3
404	Run Prototype Operation v	0	42.75 days	57 days	71.25 days	3
405	Prototype Proves Proof of	0	0 days	0 days	0 days	3
407	Pilot Implemented	1	0 days	0 days	0 days	0
408	Pilot in Operation	0	0 days	0 days	0 days	3
409	CMS and Vendor Review	0	0 days	0 days	0 days	3
410	CMS Approves Vendor to	0	0 days	0 days	0 days	3
411	Project Moves to FY0910	0	0 days	0 days	0 days	3
413	FY0910 Plan Completed	1	0 days	0 days	0 days	3

FY1011 Forecasted Plan Schedule IVB



Fields

WBS

ID	Name	
	Duration	% Complete
	Start	Finish

Critical Task

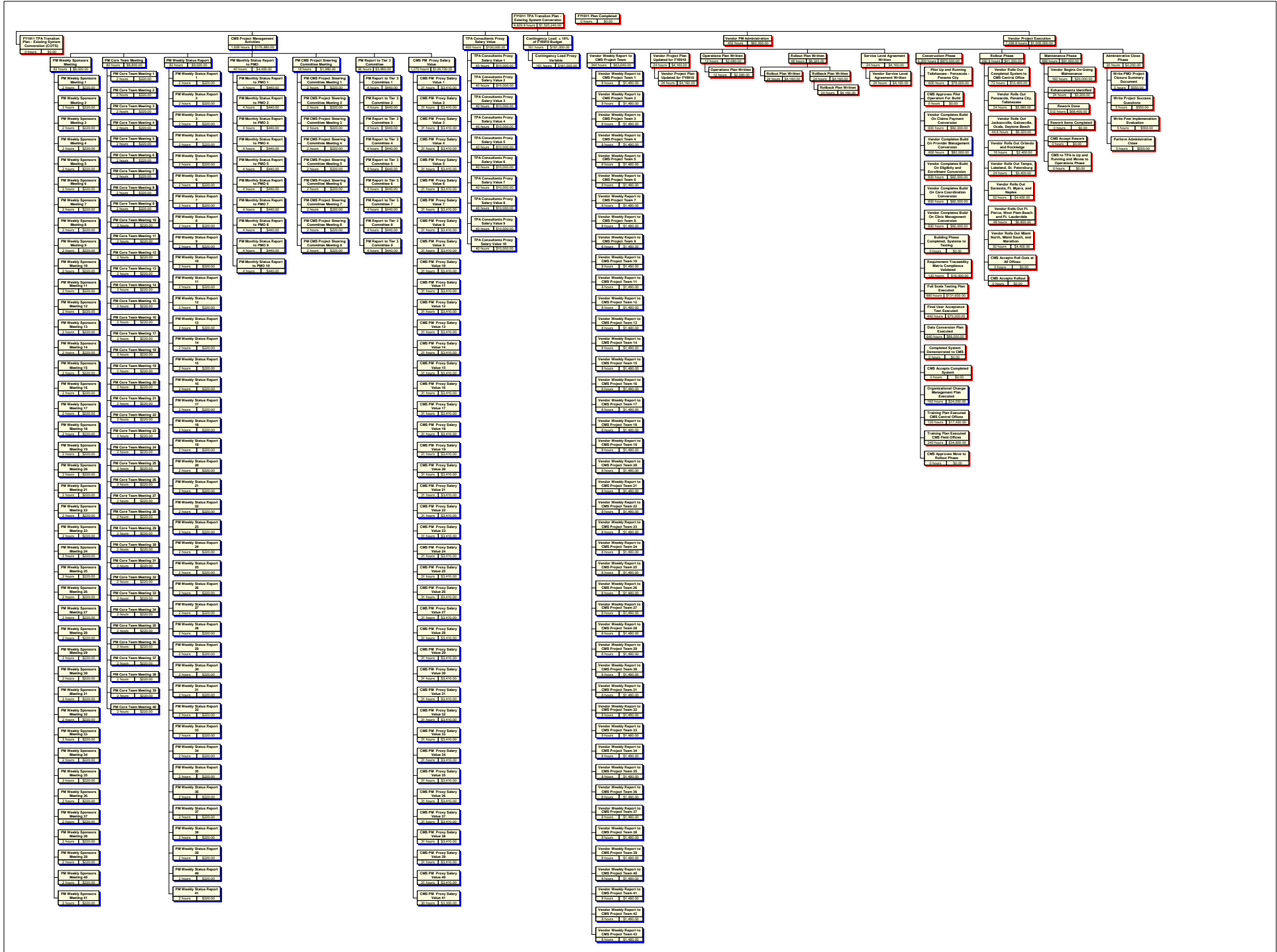
Critical Milestone

Critical Summary

Noncritical Task

Noncritical Summary

FY1011 Forecasted Plan Schedule IVB



FY1011 Forecasted Plan Schedule IVB

Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
1	FY1011 TPA Transition P	2	0 days	0 days	0 days	0
2	<i>FY1011 TPA Transition Pl</i>	0	0.75 days	1 day	1.25 days	3
4	CMS Project Managemen	0	0 days	0 days	0 days	0
5	PM Weekly Sponsors Me	0	0 days	0 days	0 days	0
6	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
7	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
8	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
9	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
10	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
11	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
12	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
13	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
14	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
15	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
16	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
17	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
18	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
19	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
20	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
21	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
22	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
23	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
24	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
25	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
26	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
27	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
28	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
29	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
30	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
31	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
32	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
33	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
34	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
35	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
36	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
37	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
38	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
39	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
40	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3
41	PM Weekly Sponsors Me	0	0.38 days	0.5 days	0.63 days	3

FY1011 Forecasted Plan Schedule IVB

Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
42	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
43	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
44	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
45	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
46	PM Weekly Sponsors Mee	0	0.38 days	0.5 days	0.63 days	3
47	PM Core Team Meeting	0	0 days	0 days	0 days	0
48	PM Core Team Meeting 1	0	0.75 days	1 day	1.25 days	3
49	PM Core Team Meeting 2	0	0.75 days	1 day	1.25 days	3
50	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
51	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
52	PM Core Team Meeting 5	0	0.75 days	1 day	1.25 days	3
53	PM Core Team Meeting 6	0	0.75 days	1 day	1.25 days	3
54	PM Core Team Meeting 7	0	0.75 days	1 day	1.25 days	3
55	PM Core Team Meeting 8	0	0.75 days	1 day	1.25 days	3
56	PM Core Team Meeting 9	0	0.75 days	1 day	1.25 days	3
57	PM Core Team Meeting 10	0	0.75 days	1 day	1.25 days	3
58	PM Core Team Meeting 11	0	0.75 days	1 day	1.25 days	3
59	PM Core Team Meeting 12	0	0.75 days	1 day	1.25 days	3
60	PM Core Team Meeting 13	0	0.75 days	1 day	1.25 days	3
61	PM Core Team Meeting 14	0	0.75 days	1 day	1.25 days	3
62	PM Core Team Meeting 15	0	0.75 days	1 day	1.25 days	3
63	PM Core Team Meeting 16	0	0.75 days	1 day	1.25 days	3
64	PM Core Team Meeting 17	0	0.75 days	1 day	1.25 days	3
65	PM Core Team Meeting 18	0	0.75 days	1 day	1.25 days	3
66	PM Core Team Meeting 19	0	0.75 days	1 day	1.25 days	3
67	PM Core Team Meeting 20	0	0.75 days	1 day	1.25 days	3
68	PM Core Team Meeting 21	0	0.75 days	1 day	1.25 days	3
69	PM Core Team Meeting 22	0	0.75 days	1 day	1.25 days	3
70	PM Core Team Meeting 23	0	0.75 days	1 day	1.25 days	3
71	PM Core Team Meeting 24	0	0.75 days	1 day	1.25 days	3
72	PM Core Team Meeting 25	0	0.75 days	1 day	1.25 days	3
73	PM Core Team Meeting 26	0	0.75 days	1 day	1.25 days	3
74	PM Core Team Meeting 27	0	0.75 days	1 day	1.25 days	3
75	PM Core Team Meeting 28	0	0.75 days	1 day	1.25 days	3
76	PM Core Team Meeting 29	0	0.75 days	1 day	1.25 days	3
77	PM Core Team Meeting 30	0	0.75 days	1 day	1.25 days	3
78	PM Core Team Meeting 31	0	0.75 days	1 day	1.25 days	3
79	PM Core Team Meeting 32	0	0.75 days	1 day	1.25 days	3
80	PM Core Team Meeting 33	0	0.75 days	1 day	1.25 days	3
81	PM Core Team Meeting 34	0	0.75 days	1 day	1.25 days	3

FY1011 Forecasted Plan Schedule IVB

Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
82	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
83	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
84	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
85	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
86	PM Core Team Meeting 3	0	0.75 days	1 day	1.25 days	3
87	PM Core Team Meeting 4	0	0.75 days	1 day	1.25 days	3
88	PM Weekly Status Report	0	0 days	0 days	0 days	0
89	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
90	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
91	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
92	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
93	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
94	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
95	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
96	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
97	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
98	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
99	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
100	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
101	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
102	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
103	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
104	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
105	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
106	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
107	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
108	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
109	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
110	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
111	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
112	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
113	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
114	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
115	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
116	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
117	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
118	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
119	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
120	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
121	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3

FY1011 Forecasted Plan Schedule IVB

Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
122	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
123	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
124	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
125	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
126	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
127	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
128	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
129	PM Weekly Status Report	0	0.75 days	1 day	1.25 days	3
130	PM Monthly Status Repc	0	0 days	0 days	0 days	0
131	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
132	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
133	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
134	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
135	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
136	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
137	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
138	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
139	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
140	PM Monthly Status Report	0	0.75 days	1 day	1.25 days	3
141	PM CMS Project Steering	0	0 days	0 days	0 days	0
142	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
143	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
144	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
145	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
146	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
147	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
148	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
149	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
150	PM CMS Project Steering	0	0.75 days	1 day	1.25 days	3
151	PM Report to Tier 3 Comn	0	0 days	0 days	0 days	0
152	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
153	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
154	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
155	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
156	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
157	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
158	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
159	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
160	PM Report to Tier 3 Comn	0	0.75 days	1 day	1.25 days	3
161	CMS PM Proxy Salary V	0	0 days	0 days	0 days	0

FY1011 Forecasted Plan Schedule IVB

Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
162	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
163	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
164	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
165	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
166	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
167	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
168	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
169	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
170	CMS PM Proxy Salary Va	0	2.91 days	3.88 days	4.85 days	3
171	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
172	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
173	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
174	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
175	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
176	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
177	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
178	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
179	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
180	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
181	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
182	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
183	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
184	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
185	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
186	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
187	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
188	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
189	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
190	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
191	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
192	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
193	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
194	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
195	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
196	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
197	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
198	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
199	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
200	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3
201	CMS PM Proxy Salary Va	0	0.77 days	1.03 days	1.29 days	3

FY1011 Forecasted Plan Schedule IVB

Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
202	CMS PM Proxy Salary	0	0.75 days	1 day	1.25 days	3
204	TPA Consultants Proxy Salary	0	0 days	0 days	0 days	0
205	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
206	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
207	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
208	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
209	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
210	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
211	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
212	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
213	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
214	TPA Consultants Proxy Salary	0	3.75 days	5 days	6.25 days	3
216	Contingency Load = 10%	0	0 days	0 days	0 days	0
217	Contingency Load Proxy Variable	0	15.1 days	20.13 days	25.16 days	3
219	Vendor PM Administrative	0	0 days	0 days	0 days	0
220	Vendor Weekly Report to	0	0 days	0 days	0 days	0
221	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
222	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
223	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
224	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
225	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
226	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
227	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
228	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
229	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
230	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
231	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
232	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
233	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
234	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
235	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
236	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
237	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
238	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
239	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
240	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
241	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
242	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
243	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
244	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3

FY1011 Forecasted Plan Schedule IVB

Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
245	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
246	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
247	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
248	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
249	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
250	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
251	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
252	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
253	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
254	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
255	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
256	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
257	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
258	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
259	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
260	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
261	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
262	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
263	Vendor Weekly Report to	0	0.75 days	1 day	1.25 days	3
265	Vendor Project Plan Upd	1	0 days	0 days	0 days	0
266	Vendor Project Plan Upda	0	1.5 days	2 days	2.5 days	3
268	Operations Plan Written	1	0 days	0 days	0 days	0
269	Operations Plan Written	0	1.5 days	2 days	2.5 days	3
271	Rollout Plan Written	1	0 days	0 days	0 days	0
272	Rollout Plan Written	0	1.5 days	2 days	2.5 days	3
274	Rollback Plan Written	0	0 days	0 days	0 days	0
275	Rollback Plan Written	0	2.25 days	3 days	3.75 days	3
277	Service Level Agreemen	0	0 days	0 days	0 days	0
278	Vendor Service Level Agr	0	1.5 days	2 days	2.5 days	3
280	Vendor Project Executio	0	0 days	0 days	0 days	0
281	Construction Phase	1	0 days	0 days	0 days	0
282	Pilot Up and Running Talk	0	22.5 days	30 days	37.5 days	3
283	CMS Approves Pilot Oper	0	0 days	0 days	0 days	3
285	Vendor Completes Build C	0	15 days	20 days	25 days	3
286	Vendor Completes Build C	0	15 days	20 days	25 days	3
287	Vendor Completes Build C	0	15 days	20 days	25 days	3
288	Vendor Completes Build C	0	15 days	20 days	25 days	3
289	Vendor Completes Build C	0	15 days	20 days	25 days	3
290	Building Phase Completec	0	0 days	0 days	0 days	3
292	Requirement Traceability	0	15 days	20 days	25 days	3

FY1011 Forecasted Plan Schedule IVB

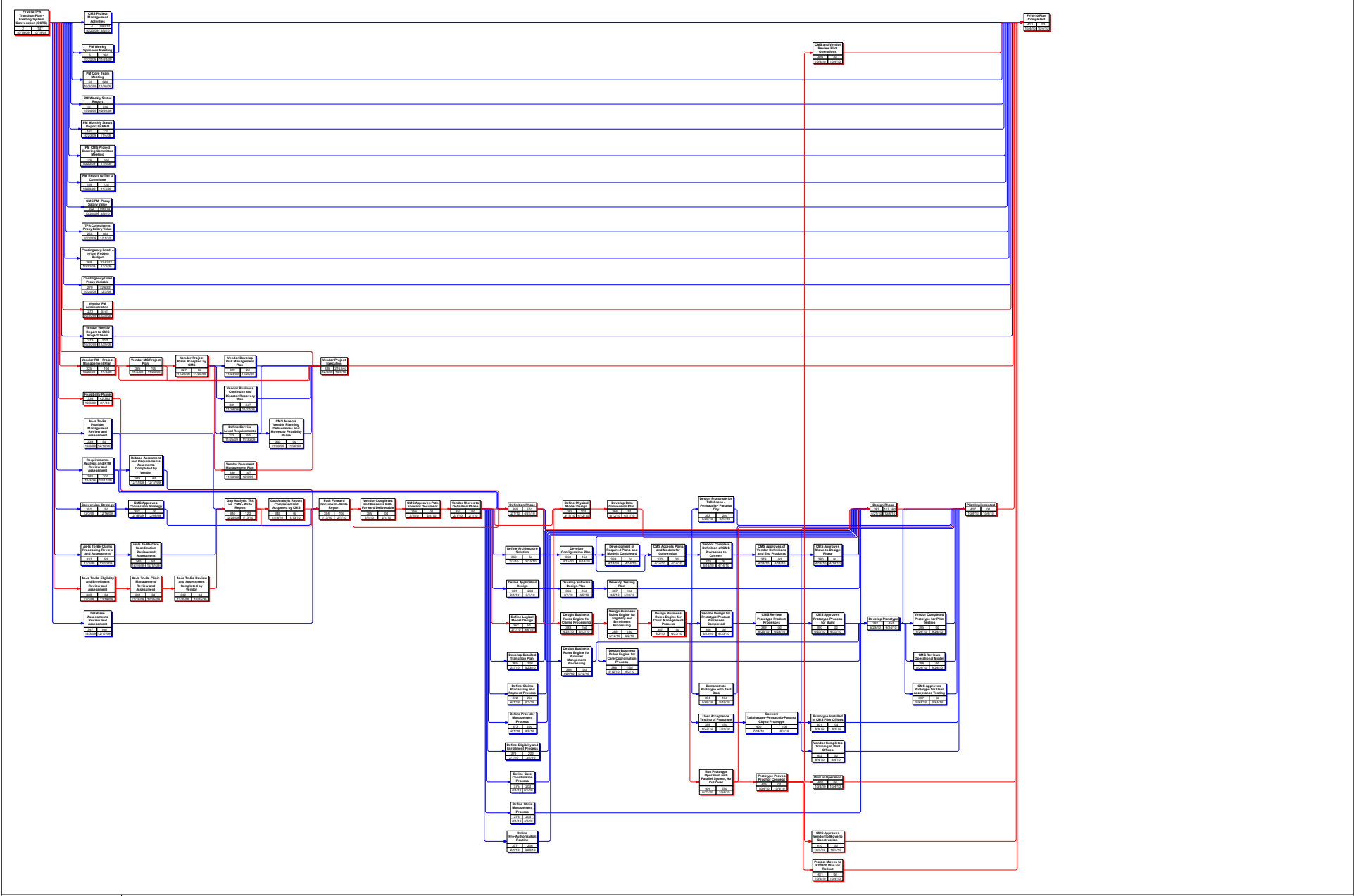
Risk Inputs Duration as of Tue 8/4/09

ID	Task Name	Rept ID	Min Rdur	ML Rdur	Max Rdur	Dur Curve
293	Full Scale Testing Plan Ex	0	22.5 days	30 days	37.5 days	3
294	Final User Acceptance Te	0	15 days	20 days	25 days	3
295	Data Conversion Plan Exe	0	15 days	20 days	25 days	3
297	Completed System Demoi	0	0 days	0 days	0 days	3
298	CMS Accepts Completed	0	0 days	0 days	0 days	3
300	Organizational Change Ma	0	15 days	20 days	25 days	3
302	Training Plan Executed Cl	0	4.5 days	6 days	7.5 days	3
303	Training Plan Executed Cl	0	15 days	20 days	25 days	3
305	CMS Approves Move to R	0	0 days	0 days	0 days	3
307	Rollout Phase	1	0 days	0 days	0 days	0
308	Vendor Rolls Out Comple	0	3.75 days	5 days	6.25 days	3
309	Vendor Rolls Out Pensac	0	1.5 days	2 days	2.5 days	3
310	Vendor Rolls Out Jackson	0	1.5 days	2 days	2.5 days	3
311	Vendor Rolls Out Orlando	0	1.5 days	2 days	2.5 days	3
312	Vendor Rolls Out Tampa,	0	1.5 days	2 days	2.5 days	3
313	Vendor Rolls Out Sarasot	0	1.5 days	2 days	2.5 days	3
314	Vendor Rolls Out Ft. Pierc	0	1.5 days	2 days	2.5 days	3
315	Vendor Rolls Out Miami N	0	1.5 days	2 days	2.5 days	3
316	CMS Accepts Roll Outs at	0	0 days	0 days	0 days	3
317	CMS Accepts Rollout	0	0 days	0 days	0 days	3
319	Maintenance Phase	1	0 days	0 days	0 days	0
320	Vendor Begins On-Going	0	7.5 days	10 days	12.5 days	3
321	Enhancements Identified	0	1.5 days	2 days	2.5 days	3
322	Rework Done	0	15 days	20 days	25 days	3
323	Rework Items Completed	0	0 days	0 days	0 days	3
324	CMS Accept Rework	0	0 days	0 days	0 days	3
325	CMS to TPA is Up and Ru	0	0 days	0 days	0 days	3
327	Administrative Close Ph	1	0 days	0 days	0 days	0
329	Write PMO Project Closur	0	3.75 days	5 days	6.25 days	3
330	Write Project Success Qu	0	1.5 days	2 days	2.5 days	3
331	Write Post Implemenation	0	3.75 days	5 days	6.25 days	3
332	Perform Administrative Cl	0	3.75 days	5 days	6.25 days	3
334	FY1011 Plan Completed	1	0 days	0 days	0 days	3

ID	Task Name	Duration	Work	BCWS	Start	Finish	Precedes	Successors	Resource Names
1	FY0910 TPA Transition Plan - Existing System Conversion	250.04 days?	12,580.75 hrs	\$1,967,632.62	Mon 10/19/09	Mon 10/4/10			
2	FY0910 TPA Transition Plan - Existing System Conversion (COTS)	1 day?	0 hrs	\$0.00	Mon 10/19/09	Mon 10/19/09		,339,351,335	
3									
4	CMS Project Management Activities	99.91 days	1,996 hrs	\$219,560.00	Tue 10/20/09	Mon 3/8/10	2		413
5	PM Weekly Sponsors Meeting	26 days	104 hrs	\$11,440.00	Tue 10/20/09	Tue 11/24/09	2		413
58	PM Core Team Meeting	52 days	100 hrs	\$11,000.00	Tue 10/20/09	Wed 12/30/09	2		413
111	PM Weekly Status Report	51 days	102 hrs	\$11,220.00	Tue 10/20/09	Tue 12/29/09	2		413
163	PM Monthly Status Report to PMO	12 days	48 hrs	\$5,280.00	Tue 10/20/09	Wed 11/4/09	2		413
176	PM CMS Project Steering Committee Meeting	12 days	24 hrs	\$2,640.00	Tue 10/20/09	Wed 11/4/09	2		413
189	PM Report to Tier 3 Committee	12 days	48 hrs	\$5,280.00	Tue 10/20/09	Wed 11/4/09	2		413
202	CMS PM Proxy Salary Value	99.91 days	1,570 hrs	\$172,700.00	Tue 10/20/09	Mon 3/8/10	2		413
254									
255	TPA Consultants Proxy Salary Value	60 days	480 hrs	\$120,000.00	Tue 10/20/09	Mon 1/11/10	2		413
268									
269	Contingency Load = 10% of FY0809 Budget	32.63 days?	261 hrs	\$261,000.00	Tue 10/20/09	Thu 12/3/09	2		413
270	Contingency Load Proxy Variable	32.63 days?	261 hrs	\$261,000.00	Tue 10/20/09	Thu 12/3/09	2		413 Contingency Load
271									
272	Vendor PM Administration	51 days?	704 hrs	\$126,740.00	Tue 10/20/09	Tue 12/29/09	2		413
273	Vendor Weekly Report to CMS Project Team	51 days	408 hrs	\$75,480.00	Tue 10/20/09	Tue 12/29/09	2		413
325	Vendor PM - Project Management Plan	10 days	80 hrs	\$14,800.00	Tue 10/20/09	Wed 11/4/09	2	335,326	Vendor PM
326	Vendor MS Project Plan	12 days	160 hrs	\$26,800.00	Thu 11/5/09	Mon 11/23/09	325	335,327	Vendor PM, Vendor Team Lead
327	Vendor Project Plans Accepted by CMS	0 days	0 hrs	\$0.00	Mon 11/23/09	Mon 11/23/09	326	,330,331,332	
328									
329	Vendor Develop Risk Management Plan	2 days	16 hrs	\$2,960.00	Tue 11/24/09	Wed 11/25/09	327		335 Vendor PM
330	Vendor Document Management Plan	1 day?	8 hrs	\$1,340.00	Mon 11/30/09	Thu 12/3/09	327		335 Vendor PM, Vendor Team Lead
331	Vendor Business Continuity and Disaster Recovery Plan	2 days?	16 hrs	\$2,680.00	Tue 11/24/09	Fri 11/27/09	327		335 Vendor PM, Vendor Team Lead
332	Define Service Level Requirements	2 days?	16 hrs	\$2,680.00	Wed 11/25/09	Mon 11/30/09	327	335,333	Vendor PM, Vendor Team Lead
333	CMS Accepts Vendor Planning Deliverables and Moves to Feasibility Phase	0 days	0 hrs	\$0.00	Mon 11/30/09	Mon 11/30/09	332	335	
334									
335	Vendor Project Execution	216.54 days	9,139.75 hrs	\$1,240,332.62	Thu 12/3/09	Mon 10/4/10	325,326,327		413
336	Feasibility Phase	42.38 days	919.25 hrs	\$131,156.25	Thu 12/3/09	Mon 2/1/10	2		359
337	As-Is To-Be Claims Processing Review and Assessment	5 days	100 hrs	\$13,000.00	Thu 12/3/09	Thu 12/10/09	2		340 Vendor Team Lead[0.5], Systems Analyst1, Systems Analyst2
338	As-Is To-Be Provider Management Review and Assessment	5 days	60 hrs	\$8,000.00	Thu 12/3/09	Thu 12/10/09	2	359,344	Vendor Team Lead[0.5], Systems Analyst3, Systems Analyst4
339	As-Is To-Be Eligibility and Enrollment Review and Assessment	5 days	56 hrs	\$7,200.00	Thu 12/3/09	Fri 12/18/09	2		341 Vendor Team Lead[0.5], Systems Analyst5, Systems Analyst6
340	As-Is To-Be Care Coordination Review and Assessment	5 days	80 hrs	\$10,000.00	Thu 12/10/09	Thu 12/17/09	337		344 Vendor Team Lead, Systems Analyst1, Systems Analyst2
341	As-Is To-Be Clinic Management Review and Assessment	5 days	89.5 hrs	\$12,717.50	Fri 12/18/09	Fri 12/25/09	339		342 Vendor PM, Systems Analyst3, Systems Analyst4
342	As-Is To-Be Review and Assessment Completed by Vendor	0 days	0 hrs	\$0.00	Fri 12/25/09	Fri 12/25/09	341	344	
343									
344	Gap Analysis TPA vs. CMS - Write Report	12 days	213.75 hrs	\$32,246.25	Fri 12/25/09	Wed 1/13/10	338,340,341	354,345	Vendor PM, Vendor Team Lead, Systems Analyst5, Systems Analyst6
345	Gap Analysis Report Completed and Accepted by CMS	0 days	0 hrs	\$0.00	Wed 1/13/10	Wed 1/13/10	344	354	
346									
347	Database Assessments Review and Assessment	10 days	120 hrs	\$17,000.00	Thu 12/3/09	Thu 12/17/09	2		354 Sr. Database Administrator, Developer1[0.5]
348	Requirements Analysis and RTM Review and Assessment	10 days	80 hrs	\$10,000.00	Thu 12/3/09	Thu 12/17/09	2	359,349	Vendor Team Lead, Systems Analyst1, Systems Analyst2, Systems Analyst3
349	Database Assessment and Requirements Assessments Completed by Vendor	0 days	0 hrs	\$0.00	Thu 12/17/09	Thu 12/17/09	348	354	
350									
351	Conversion Strategy	5 days	40 hrs	\$6,192.50	Thu 12/3/09	Wed 12/16/09	2		352 Vendor PM, Vendor Team Lead, Sr. Database Administrator[0.5]
352	CMS Approves Conversion Strategy	0 days	0 hrs	\$0.00	Wed 12/16/09	Wed 12/16/09	351	354	
353									
354	Path Forward Document - Write Report	10 days	80 hrs	\$14,800.00	Wed 1/13/10	Mon 2/1/10	344,347,348	359,355	Vendor PM, Vendor Team Lead
355	Vendor Completes and Presents Path Forward Deliverable	0 days	0 hrs	\$0.00	Mon 2/1/10	Mon 2/1/10	354	356	
356	CMS Approves Path Forward Document	0 days	0 hrs	\$0.00	Mon 2/1/10	Mon 2/1/10	355	357	
357	Vendor Moves to Definition Phase	0 days	0 hrs	\$0.00	Mon 2/1/10	Mon 2/1/10	356	,375,376,377	
358									
359	Definition Phase	57 days	3,650.87 hrs	\$495,524.86	Mon 2/1/10	Wed 4/21/10	336,354,355		382,383,384
360	Define Architecture Solution	5 days	120 hrs	\$17,000.00	Mon 2/1/10	Mon 3/15/10	357		368 Sr. Database Administrator, Developer1, Vendor Team Lead
361	Define Application Design	20 days	480 hrs	\$68,000.00	Mon 2/1/10	Mon 3/1/10	357		366 Sr. Database Administrator, Developer1, Vendor Team Lead

ID	Task Name	Duration	Work	BCWS	Start	Finish	Precedes	Successors	Resource Names
362	Define Logical Model Design	5 days	120 hrs	\$17,000.00	Mon 2/1/10	Mon 3/8/10	357	363	Sr. Database Administrator,Developer1, Vendor Team Lead
363	Define Physical Model Design	10 days	120 hrs	\$17,000.00	Mon 3/15/10	Mon 4/12/10	357,362	364	Sr. Database Administrator,Developer1, Vendor Team Lead
364	Develop Data Conversion Plan	7 days	225 hrs	\$32,105.00	Mon 4/12/10	Wed 4/21/10	363	382	Sr. Database Administrator, Vendor PM, Developer2, Systems Analyst1, Testing Spec
365	Develop Detailed Transition Plan	30 days	419.03 hrs	\$67,169.58	Mon 2/1/10	Tue 3/23/10	357	382	Vendor PM, Vendor Team Lead, Developer1, Configuration Specialist
366	Develop Software Design Plan	25 days	401.97 hrs	\$52,070.42	Mon 3/1/10	Mon 4/5/10	361	367	Vendor Team Lead, Developer1, Developer2, Developer3
367	Develop Testing Plan	10 days	169 hrs	\$24,645.00	Mon 4/5/10	Mon 4/19/10	366	382	Testing Specialist1, Testing Specialist2, Vendor PM, Developer1, Systems Analyst1
368	Develop Configuration Plan	15 days	148.93 hrs	\$19,667.78	Mon 3/15/10	Wed 4/14/10	360	382,369,370	Configuration Specialist, Sr. Database Administrator, Vendor Team Lead, Developer3
369	Development of Required Plans and Models Completed	0 days	0 hrs	\$0.00	Wed 4/14/10	Wed 4/14/10	368	370	
370	CMS Accepts Plans and Models for Conversion	0 days	0 hrs	\$0.00	Wed 4/14/10	Wed 4/14/10	368,369	378	
371									
372	Define Claims Processing and Payment Process	20 days	320 hrs	\$40,000.00	Mon 2/1/10	Mon 3/1/10	357	382	Systems Analyst1, Developer2
373	Define Provider Management Process	20 days	161 hrs	\$20,125.00	Mon 2/1/10	Fri 3/5/10	357	382	Systems Analyst2, Developer2
374	Define Eligibility and Enrollment Process	20 days	320 hrs	\$40,000.00	Mon 2/1/10	Mon 3/1/10	357	382	Systems Analyst3, Developer3
375	Define Care Coordination Process	20 days	320 hrs	\$40,000.00	Mon 2/1/10	Mon 3/1/10	357	382	Systems Analyst4, Developer4
376	Define Clinic Management Process	20 days	161 hrs	\$20,125.00	Mon 2/1/10	Fri 4/9/10	357	382	Systems Analyst1, Developer1
377	Define Pre-Authorization Routine	20 days	164.93 hrs	\$20,617.08	Mon 2/1/10	Mon 3/29/10	357	382	Systems Analyst2, Developer2
378	Vendor Complete Definition of CMS Processes to Convert	0 days	0 hrs	\$0.00	Wed 4/14/10	Wed 4/14/10	370	379	
379	CMS Approves of Vendor Definitions and End Products	0 days	0 hrs	\$0.00	Wed 4/14/10	Wed 4/14/10	378	380	
380	CMS Approves Move to Design Phase	0 days	0 hrs	\$0.00	Wed 4/14/10	Wed 4/14/10	379	382	
381									
382	Design Phase	117.16 days	4,569.63 hrs	\$613,651.51	Wed 4/21/10	Mon 10/4/10	359,372,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412	407	
383	Design Business Rules Engine for Claims Processing	15 days	510 hrs	\$64,500.00	Wed 4/21/10	Wed 5/12/10	359	385,386	Developer1, Developer2, Systems Analyst1, Systems Analyst2, Vendor Team Lead
384	Design Business Rules Engine for Provider Management Processing	15 days	510 hrs	\$64,500.00	Wed 4/21/10	Wed 5/12/10	359	392	Developer3, Developer4, Systems Analyst3, Systems Analyst4, Vendor Team Lead
385	Design Business Rules Engine for Eligibility and Enrollment Processing	15 days	240 hrs	\$30,000.00	Wed 5/12/10	Wed 6/2/10	383	387	Developer1, Developer2, Systems Analyst1, Systems Analyst2, Vendor Team Lead
386	Design Business Rules Engine for Care Coordination Process	15 days	240 hrs	\$30,000.00	Wed 5/12/10	Wed 6/2/10	383	392	Developer3, Developer4, Systems Analyst3, Systems Analyst4, Vendor Team Lead
387	Design Business Rules Engine for Clinic Management Process	15 days	340.22 hrs	\$43,276.25	Wed 6/2/10	Wed 6/23/10	385	389,404,388	Developer1, Developer2, Systems Analyst1, Systems Analyst2, Vendor Team Lead
388	Vendor Design for Prototype Product Processes Completed	0 days	0 hrs	\$0.00	Wed 6/23/10	Wed 6/23/10	387	389	
389	CMS Review Prototype Product Processes	0 days	0 hrs	\$0.00	Wed 6/23/10	Wed 6/23/10	388	390	
390	CMS Approves Prototype Process for Build	0 days	0 hrs	\$0.00	Wed 6/23/10	Wed 6/23/10	389	392	
391									
392	Develop Prototype	45 days	806.07 hrs	\$103,661.21	Wed 6/23/10	Fri 9/24/10	384,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412	397,398,399	Vendor Team Lead, Vendor PM[0.25], Developer1, Developer2, Developer3, Developer4, Systems Analyst1, Systems Analyst2, Systems Analyst3, Systems Analyst4, Vendor Team Lead
393	Design Prototype for Tallahassee - Pensacola - Panama City	20 days	111.25 hrs	\$16,021.25	Wed 6/23/10	Fri 9/17/10	387	407	Vendor Team Lead, Vendor PM[0.25], Developer1, Developer2, Developer3, Developer4, Systems Analyst1, Systems Analyst2, Systems Analyst3, Systems Analyst4, Vendor Team Lead
394	Demonstrate Prototype with Test Data	10 days	98.95 hrs	\$13,885.21	Wed 6/23/10	Thu 9/16/10	387	407	Vendor Team Lead, Developer1, Developer2, Training Specialist1, Testing Specialist1
395	Vendor Completed Prototype for Pilot Testing	0 days	0 hrs	\$0.00	Fri 9/24/10	Fri 9/24/10	392	407	
396	CMS Reviews Operational Model	0 days	0 hrs	\$0.00	Fri 9/24/10	Fri 9/24/10	392	407	
397	CMS Approves Prototype for User Acceptance Testing	0 days	0 hrs	\$0.00	Fri 9/24/10	Fri 9/24/10	392	407	
398									
399	User Acceptance Testing of Prototype	15 days	346.98 hrs	\$47,991.30	Wed 6/23/10	Wed 7/14/10	387	400	Vendor PM, Vendor Team Lead, Training Specialist1, Testing Specialist1, Training Specialist2
400	Convert Tallahassee-Pensacola-Panama City to Prototype	10 days	80 hrs	\$12,000.00	Wed 7/14/10	Wed 8/4/10	399	407,401,402	Vendor Team Lead, Developer1, Developer2, Training Specialist1, Testing Specialist1
401	Prototype Installed in CMS Pilot Offices	0 days	0 hrs	\$0.00	Wed 8/4/10	Wed 8/4/10	400	407	
402	Vendor Completes Training in Pilot Offices	0 days	0 hrs	\$0.00	Wed 8/4/10	Wed 8/4/10	400	407	
403									
404	Run Prototype Operation with Parallel System, No Cut Over	57 days	1,286.17 hrs	\$187,816.28	Wed 6/23/10	Mon 10/4/10	387	407,405	Vendor PM, Vendor Team Lead, Training Specialist1, Training Specialist2
405	Prototype Proves Proof of Concept	0 days	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10	404	409,410,411	
406									
407	Pilot Implemented	0 days	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10	404,400,405,406,407,408,409,410,411,412	413	
408	Pilot in Operation	0 days	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10	405	413	
409	CMS and Vendor Review Pilot Operations	0 days	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10	405	413	
410	CMS Approves Vendor to Move to Construction	0 days	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10	405	413	
411	Project Moves to FY0910 Plan for Rollout	0 days	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10	405	413	
412									
413	FY0910 Plan Completed	0 days	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10	408,409,410,411,412	413	

FY910 Forecasted Project Plan.mpp



Fields	
Name	Duration
ID	Start
Finish	

Critical Task

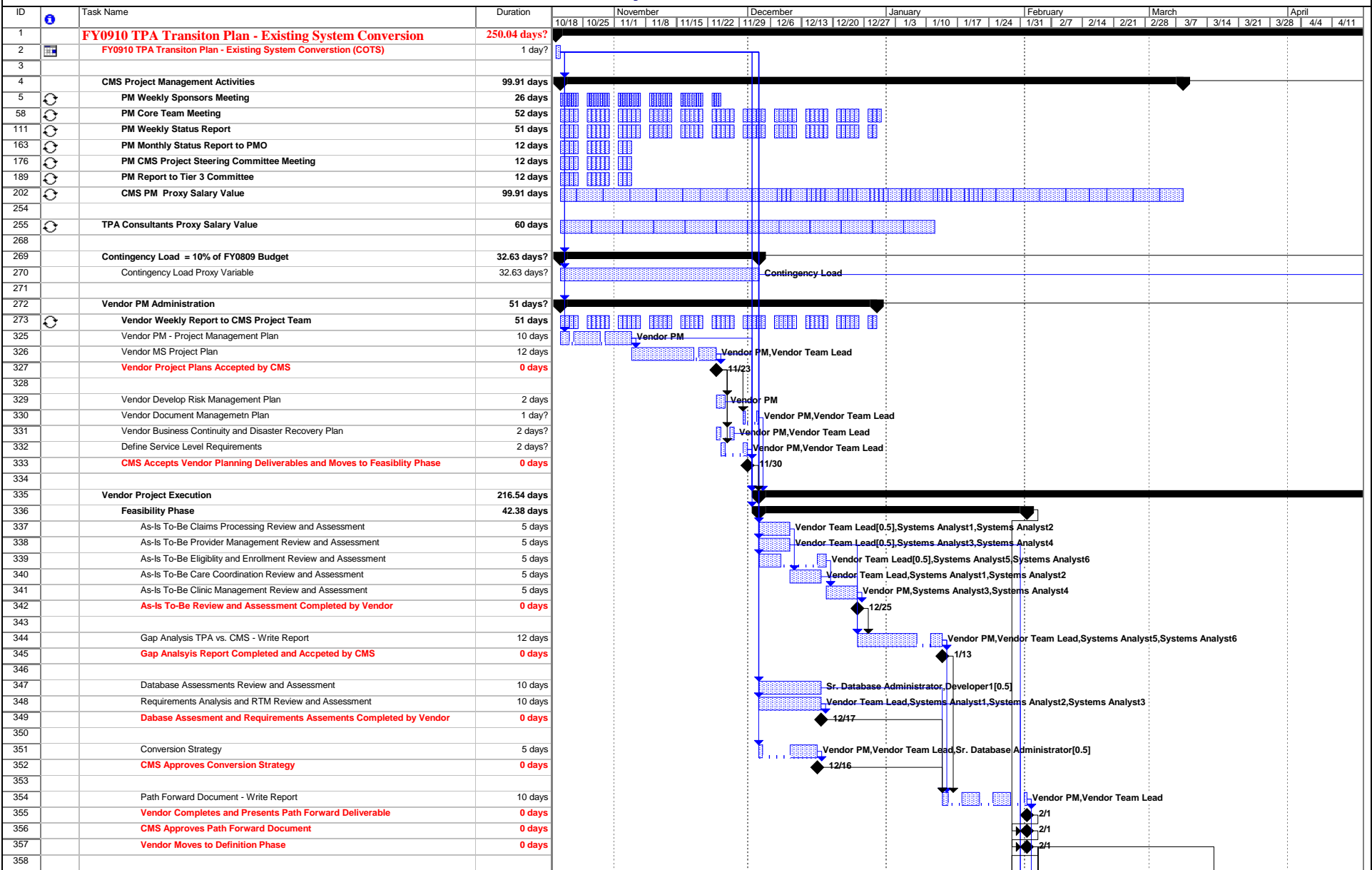
Critical Milestone

Critical Summary

Noncritical Task

Noncritical Milestone

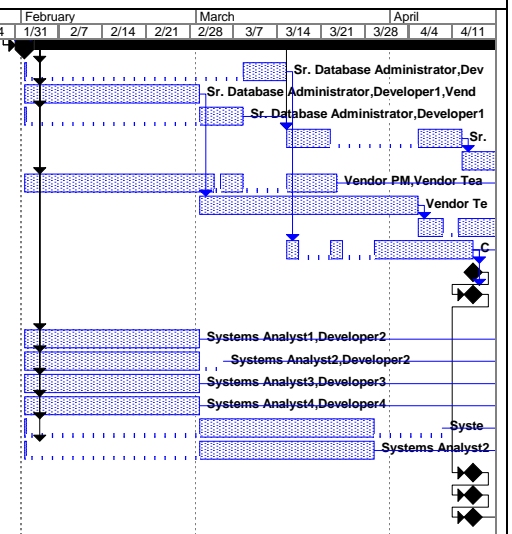
Noncritical Summary



Project: FY0910 Forecasted Project P
 Date: Wed 7/15/09

Task: [Pattern] Progress
 Split: [Pattern] Milestone
 Summary: [Pattern] Summary
 Project Summary: [Pattern] Project Summary
 External Tasks: [Pattern] External Tasks
 External Milestone: [Pattern] External Milestone
 Deadline: [Pattern] Deadline

ID	Task Name	Duration	November				December				January				February			March			April							
			10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6	12/13	12/20	12/27	1/3	1/10	1/17	1/24	1/31	2/7	2/14	2/21	2/28	3/7	3/14	3/21	3/28	4/4	4/11
359	Definition Phase	57 days																										
360	Define Architecture Solution	5 days																										
361	Define Application Design	20 days																										
362	Define Logical Model Design	5 days																										
363	Define Physical Model Design	10 days																										
364	Develop Data Conversion Plan	7 days																										
365	Develop Detailed Transition Plan	30 days																										
366	Develop Software Design Plan	25 days																										
367	Develop Testing Plan	10 days																										
368	Develop Configuration Plan	15 days																										
369	Development of Required Plans and Models Completed	0 days																										
370	CMS Accepts Plans and Models for Conversion	0 days																										
371																												
372	Define Claims Processing and Payment Process	20 days																										
373	Define Provider Management Process	20 days																										
374	Define Eligibility and Enrollment Process	20 days																										
375	Define Care Coordination Process	20 days																										
376	Define Clinic Management Process	20 days																										
377	Define Pre-Authorization Routine	20 days																										
378	Vendor Complete Definition of CMS Processes to Convert	0 days																										
379	CMS Approves of Vendor Definitions and End Products	0 days																										
380	CMS Approves Move to Design Phase	0 days																										
381																												
382	Design Phase	117.16 days																										
383	Design Business Rules Engine for Claims Processing	15 days																										
384	Design Business Rules Engine for Provider Management Processing	15 days																										
385	Design Business Rules Engine for Eligibility and Enrollment Processing	15 days																										
386	Design Business Rules Engine for Care Coordination Process	15 days																										
387	Design Business Rules Engine for Clinic Management Process	15 days																										
388	Vendor Design for Prototype Product Processes Completed	0 days																										
389	CMS Review Prototype Product Processes	0 days																										
390	CMS Approves Prototype Process for Build	0 days																										
391																												
392	Develop Prototype	45 days																										
393	Design Prototype for Tallahassee - Pensacola - Panama City	20 days																										
394	Demonstrate Prototype with Test Data	10 days																										
395	Vendor Completed Prototype for Pilot Testing	0 days																										
396	CMS Reviews Operational Model	0 days																										
397	CMS Approves Prototype for User Acceptance Testing	0 days																										
398																												
399	User Acceptance Testing of Prototype	15 days																										
400	Convert Tallahassee-Pensacola-Panama City to Prototype	10 days																										
401	Prototype Installed in CMS Pilot Offices	0 days																										
402	Vendor Completes Training in Pilot Offices	0 days																										
403																												
404	Run Prototype Operation with Parallel System, No Cut Over	57 days																										
405	Prototype Proves Proof of Concept	0 days																										
406																												
407	Pilot Implemented	0 days																										
408	Pilot in Operation	0 days																										
409	CMS and Vendor Review Pilot Operations	0 days																										
410	CMS Approves Vendor to Move to Construction	0 days																										
411	Project Moves to FY0910 Plan for Rollout	0 days																										



Project: FY0910 Forecasted Project P
 Date: Wed 7/15/09

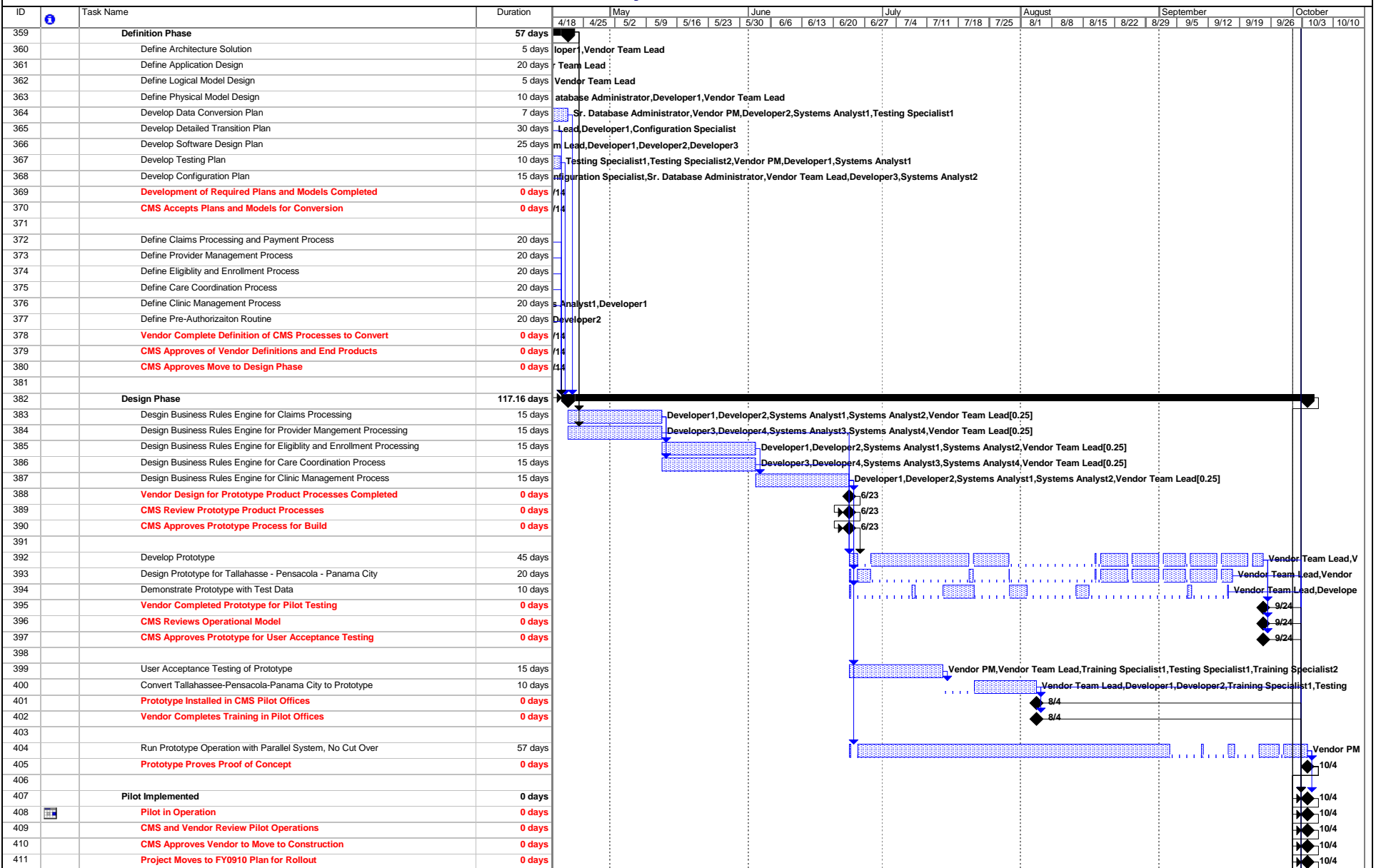
Task Progress Summary External Tasks Deadline

Split Milestone Project Summary External Milestone

ID	Task Name	Duration	May				June				July				August				September				October							
			4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6	6/13	6/20	6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3	10/10		
1	FY0910 TPA Transition Plan - Existing System Conversion	250.04 days?																												
2	FY0910 TPA Transition Plan - Existing System Conversion (COTS)	1 day?																												
3																														
4	CMS Project Management Activities	99.91 days																												
5	PM Weekly Sponsors Meeting	26 days																												
58	PM Core Team Meeting	52 days																												
111	PM Weekly Status Report	51 days																												
163	PM Monthly Status Report to PMO	12 days																												
176	PM CMS Project Steering Committee Meeting	12 days																												
189	PM Report to Tier 3 Committee	12 days																												
202	CMS PM Proxy Salary Value	99.91 days																												
254																														
255	TPA Consultants Proxy Salary Value	60 days																												
268																														
269	Contingency Load = 10% of FY0809 Budget	32.63 days?																												
270	Contingency Load Proxy Variable	32.63 days?																												
271																														
272	Vendor PM Administration	51 days?																												
273	Vendor Weekly Report to CMS Project Team	51 days																												
325	Vendor PM - Project Management Plan	10 days																												
326	Vendor MS Project Plan	12 days																												
327	Vendor Project Plans Accepted by CMS	0 days																												
328																														
329	Vendor Develop Risk Management Plan	2 days																												
330	Vendor Document Management Plan	1 day?																												
331	Vendor Business Continuity and Disaster Recovery Plan	2 days?																												
332	Define Service Level Requirements	2 days?																												
333	CMS Accepts Vendor Planning Deliverables and Moves to Feasibility Phase	0 days																												
334																														
335	Vendor Project Execution	216.54 days																												
336	Feasibility Phase	42.38 days																												
337	As-Is To-Be Claims Processing Review and Assessment	5 days																												
338	As-Is To-Be Provider Management Review and Assessment	5 days																												
339	As-Is To-Be Eligibility and Enrollment Review and Assessment	5 days																												
340	As-Is To-Be Care Coordination Review and Assessment	5 days																												
341	As-Is To-Be Clinic Management Review and Assessment	5 days																												
342	As-Is To-Be Review and Assessment Completed by Vendor	0 days																												
343																														
344	Gap Analysis TPA vs. CMS - Write Report	12 days																												
345	Gap Analysis Report Completed and Accepted by CMS	0 days																												
346																														
347	Database Assessments Review and Assessment	10 days																												
348	Requirements Analysis and RTM Review and Assessment	10 days																												
349	Database Assessment and Requirements Assessments Completed by Vendor	0 days																												
350																														
351	Conversion Strategy	5 days																												
352	CMS Approves Conversion Strategy	0 days																												
353																														
354	Path Forward Document - Write Report	10 days																												
355	Vendor Completes and Presents Path Forward Deliverable	0 days																												
356	CMS Approves Path Forward Document	0 days																												
357	Vendor Moves to Definition Phase	0 days																												
358																														

Project: FY0910 Forecasted Project P
 Date: Wed 7/15/09

Task		Progress		Summary		External Tasks		Deadline	
Split		Milestone		Project Summary		External Milestone			



Project: FY0910 Forecasted Project P
 Date: Wed 7/15/09

Task: [Pattern] Progress
 Split: [Pattern] Milestone








Summary: [Pattern] Summary
 Project Summary: [Pattern] Project Summary

External Tasks: [Pattern] External Tasks
 External Milestone: [Pattern] External Milestone

Deadline: [Pattern] Deadline

ID	Task Name	Duration	May				June				July				August				September				October					
			4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6	6/13	6/20	6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3	10/10
412																												
413	FY0910 Plan Completed	0 days																										

Project: FY0910 Forecasted Project P
 Date: Wed 7/15/09

Task		Progress		Summary		External Tasks		Deadline
Split		Milestone		Project Summary		External Milestone		

Earned Value as of Fri 7/31/09
 FY0910 Forecasted Project Plan
 Mr. Randy Wilcox, CMS Chief

ID	Task Name	BCWS	BCWP	ACWP	SV	CV	EAC	BAC	VAC
2	FY0910 TPA Transition Plan - Existing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
270	Contingency Load Proxy Variable	\$261,000.00	\$0.00	\$0.00	(\$261,000.00)	\$0.00	\$261,000.00	\$261,000.00	\$0.00
325	Vendor PM - Project Management Plan	\$14,800.00	\$0.00	\$0.00	(\$14,800.00)	\$0.00	\$14,800.00	\$14,800.00	\$0.00
326	Vendor MS Project Plan	\$26,800.00	\$0.00	\$0.00	(\$26,800.00)	\$0.00	\$26,800.00	\$26,800.00	\$0.00
327	Vendor Project Plans Accepted by CMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
329	Vendor Develop Risk Management Plan	\$2,960.00	\$0.00	\$0.00	(\$2,960.00)	\$0.00	\$2,960.00	\$2,960.00	\$0.00
330	Vendor Document Management Plan	\$1,340.00	\$0.00	\$0.00	(\$1,340.00)	\$0.00	\$1,340.00	\$1,340.00	\$0.00
331	Vendor Business Continuity and Disaster	\$2,680.00	\$0.00	\$0.00	(\$2,680.00)	\$0.00	\$2,680.00	\$2,680.00	\$0.00
332	Define Service Level Requirements	\$2,680.00	\$0.00	\$0.00	(\$2,680.00)	\$0.00	\$2,680.00	\$2,680.00	\$0.00
333	CMS Accepts Vendor Planning Deliverables	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
337	As-Is To-Be Claims Processing Review	\$13,000.00	\$0.00	\$0.00	(\$13,000.00)	\$0.00	\$13,000.00	\$13,000.00	\$0.00
338	As-Is To-Be Provider Management Review	\$8,000.00	\$0.00	\$0.00	(\$8,000.00)	\$0.00	\$8,000.00	\$8,000.00	\$0.00
339	As-Is To-Be Eligibility and Enrollment Review	\$7,200.00	\$0.00	\$0.00	(\$7,200.00)	\$0.00	\$7,200.00	\$7,200.00	\$0.00
340	As-Is To-Be Care Coordination Review	\$10,000.00	\$0.00	\$0.00	(\$10,000.00)	\$0.00	\$10,000.00	\$10,000.00	\$0.00
341	As-Is To-Be Clinic Management Review	\$12,717.50	\$0.00	\$0.00	(\$12,717.50)	\$0.00	\$12,717.50	\$12,717.50	\$0.00
342	As-Is To-Be Review and Assessment Complete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
344	Gap Analysis TPA vs. CMS - Write Report	\$32,246.25	\$0.00	\$0.00	(\$32,246.25)	\$0.00	\$32,246.25	\$32,246.25	\$0.00
345	Gap Analysis Report Completed and Approved	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
347	Database Assessments Review and Approval	\$17,000.00	\$0.00	\$0.00	(\$17,000.00)	\$0.00	\$17,000.00	\$17,000.00	\$0.00
348	Requirements Analysis and RTM Review	\$10,000.00	\$0.00	\$0.00	(\$10,000.00)	\$0.00	\$10,000.00	\$10,000.00	\$0.00
349	Database Assessment and Requirements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
351	Conversion Strategy	\$6,192.50	\$0.00	\$0.00	(\$6,192.50)	\$0.00	\$6,192.50	\$6,192.50	\$0.00
352	CMS Approves Conversion Strategy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
354	Path Forward Document - Write Report	\$14,800.00	\$0.00	\$0.00	(\$14,800.00)	\$0.00	\$14,800.00	\$14,800.00	\$0.00
355	Vendor Completes and Presents Path Forward Document	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
356	CMS Approves Path Forward Document	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
357	Vendor Moves to Definition Phase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
360	Define Architecture Solution	\$17,000.00	\$0.00	\$0.00	(\$17,000.00)	\$0.00	\$17,000.00	\$17,000.00	\$0.00
361	Define Application Design	\$68,000.00	\$0.00	\$0.00	(\$68,000.00)	\$0.00	\$68,000.00	\$68,000.00	\$0.00
362	Define Logical Model Design	\$17,000.00	\$0.00	\$0.00	(\$17,000.00)	\$0.00	\$17,000.00	\$17,000.00	\$0.00
363	Define Physical Model Design	\$17,000.00	\$0.00	\$0.00	(\$17,000.00)	\$0.00	\$17,000.00	\$17,000.00	\$0.00
364	Develop Data Conversion Plan	\$32,105.00	\$0.00	\$0.00	(\$32,105.00)	\$0.00	\$32,105.00	\$32,105.00	\$0.00
365	Develop Detailed Transition Plan	\$67,169.58	\$0.00	\$0.00	(\$67,169.58)	\$0.00	\$67,169.58	\$67,169.58	\$0.00
366	Develop Software Design Plan	\$52,070.42	\$0.00	\$0.00	(\$52,070.42)	\$0.00	\$52,070.42	\$52,070.42	\$0.00
367	Develop Testing Plan	\$24,645.00	\$0.00	\$0.00	(\$24,645.00)	\$0.00	\$24,645.00	\$24,645.00	\$0.00
368	Develop Configuration Plan	\$19,667.78	\$0.00	\$0.00	(\$19,667.78)	\$0.00	\$19,667.78	\$19,667.78	\$0.00
369	Development of Required Plans and Models	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
370	CMS Accepts Plans and Models for Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
372	Define Claims Processing and Payment	\$40,000.00	\$0.00	\$0.00	(\$40,000.00)	\$0.00	\$40,000.00	\$40,000.00	\$0.00
373	Define Provider Management Process	\$20,125.00	\$0.00	\$0.00	(\$20,125.00)	\$0.00	\$20,125.00	\$20,125.00	\$0.00
374	Define Eligibility and Enrollment Processes	\$40,000.00	\$0.00	\$0.00	(\$40,000.00)	\$0.00	\$40,000.00	\$40,000.00	\$0.00
375	Define Care Coordination Process	\$40,000.00	\$0.00	\$0.00	(\$40,000.00)	\$0.00	\$40,000.00	\$40,000.00	\$0.00
376	Define Clinic Management Process	\$20,125.00	\$0.00	\$0.00	(\$20,125.00)	\$0.00	\$20,125.00	\$20,125.00	\$0.00
377	Define Pre-Authorization Routine	\$20,617.08	\$0.00	\$0.00	(\$20,617.08)	\$0.00	\$20,617.08	\$20,617.08	\$0.00
378	Vendor Complete Definition of CMS Processes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
379	CMS Approves of Vendor Definitions and Processes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
380	CMS Approves Move to Design Phase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
383	Design Business Rules Engine for Claims	\$64,500.00	\$0.00	\$0.00	(\$64,500.00)	\$0.00	\$64,500.00	\$64,500.00	\$0.00
384	Design Business Rules Engine for Provider	\$64,500.00	\$0.00	\$0.00	(\$64,500.00)	\$0.00	\$64,500.00	\$64,500.00	\$0.00
385	Design Business Rules Engine for Eligibility	\$30,000.00	\$0.00	\$0.00	(\$30,000.00)	\$0.00	\$30,000.00	\$30,000.00	\$0.00
386	Design Business Rules Engine for Care	\$30,000.00	\$0.00	\$0.00	(\$30,000.00)	\$0.00	\$30,000.00	\$30,000.00	\$0.00
387	Design Business Rules Engine for Clinic	\$43,276.25	\$0.00	\$0.00	(\$43,276.25)	\$0.00	\$43,276.25	\$43,276.25	\$0.00
388	Vendor Design for Prototype Product	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
389	CMS Review Prototype Product Process	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
390	CMS Approves Prototype Process for Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
392	Develop Prototype	\$103,661.21	\$0.00	\$0.00	(\$103,661.21)	\$0.00	\$103,661.21	\$103,661.21	\$0.00
393	Design Prototype for Tallahassee - Pensacola	\$16,021.25	\$0.00	\$0.00	(\$16,021.25)	\$0.00	\$16,021.25	\$16,021.25	\$0.00
394	Demonstrate Prototype with Test Data	\$13,885.21	\$0.00	\$0.00	(\$13,885.21)	\$0.00	\$13,885.21	\$13,885.21	\$0.00
395	Vendor Completed Prototype for Pilot Testing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
396	CMS Reviews Operational Model	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
397	CMS Approves Prototype for User Acceptance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
399	User Acceptance Testing of Prototype	\$47,991.30	\$0.00	\$0.00	(\$47,991.30)	\$0.00	\$47,991.30	\$47,991.30	\$0.00
400	Convert Tallahassee-Pensacola-Panama	\$12,000.00	\$0.00	\$0.00	(\$12,000.00)	\$0.00	\$12,000.00	\$12,000.00	\$0.00
401	Prototype Installed in CMS Pilot Offices	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
402	Vendor Completes Training in Pilot Offices	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
404	Run Prototype Operation with Parallel Processing	\$187,816.28	\$0.00	\$0.00	(\$187,816.28)	\$0.00	\$187,816.28	\$187,816.28	\$0.00

Earned Value as of Fri 7/31/09
 FY0910 Forecasted Project Plan
 Mr. Randy Wilcox, CMS Chief

ID	Task Name	BCWS	BCWP	ACWP	SV	CV	EAC	BAC	VAC
405	Prototype Proves Proof of Concept	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
408	Pilot in Operation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
409	CMS and Vendor Review Pilot Operatic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
410	CMS Approves Vendor to Move to Con	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
411	Project Moves to FY0910 Plan for Rolk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
413	FY0910 Plan Completed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$1,552,592.61	\$0.00	\$0.00	(\$1,552,592.61)	\$0.00	\$1,552,592.61	\$1,552,592.61	\$0.00

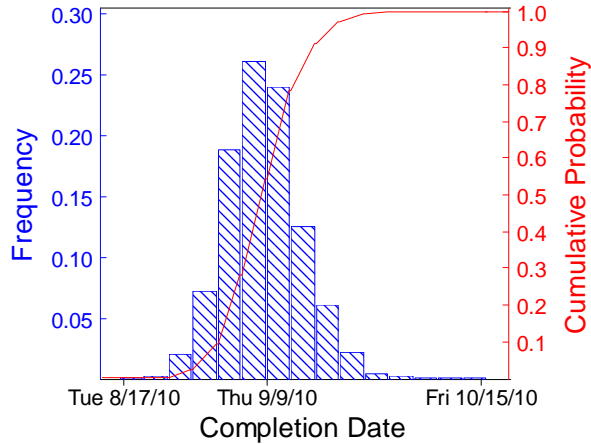
FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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1 **FY0910 TPA Transiton P** **231.95 days?** **Mon 10/19/09** **Tue 9/7/10**

Date: 7/31/2009 9:10:59 AM
 Samples: 1600
 Unique ID: 1
 Name: FY0910 TPA Transiton Plan - Existing System Conversion

Completion Std Deviation: 4.66 days
 95% Confidence Interval: 0.23 days
 Each bar represents 3 days



Completion Probability Table

<u>Prob</u>	<u>Date</u>	<u>Prob</u>	<u>Date</u>
0.05	Tue 8/31/10	0.55	Fri 9/10/10
0.10	Thu 9/2/10	0.60	Fri 9/10/10
0.15	Fri 9/3/10	0.65	Mon 9/13/10
0.20	Mon 9/6/10	0.70	Mon 9/13/10
0.25	Mon 9/6/10	0.75	Tue 9/14/10
0.30	Tue 9/7/10	0.80	Wed 9/15/10
0.35	Tue 9/7/10	0.85	Thu 9/16/10
0.40	Wed 9/8/10	0.90	Fri 9/17/10
0.45	Wed 9/8/10	0.95	Wed 9/22/10
0.50	Thu 9/9/10	1.00	Fri 10/15/10

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

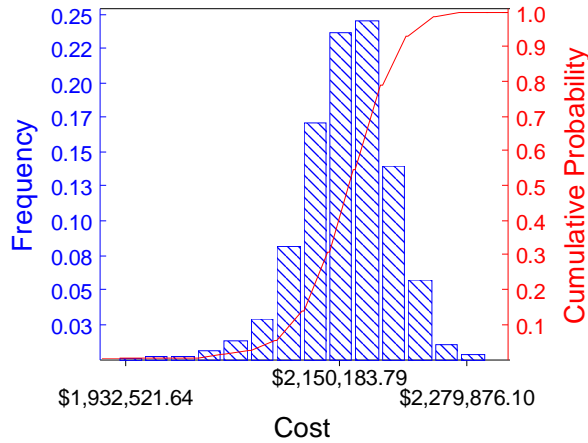
FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"FY0910 TPA Transiton Plan - Existing System Conversion" continued

Date: 7/31/2009 9:10:59 AM
 Samples: 1600
 Unique ID: 1
 Name: FY0910 TPA Transiton Plan - Existing System Conversion

Cost Standard Deviation: \$42,094.22
 95% Confidence Interval: \$2,062.62
 Each bar represents \$25,000.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$2,079,915.58	0.55	\$2,157,805.39
0.10	\$2,099,799.20	0.60	\$2,162,408.22
0.15	\$2,109,380.14	0.65	\$2,166,989.06
0.20	\$2,118,833.14	0.70	\$2,172,366.12
0.25	\$2,125,134.08	0.75	\$2,177,957.70
0.30	\$2,131,854.68	0.80	\$2,183,329.39
0.35	\$2,137,220.27	0.85	\$2,190,557.22
0.40	\$2,142,987.02	0.90	\$2,200,520.43
0.45	\$2,148,477.81	0.95	\$2,215,103.08
0.50	\$2,153,483.14	1.00	\$2,279,876.10

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
335	Vendor Project Executio	199.45 days	Wed 12/2/09	Tue 9/7/10		
336	Feasibility Phase	34.06 days	Wed 12/2/09	Tue 1/19/10		

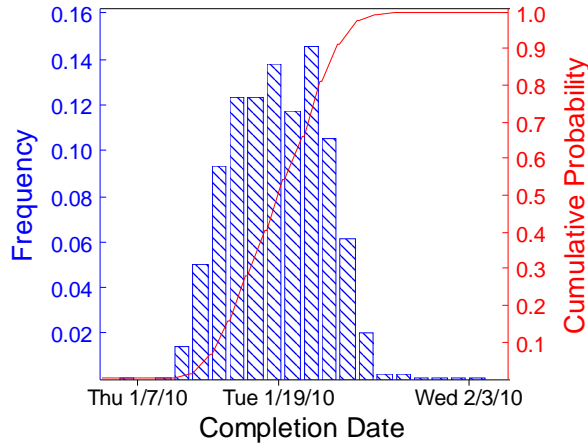
FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Feasibility Phase" continued

Date: 7/31/2009 9:11:00 AM
 Samples: 1600
 Unique ID: 4
 Name: Feasibility Phase

Completion Std Deviation: 2.45 days
 95% Confidence Interval: 0.12 days
 Each bar represents 1 day



Completion Probability Table

Prob	Date	Prob	Date
0.05	Wed 1/13/10	0.55	Wed 1/20/10
0.10	Thu 1/14/10	0.60	Wed 1/20/10
0.15	Thu 1/14/10	0.65	Wed 1/20/10
0.20	Fri 1/15/10	0.70	Thu 1/21/10
0.25	Fri 1/15/10	0.75	Thu 1/21/10
0.30	Mon 1/18/10	0.80	Thu 1/21/10
0.35	Mon 1/18/10	0.85	Fri 1/22/10
0.40	Mon 1/18/10	0.90	Fri 1/22/10
0.45	Tue 1/19/10	0.95	Mon 1/25/10
0.50	Tue 1/19/10	1.00	Wed 2/3/10

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

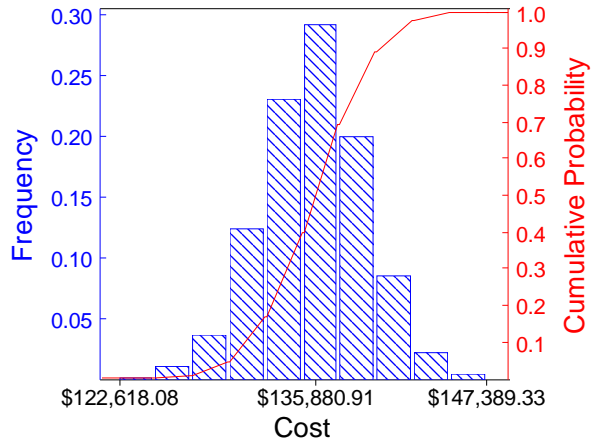
**FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Feasibility Phase" continued

Date: 7/31/2009 9:11:00 AM
 Samples: 1600
 Unique ID: 4
 Name: Feasibility Phase

Cost Standard Deviation: \$3,448.38
 95% Confidence Interval: \$168.97
 Each bar represents \$2,500.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$130,155.08	0.55	\$136,345.46
0.10	\$131,347.75	0.60	\$136,683.71
0.15	\$132,353.21	0.65	\$137,246.67
0.20	\$132,972.67	0.70	\$137,677.92
0.25	\$133,548.96	0.75	\$138,153.50
0.30	\$134,050.88	0.80	\$138,738.79
0.35	\$134,585.04	0.85	\$139,321.00
0.40	\$135,138.63	0.90	\$140,276.12
0.45	\$135,585.92	0.95	\$141,508.92
0.50	\$135,955.83	1.00	\$147,389.33

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

**FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur																																												
359	Definition Phase	57 days	Tue 1/19/10	Thu 4/8/10																																														
<p>Date: 7/31/2009 9:11:00 AM Samples: 1600 Unique ID: 6 Name: Definition Phase</p>			<p>Completion Std Deviation: 2.76 days 95% Confidence Interval: 0.13 days Each bar represents 1 day</p>																																															
<p align="center">Completion Date</p>			<p align="center">Completion Probability Table</p> <table border="1"> <thead> <tr> <th>Prob</th> <th>Date</th> <th>Prob</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>0.05</td><td>Fri 4/2/10</td><td>0.55</td><td>Fri 4/9/10</td></tr> <tr><td>0.10</td><td>Mon 4/5/10</td><td>0.60</td><td>Fri 4/9/10</td></tr> <tr><td>0.15</td><td>Tue 4/6/10</td><td>0.65</td><td>Mon 4/12/10</td></tr> <tr><td>0.20</td><td>Tue 4/6/10</td><td>0.70</td><td>Mon 4/12/10</td></tr> <tr><td>0.25</td><td>Wed 4/7/10</td><td>0.75</td><td>Tue 4/13/10</td></tr> <tr><td>0.30</td><td>Wed 4/7/10</td><td>0.80</td><td>Tue 4/13/10</td></tr> <tr><td>0.35</td><td>Thu 4/8/10</td><td>0.85</td><td>Wed 4/14/10</td></tr> <tr><td>0.40</td><td>Thu 4/8/10</td><td>0.90</td><td>Wed 4/14/10</td></tr> <tr><td>0.45</td><td>Thu 4/8/10</td><td>0.95</td><td>Thu 4/15/10</td></tr> <tr><td>0.50</td><td>Fri 4/9/10</td><td>1.00</td><td>Thu 4/22/10</td></tr> </tbody> </table>				Prob	Date	Prob	Date	0.05	Fri 4/2/10	0.55	Fri 4/9/10	0.10	Mon 4/5/10	0.60	Fri 4/9/10	0.15	Tue 4/6/10	0.65	Mon 4/12/10	0.20	Tue 4/6/10	0.70	Mon 4/12/10	0.25	Wed 4/7/10	0.75	Tue 4/13/10	0.30	Wed 4/7/10	0.80	Tue 4/13/10	0.35	Thu 4/8/10	0.85	Wed 4/14/10	0.40	Thu 4/8/10	0.90	Wed 4/14/10	0.45	Thu 4/8/10	0.95	Thu 4/15/10	0.50	Fri 4/9/10	1.00	Thu 4/22/10
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<p>FY0910 TPA Plan, 10/19/09 Start Monte Carlo Simulation, Complete Date and Cost Dr. Mark L. Huston, PMP</p>																																																		

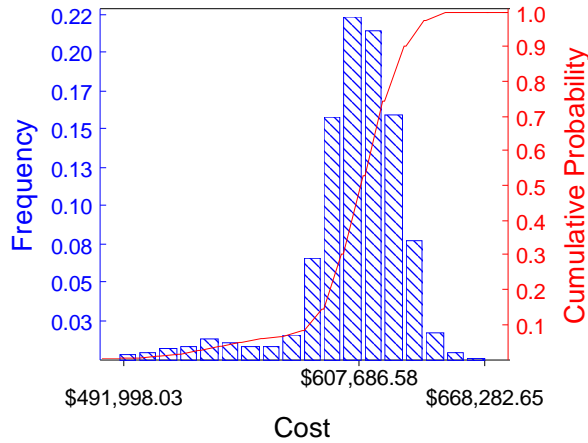
FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Definition Phase" continued

Date: 7/31/2009 9:11:00 AM
 Samples: 1600
 Unique ID: 6
 Name: Definition Phase

Cost Standard Deviation: \$24,113.32
 95% Confidence Interval: \$1,181.55
 Each bar represents \$10,000.00



Cost Probability Table

Prob	Cost	Prob	Cost
0.05	\$553,049.48	0.55	\$612,820.48
0.10	\$586,436.57	0.60	\$615,328.82
0.15	\$592,283.98	0.65	\$617,377.65
0.20	\$595,942.98	0.70	\$619,476.57
0.25	\$599,148.32	0.75	\$622,446.15
0.30	\$601,772.32	0.80	\$625,109.40
0.35	\$604,077.15	0.85	\$627,814.57
0.40	\$606,299.40	0.90	\$632,040.90
0.45	\$608,255.90	0.95	\$637,328.48
0.50	\$610,844.57	1.00	\$668,282.65

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

**FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur																																												
382	Design Phase	108.39 days	Thu 4/8/10	Tue 9/7/10																																														
<p>Date: 7/31/2009 9:11:00 AM Samples: 1600 Unique ID: 8 Name: Design Phase</p>			<p>Completion Std Deviation: 4.66 days 95% Confidence Interval: 0.23 days Each bar represents 3 days</p>																																															
<p align="center">Completion Date</p>			<p align="center">Completion Probability Table</p> <table border="1"> <thead> <tr> <th>Prob</th> <th>Date</th> <th>Prob</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>0.05</td><td>Tue 8/31/10</td><td>0.55</td><td>Fri 9/10/10</td></tr> <tr><td>0.10</td><td>Thu 9/2/10</td><td>0.60</td><td>Fri 9/10/10</td></tr> <tr><td>0.15</td><td>Fri 9/3/10</td><td>0.65</td><td>Mon 9/13/10</td></tr> <tr><td>0.20</td><td>Mon 9/6/10</td><td>0.70</td><td>Mon 9/13/10</td></tr> <tr><td>0.25</td><td>Mon 9/6/10</td><td>0.75</td><td>Tue 9/14/10</td></tr> <tr><td>0.30</td><td>Tue 9/7/10</td><td>0.80</td><td>Wed 9/15/10</td></tr> <tr><td>0.35</td><td>Tue 9/7/10</td><td>0.85</td><td>Thu 9/16/10</td></tr> <tr><td>0.40</td><td>Wed 9/8/10</td><td>0.90</td><td>Fri 9/17/10</td></tr> <tr><td>0.45</td><td>Wed 9/8/10</td><td>0.95</td><td>Wed 9/22/10</td></tr> <tr><td>0.50</td><td>Thu 9/9/10</td><td>1.00</td><td>Fri 10/15/10</td></tr> </tbody> </table>				Prob	Date	Prob	Date	0.05	Tue 8/31/10	0.55	Fri 9/10/10	0.10	Thu 9/2/10	0.60	Fri 9/10/10	0.15	Fri 9/3/10	0.65	Mon 9/13/10	0.20	Mon 9/6/10	0.70	Mon 9/13/10	0.25	Mon 9/6/10	0.75	Tue 9/14/10	0.30	Tue 9/7/10	0.80	Wed 9/15/10	0.35	Tue 9/7/10	0.85	Thu 9/16/10	0.40	Wed 9/8/10	0.90	Fri 9/17/10	0.45	Wed 9/8/10	0.95	Wed 9/22/10	0.50	Thu 9/9/10	1.00	Fri 10/15/10
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<p>FY0910 TPA Plan, 10/19/09 Start Monte Carlo Simulation, Complete Date and Cost Dr. Mark L. Huston, PMP</p>																																																		

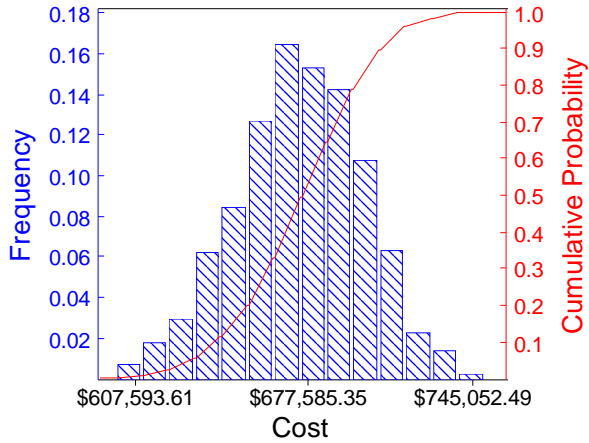
**FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Design Phase" continued

Date: 7/31/2009 9:11:00 AM
 Samples: 1600
 Unique ID: 8
 Name: Design Phase

Cost Standard Deviation: \$24,071.97
 95% Confidence Interval: \$1,179.53
 Each bar represents \$10,000.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$634,881.51	0.55	\$680,770.74
0.10	\$645,490.45	0.60	\$684,235.57
0.15	\$652,823.68	0.65	\$687,711.70
0.20	\$657,344.80	0.70	\$690,975.11
0.25	\$661,886.93	0.75	\$694,985.36
0.30	\$665,517.80	0.80	\$698,523.66
0.35	\$669,027.47	0.85	\$702,848.99
0.40	\$671,523.03	0.90	\$707,722.51
0.45	\$675,115.47	0.95	\$715,468.84
0.50	\$677,889.53	1.00	\$745,052.49

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

**FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur																																												
407	Pilot Implemented	0 days	Tue 9/7/10	Tue 9/7/10																																														
<p>Date: 7/31/2009 9:11:00 AM Samples: 1600 Unique ID: 10 Name: Pilot Implemented</p>			<p>Completion Std Deviation: 4.66 days 95% Confidence Interval: 0.23 days Each bar represents 3 days</p>																																															
			<p align="center">Completion Probability Table</p> <table border="1"> <thead> <tr> <th>Prob</th> <th>Date</th> <th>Prob</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>0.05</td><td>Tue 8/31/10</td><td>0.55</td><td>Fri 9/10/10</td></tr> <tr><td>0.10</td><td>Thu 9/2/10</td><td>0.60</td><td>Fri 9/10/10</td></tr> <tr><td>0.15</td><td>Fri 9/3/10</td><td>0.65</td><td>Mon 9/13/10</td></tr> <tr><td>0.20</td><td>Mon 9/6/10</td><td>0.70</td><td>Mon 9/13/10</td></tr> <tr><td>0.25</td><td>Mon 9/6/10</td><td>0.75</td><td>Tue 9/14/10</td></tr> <tr><td>0.30</td><td>Tue 9/7/10</td><td>0.80</td><td>Wed 9/15/10</td></tr> <tr><td>0.35</td><td>Tue 9/7/10</td><td>0.85</td><td>Thu 9/16/10</td></tr> <tr><td>0.40</td><td>Wed 9/8/10</td><td>0.90</td><td>Fri 9/17/10</td></tr> <tr><td>0.45</td><td>Wed 9/8/10</td><td>0.95</td><td>Wed 9/22/10</td></tr> <tr><td>0.50</td><td>Thu 9/9/10</td><td>1.00</td><td>Fri 10/15/10</td></tr> </tbody> </table>				Prob	Date	Prob	Date	0.05	Tue 8/31/10	0.55	Fri 9/10/10	0.10	Thu 9/2/10	0.60	Fri 9/10/10	0.15	Fri 9/3/10	0.65	Mon 9/13/10	0.20	Mon 9/6/10	0.70	Mon 9/13/10	0.25	Mon 9/6/10	0.75	Tue 9/14/10	0.30	Tue 9/7/10	0.80	Wed 9/15/10	0.35	Tue 9/7/10	0.85	Thu 9/16/10	0.40	Wed 9/8/10	0.90	Fri 9/17/10	0.45	Wed 9/8/10	0.95	Wed 9/22/10	0.50	Thu 9/9/10	1.00	Fri 10/15/10
Prob	Date	Prob	Date																																															
0.05	Tue 8/31/10	0.55	Fri 9/10/10																																															
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<p>FY0910 TPA Plan, 10/19/09 Start Monte Carlo Simulation, Complete Date and Cost Dr. Mark L. Huston, PMP</p>																																																		

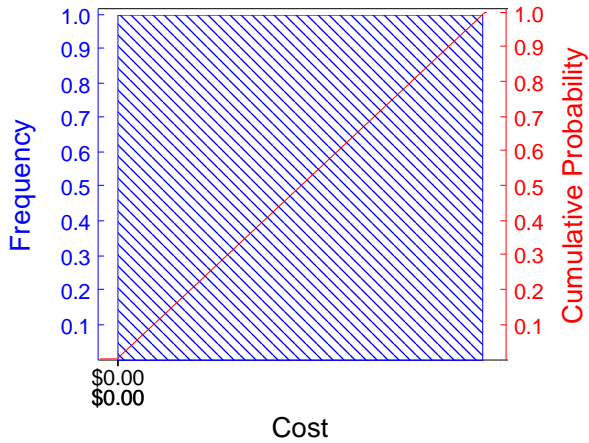
FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Pilot Implemented" continued

Date: 7/31/2009 9:11:00 AM
 Samples: 1600
 Unique ID: 10
 Name: Pilot Implemented

Cost Standard Deviation: \$0.00
 95% Confidence Interval: \$0.00
 Each bar represents \$1.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$0.00	0.55	\$0.00
0.10	\$0.00	0.60	\$0.00
0.15	\$0.00	0.65	\$0.00
0.20	\$0.00	0.70	\$0.00
0.25	\$0.00	0.75	\$0.00
0.30	\$0.00	0.80	\$0.00
0.35	\$0.00	0.85	\$0.00
0.40	\$0.00	0.90	\$0.00
0.45	\$0.00	0.95	\$0.00
0.50	\$0.00	1.00	\$0.00

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

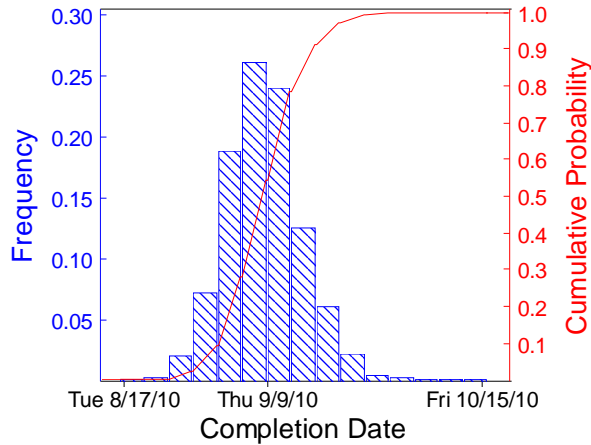
FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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413	FY0910 Plan Completed	0 days	Tue 9/7/10	Tue 9/7/10		
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Date: 7/31/2009 9:11:00 AM
 Samples: 1600
 Unique ID: 77
 Name: FY0910 Plan Completed

Completion Std Deviation: 4.66 days
 95% Confidence Interval: 0.23 days
 Each bar represents 3 days



Completion Probability Table

<u>Prob</u>	<u>Date</u>	<u>Prob</u>	<u>Date</u>
0.05	Tue 8/31/10	0.55	Fri 9/10/10
0.10	Thu 9/2/10	0.60	Fri 9/10/10
0.15	Fri 9/3/10	0.65	Mon 9/13/10
0.20	Mon 9/6/10	0.70	Mon 9/13/10
0.25	Mon 9/6/10	0.75	Tue 9/14/10
0.30	Tue 9/7/10	0.80	Wed 9/15/10
0.35	Tue 9/7/10	0.85	Thu 9/16/10
0.40	Wed 9/8/10	0.90	Fri 9/17/10
0.45	Wed 9/8/10	0.95	Wed 9/22/10
0.50	Thu 9/9/10	1.00	Fri 10/15/10

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

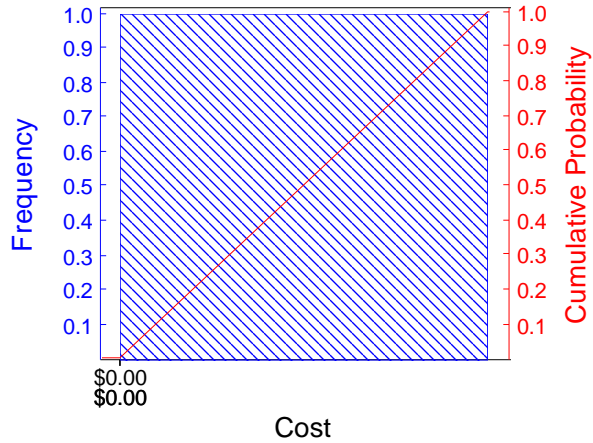
FY0910 Forecasted Project Plan - FY1011LBR
Risk Histograms as of Fri 7/31/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"FY0910 Plan Completed" continued

Date: 7/31/2009 9:11:01 AM
 Samples: 1600
 Unique ID: 77
 Name: FY0910 Plan Completed

Cost Standard Deviation: \$0.00
 95% Confidence Interval: \$0.00
 Each bar represents \$1.00



Cost Probability Table

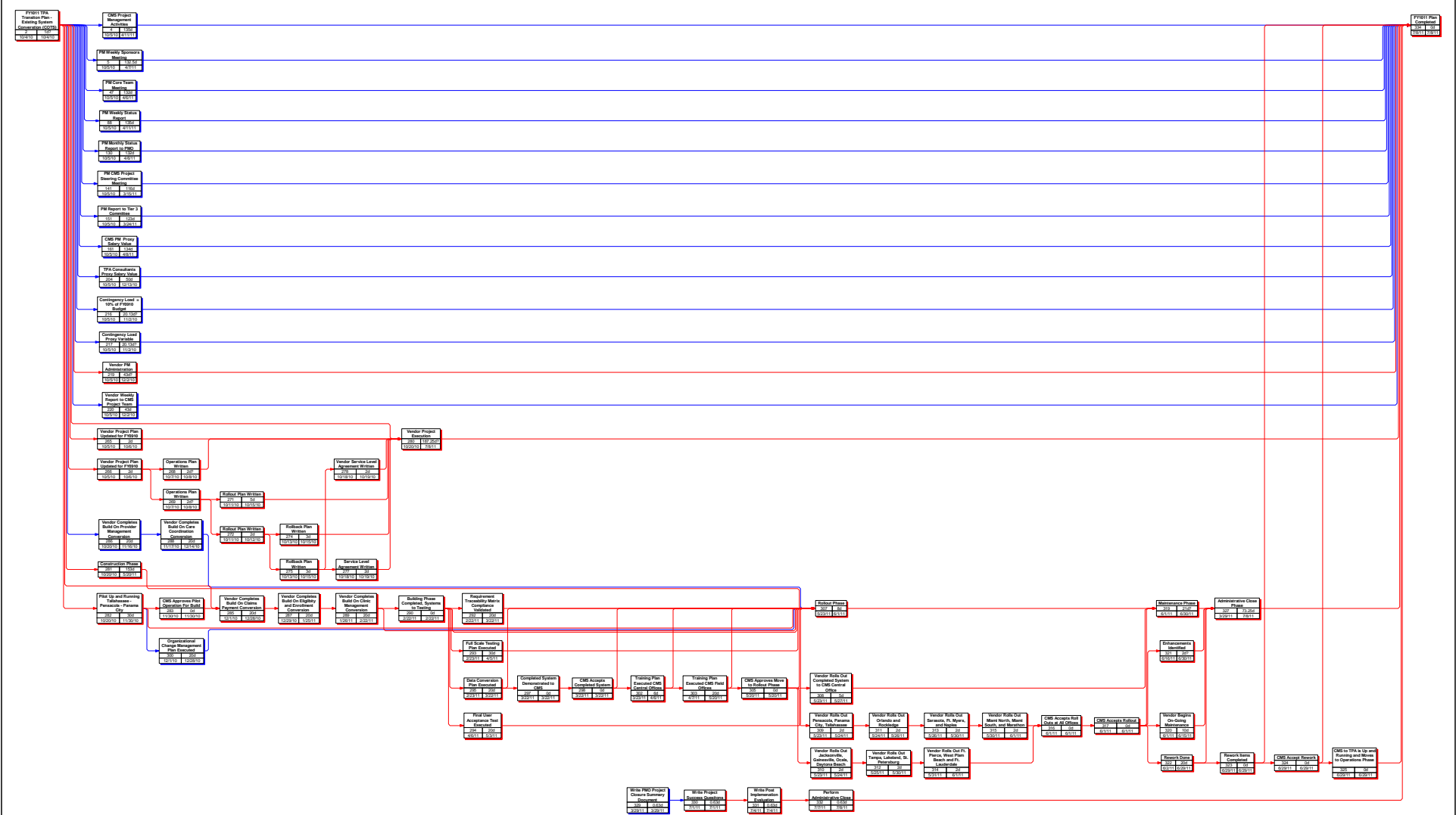
<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$0.00	0.55	\$0.00
0.10	\$0.00	0.60	\$0.00
0.15	\$0.00	0.65	\$0.00
0.20	\$0.00	0.70	\$0.00
0.25	\$0.00	0.75	\$0.00
0.30	\$0.00	0.80	\$0.00
0.35	\$0.00	0.85	\$0.00
0.40	\$0.00	0.90	\$0.00
0.45	\$0.00	0.95	\$0.00
0.50	\$0.00	1.00	\$0.00

FY0910 TPA Plan, 10/19/09 Start
 Monte Carlo Simulation, Complete Date and Cost
 Dr. Mark L. Huston, PMP

ID	Task Name	Duration	Work	BCWS	Start	Finish	Precedes	Successors	Resource Names
1	FY1011 TPA Transition Plan - Existing System Conversion	199.25 days?	9,829.8 hrs	\$1,525,240.00	Mon 10/4/10	Fri 7/8/11			
2	FY1011 TPA Transition Plan - Existing System Conversion (COTS)	1 day?	0 hrs	\$0.00	Mon 10/4/10	Mon 10/4/10		,266,285,286	
3									
4	CMS Project Management Activities	135 days	1,608 hrs	\$176,880.00	Tue 10/5/10	Mon 4/11/11	2		334
5	PM Weekly Sponsors Meeting	132.5 days	82 hrs	\$9,020.00	Tue 10/5/10	Thu 4/7/11	2		334
47	PM Core Team Meeting	132 days	80 hrs	\$8,800.00	Tue 10/5/10	Wed 4/6/11	2		334
88	PM Weekly Status Report	135 days	82 hrs	\$9,020.00	Tue 10/5/10	Mon 4/11/11	2		334
130	PM Monthly Status Report to PMO	132 days	40 hrs	\$4,400.00	Tue 10/5/10	Wed 4/6/11	2		334
141	PM CMS Project Steering Committee Meeting	116 days	18 hrs	\$1,980.00	Tue 10/5/10	Tue 3/15/11	2		334
151	PM Report to Tier 3 Committee	123 days	36 hrs	\$3,960.00	Tue 10/5/10	Thu 3/24/11	2		334
161	CMS PM Proxy Salary Value	134 days	1,270 hrs	\$139,700.00	Tue 10/5/10	Fri 4/8/11	2		334
203									
204	TPA Consultants Proxy Salary Value	50 days	400 hrs	\$100,000.00	Tue 10/5/10	Mon 12/13/10	2		334
215									
216	Contingency Load = 10% of FY0910 Budget	20.13 days?	161 hrs	\$161,000.00	Tue 10/5/10	Tue 11/2/10	2		334
217	Contingency Load Proxy Variable	20.13 days?	161 hrs	\$161,000.00	Tue 10/5/10	Tue 11/2/10	2		334 Contingency Load
218									
219	Vendor PM Administration	43 days?	452 hrs	\$82,360.00	Tue 10/5/10	Thu 12/2/10	2		334
220	Vendor Weekly Report to CMS Project Team	43 days	344 hrs	\$63,640.00	Tue 10/5/10	Thu 12/2/10	2		334
264									
265	Vendor Project Plan Updated for FY0910	2 days	24 hrs	\$4,160.00	Tue 10/5/10	Wed 10/6/10	2		280
266	Vendor Project Plan Updated for FY0910	2 days	24 hrs	\$4,160.00	Tue 10/5/10	Wed 10/6/10	2	268,269	Vendor PM, Vendor Team Lead[0.5]
267									
268	Operations Plan Written	2 days?	12 hrs	\$2,080.00	Thu 10/7/10	Fri 10/8/10	266		280
269	Operations Plan Written	2 days?	12 hrs	\$2,080.00	Thu 10/7/10	Fri 10/8/10	266	271,272	Vendor PM, Vendor Team Lead[0.5]
270									
271	Rollout Plan Written	5 days	48 hrs	\$4,160.00	Mon 10/11/10	Fri 10/15/10	269		280
272	Rollout Plan Written	2 days	24 hrs	\$4,160.00	Mon 10/11/10	Tue 10/12/10	269	274,275	Vendor PM, Vendor Team Lead[0.5]
273									
274	Rollback Plan Written	3 days	24 hrs	\$4,160.00	Wed 10/13/10	Fri 10/15/10	272		280
275	Rollback Plan Written	3 days	24 hrs	\$4,160.00	Wed 10/13/10	Fri 10/15/10	272	277,278	Vendor PM, Vendor Team Lead[0.5]
276									
277	Service Level Agreement Written	2 days	24 hrs	\$4,160.00	Mon 10/18/10	Tue 10/19/10	275		280
278	Vendor Service Level Agreement Written	2 days	24 hrs	\$4,160.00	Mon 10/18/10	Tue 10/19/10	275		280 Vendor PM, Vendor Team Lead[0.5]
279									
280	Vendor Project Execution	187.25 days?	7,208.8 hrs	\$1,005,000.00	Wed 10/20/10	Fri 7/8/11	2,265,266		334
281	Construction Phase	153 days	6,200 hrs	\$870,000.00	Wed 10/20/10	Fri 5/20/11	2		307
282	Pilot Up and Running Tallahassee - Pensacola - Panama City	30 days	600 hrs	\$78,000.00	Wed 10/20/10	Tue 11/30/10	2	307,300,283	Vendor Team Lead[0.5], Systems Analyst1, Systems Analyst2
283	CMS Approves Pilot Operation For Build	0 days	0 hrs	\$0.00	Tue 11/30/10	Tue 11/30/10	282		285
284									
285	Vendor Completes Build On Claims Payment Conversion	20 days	600 hrs	\$82,000.00	Wed 12/1/10	Tue 12/28/10	2,283		287 Vendor Team Lead[0.25], Developer1, Developer2, Testing Specialist1, Sr. Database
286	Vendor Completes Build On Provider Management Conversion	20 days	600 hrs	\$82,000.00	Wed 10/20/10	Tue 11/16/10	2		288 Vendor Team Lead[0.25], Sr. Database Administrator[0.25], Sr. Systems Architect[0.25]
287	Vendor Completes Build On Eligibility and Enrollment Conversion	20 days	600 hrs	\$82,000.00	Wed 12/29/10	Tue 1/25/11	285		289 Vendor Team Lead[0.25], Developer1, Developer2, Testing Specialist1, Sr. Database
288	Vendor Completes Build On Care Coordination Conversion	20 days	600 hrs	\$82,000.00	Wed 11/17/10	Tue 12/14/10	286		307 Vendor Team Lead[0.25], Sr. Database Administrator[0.25], Sr. Systems Architect[0.25]
289	Vendor Completes Build On Clinic Management Conversion	20 days	600 hrs	\$82,000.00	Wed 1/26/11	Tue 2/22/11	287	307,290	Vendor Team Lead[0.25], Developer1, Developer2, Testing Specialist1, Sr. Database
290	Building Phase Completed, Systems to Testing	0 days	0 hrs	\$0.00	Tue 2/22/11	Tue 2/22/11	289	,293,294,295	
291									
292	Requirement Traceability Matrix Compliance Validated	20 days	120 hrs	\$16,000.00	Tue 2/22/11	Tue 3/22/11	290		307 Vendor Team Lead[0.25], Systems Analyst1, Systems Analyst2, Developer1
293	Full Scale Testing Plan Executed	30 days	880 hrs	\$131,600.00	Wed 2/23/11	Tue 4/5/11	290		307 Vendor PM, Testing Specialist1, Testing Specialist2, Developer2
294	Final User Acceptance Test Executed	20 days	440 hrs	\$70,200.00	Wed 4/6/11	Tue 5/3/11	290		307 Vendor PM, Testing Specialist1, Testing Specialist2
295	Data Conversion Plan Executed	20 days	640 hrs	\$88,000.00	Wed 2/23/11	Tue 3/22/11	290	307,297	Sr. Database Administrator, Configuration Specialist, Developer3, Developer4
296									
297	Completed System Demonstrated to CMS	0 days	0 hrs	\$0.00	Tue 3/22/11	Tue 3/22/11	295		298
298	CMS Accepts Completed System	0 days	0 hrs	\$0.00	Tue 3/22/11	Tue 3/22/11	297		307,302
299									
300	Organizational Change Management Plan Executed	20 days	160 hrs	\$24,000.00	Wed 12/1/10	Tue 12/28/10	282		307 Organizational Change Management Consultant

ID	Task Name	Duration	Work	BCWS	Start	Finish	Predeces	Successors	Resource Names
301									
302	Training Plan Executed CMS Central Offices	6 days	120 hrs	\$17,400.00	Wed 3/23/11	Wed 4/6/11	298	307,303	Vendor PM,Training Specialist1,Training Specialist2
303	Training Plan Executed CMS Field Offices	20 days	240 hrs	\$34,800.00	Thu 4/7/11	Fri 5/20/11	302	307,305	Vendor PM,Training Specialist1,Training Specialist2
304									
305	CMS Approves Move to Rollout Phase	0 days	0 hrs	\$0.00	Fri 5/20/11	Fri 5/20/11	303	,308,309,310	
306									
307	Rollout Phase	8 days	292.8 hrs	\$41,200.00	Mon 5/23/11	Wed 6/1/11	281,288,2	319	
308	Vendor Rolls Out Completed System to CMS Central Office	5 days	72 hrs	\$10,400.00	Mon 5/23/11	Fri 5/27/11	305	319	Sr. Database Administrator,Developer1, Vendor Team Lead
309	Vendor Rolls Out Pensacola, Panama City, Tallahassee	2 days	24 hrs	\$3,080.00	Mon 5/23/11	Tue 5/24/11	305	311	Vendor Team Lead,Training Specialist1,Developer1
310	Vendor Rolls Out Jacksonville, Gainesville, Ocala, Daytona Beach	2 days	44.8 hrs	\$6,320.00	Mon 5/23/11	Tue 5/24/11	305	312	Vendor Team Lead,Testing Specialist2,Developer2
311	Vendor Rolls Out Orlando and Rockledge	2 days	16 hrs	\$2,400.00	Tue 5/24/11	Thu 5/26/11	309	313	Testing Specialist1, Vendor Team Lead,Developer1
312	Vendor Rolls Out Tampa, Lakeland, St. Petersburg	2 days	24 hrs	\$3,400.00	Wed 5/25/11	Mon 5/30/11	310	314	Vendor Team Lead,Testing Specialist2,Developer2
313	Vendor Rolls Out Sarasota, Ft. Myers, and Naples	2 days	32 hrs	\$4,400.00	Thu 5/26/11	Mon 5/30/11	311	315	Vendor Team Lead,Testing Specialist1,Developer1
314	Vendor Rolls Out Ft. Pierce, West Plam Beach and Ft. Lauderdale	2 days	48 hrs	\$6,800.00	Tue 5/31/11	Wed 6/1/11	312	316	Vendor Team Lead,Testing Specialist2,Developer2
315	Vendor Rolls Out Miami North, Miami South, and Marathon	2 days	32 hrs	\$4,400.00	Mon 5/30/11	Wed 6/1/11	313	316	Vendor Team Lead,Testing Specialist1,Developer1
316	CMS Accepts Roll Outs at All Offices	0 days	0 hrs	\$0.00	Wed 6/1/11	Wed 6/1/11	315,314	317	
317	CMS Accepts Rollout	0 days	0 hrs	\$0.00	Wed 6/1/11	Wed 6/1/11	316	,320,321,322	
318									
319	Maintenance Phase	21 days?	696 hrs	\$91,600.00	Wed 6/1/11	Thu 6/30/11	307,308,2	327	
320	Vendor Begins On-Going Maintenance	10 days	160 hrs	\$20,000.00	Wed 6/1/11	Wed 6/15/11	317	327	Developer1,Developer2,Systems Analyst1,Systems Analyst2, Vendor Team Lead[0.
321	Enhancements Identified	2 days?	24 hrs	\$3,200.00	Thu 6/16/11	Thu 6/30/11	317	327	Vendor Team Lead,Systems Analyst1,Developer1
322	Rework Done	20 days	512 hrs	\$68,400.00	Thu 6/2/11	Wed 6/29/11	317	327,323	Vendor Team Lead,Developer1,Developer2,Developer3,Developer4,Testing Specia
323	Rework Items Completed	0 days	0 hrs	\$0.00	Wed 6/29/11	Wed 6/29/11	322	334,324	
324	CMS Accept Rework	0 days	0 hrs	\$0.00	Wed 6/29/11	Wed 6/29/11	323	334,325	
325	CMS to TPA is Up and Running and Moves to Operations Phase	0 days	0 hrs	\$0.00	Wed 6/29/11	Wed 6/29/11	324	334	
326									
327	Administrative Close Phase	73.25 days	20 hrs	\$2,200.00	Tue 3/29/11	Fri 7/8/11	319,320,2	334	
328									
329	Write PMO Project Closure Summary Document	0.63 days	5 hrs	\$550.00	Tue 3/29/11	Tue 3/29/11		330	Huston
330	Write Project Success Questions	0.63 days	5 hrs	\$550.00	Fri 7/1/11	Fri 7/1/11	329	331	Huston
331	Write Post Implementation Evaluation	0.63 days	5 hrs	\$550.00	Mon 7/4/11	Mon 7/4/11	330	332	Huston
332	Perform Administrative Close	0.63 days	5 hrs	\$550.00	Thu 7/7/11	Fri 7/8/11	331	334	Huston
333									
334	FY1011 Plan Completed	0 days	0 hrs	\$0.00	Fri 7/8/11	Fri 7/8/11	327,4,2		

FY1011 Forecasted Plan Schedule IVB



Fields

Name	
ID	Duration
Start	Finish

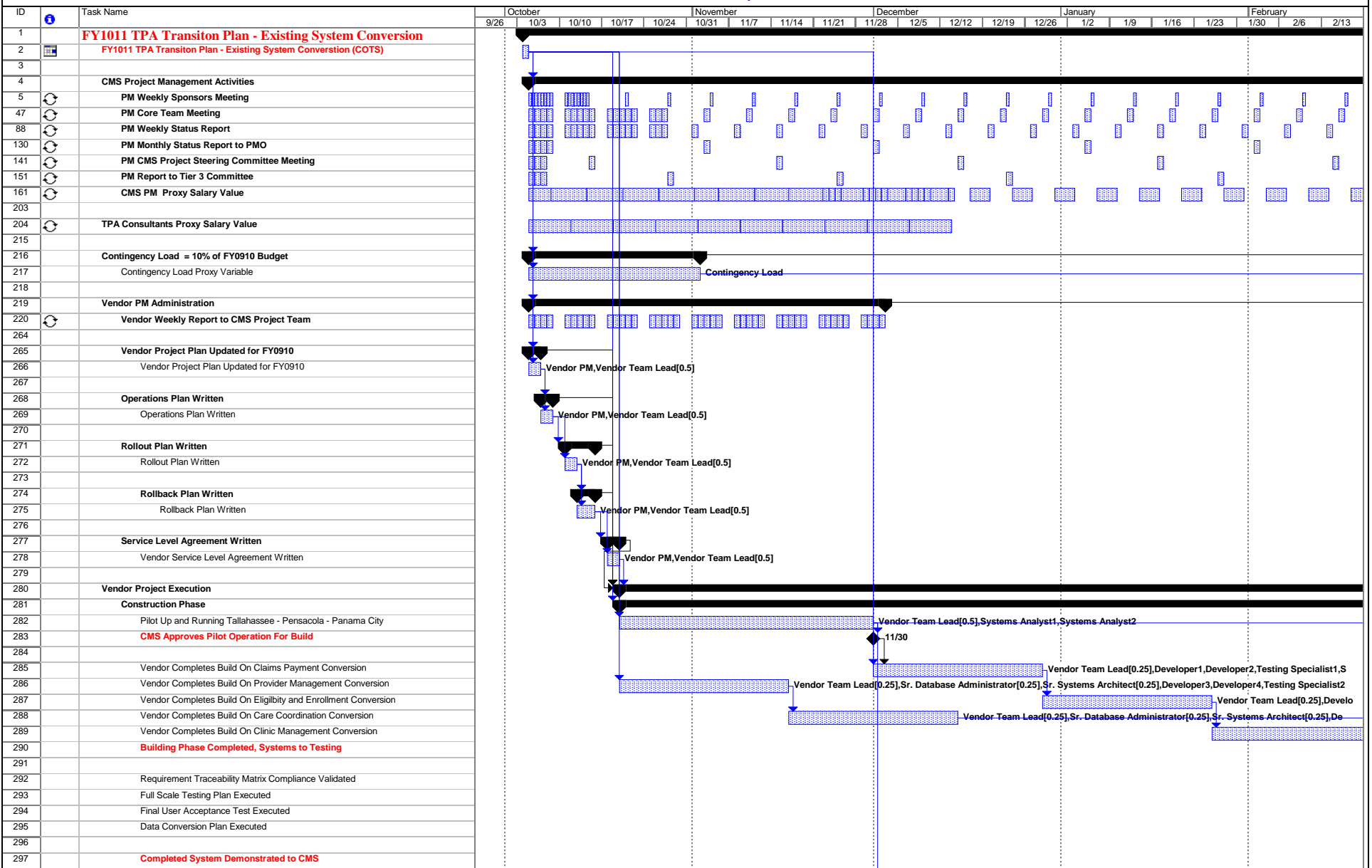
Critical Task

Critical Milestone

Critical Summary

Noncritical Task

Noncritical Summary



Project: FY1011 Forecasted Plan Sche
 Date: Wed 7/15/09

Legend for Gantt chart symbols:

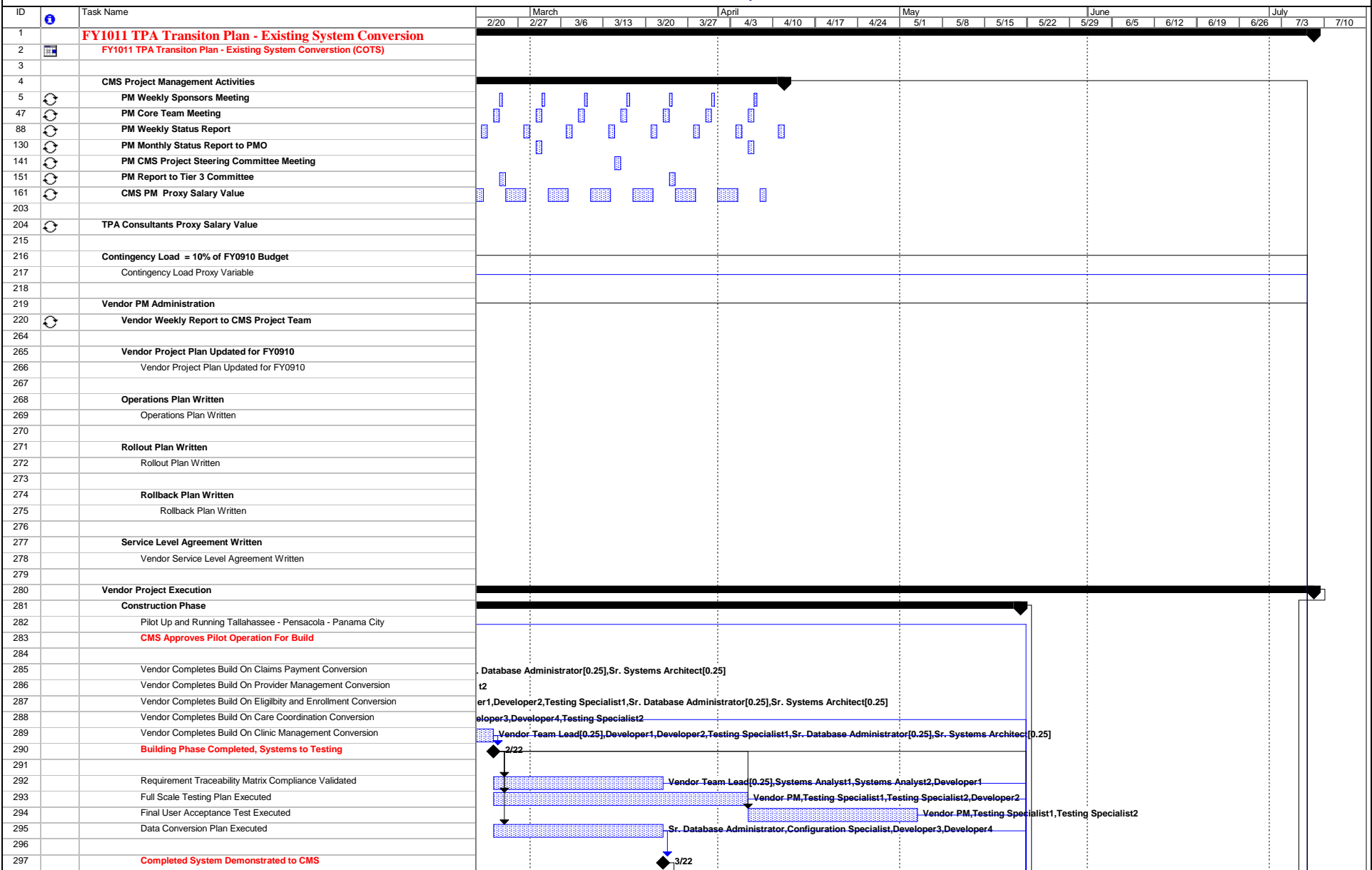
- Task: Blue hatched bar
- Progress: Solid black bar
- Summary: Thick black bar
- External Tasks: Thin black bar
- Deadline: Grey bar
- Split: Dotted line
- Milestone: Diamond symbol
- Project Summary: Thick black bar with arrow
- External Milestone: Diamond symbol with arrow

ID	Task Name	October					November					December				January				February			
		9/26	10/3	10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28	12/5	12/12	12/19	12/26	1/2	1/9	1/16	1/23	1/30	2/6	2/13	
298	CMS Accepts Completed System																						
299																							
300	Organizational Change Management Plan Executed																						
301																							
302	Training Plan Executed CMS Central Offices																						
303	Training Plan Executed CMS Field Offices																						
304																							
305	CMS Approves Move to Rollout Phase																						
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321	Enhancements Identified																						
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330	Write Project Success Questons																						
331	Write Post Implementation Evaluation																						
332	Perform Administrative Close																						
333																							
334	FY1011 Plan Completed																						

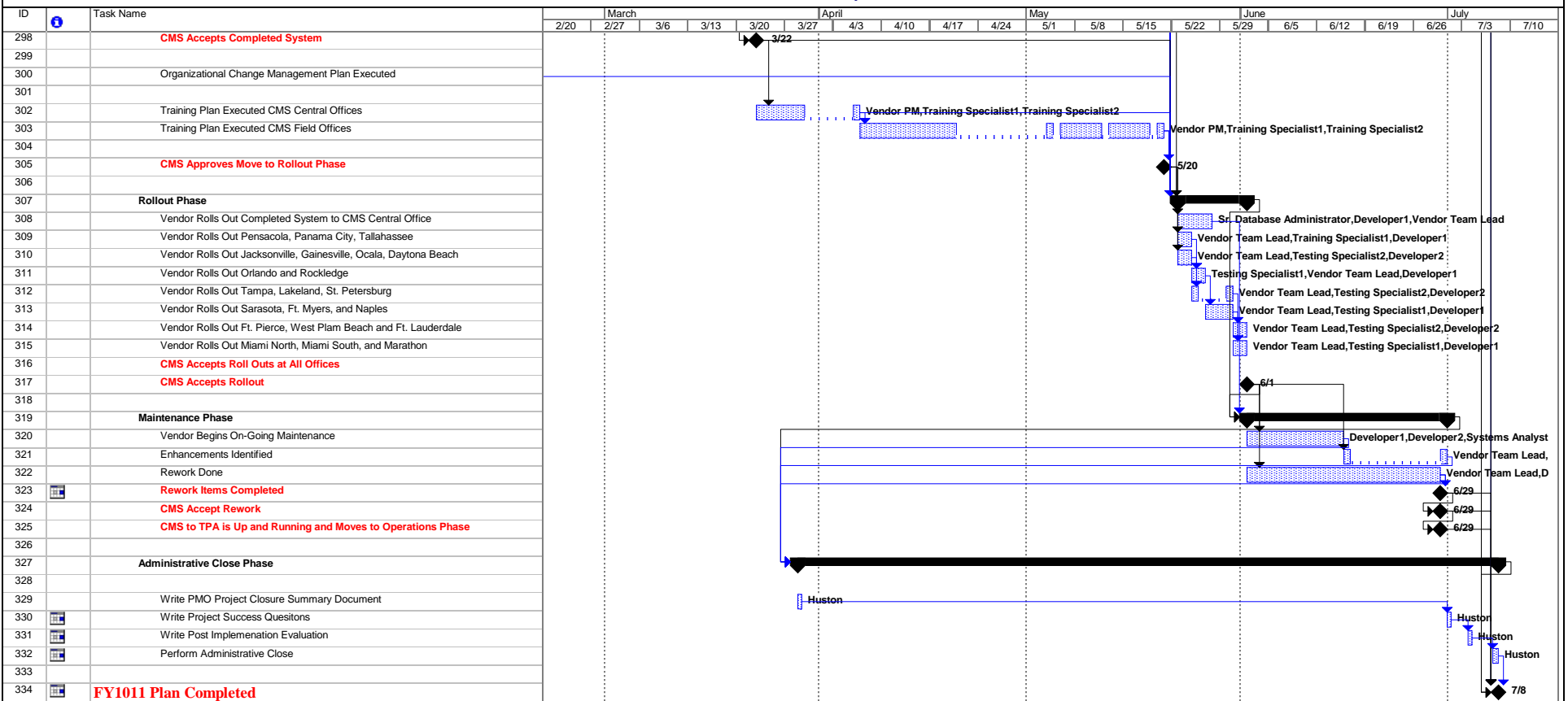
Organizational Change Management Consultant

Project: FY1011 Forecasted Plan Sche
 Date: Wed 7/15/09

Task Progress Summary External Tasks Deadline Split Milestone Project Summary External Milestone



Project: FY1011 Forecasted Plan Sche
 Date: Wed 7/15/09



Project: FY1011 Forecasted Plan Sche
 Date: Wed 7/15/09

Legend for Gantt chart symbols:

- Task: Blue hatched bar
- Progress: Solid black bar
- Summary: Thick solid black bar
- External Tasks: Thin solid black bar
- Deadline: Grey bar
- Split: Dotted line
- Milestone: Diamond
- Project Summary: Thin solid black bar
- External Milestone: Thin solid black bar

Earned Value as of Tue 8/4/09
 FY1011 Forecasted Plan Schedule IVB
 Mr. Randy Wilcox, CMS Chief

ID	Task Name	BCWS	BCWP	ACWP	SV	CV	EAC	BAC	VAC
211	TPA Consultants Proxy Salary Value 7	\$10,000.00	\$0.00	\$0.00	(\$10,000.00)	\$0.00	\$10,000.00	\$10,000.00	\$0.00
212	TPA Consultants Proxy Salary Value 8	\$10,000.00	\$0.00	\$0.00	(\$10,000.00)	\$0.00	\$10,000.00	\$10,000.00	\$0.00
213	TPA Consultants Proxy Salary Value 9	\$10,000.00	\$0.00	\$0.00	(\$10,000.00)	\$0.00	\$10,000.00	\$10,000.00	\$0.00
214	TPA Consultants Proxy Salary Value 11	\$10,000.00	\$0.00	\$0.00	(\$10,000.00)	\$0.00	\$10,000.00	\$10,000.00	\$0.00
217	Contingency Load Proxy Variable	\$161,000.00	\$0.00	\$0.00	(\$161,000.00)	\$0.00	\$161,000.00	\$161,000.00	\$0.00
221	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
222	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
223	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
224	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
225	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
226	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
227	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
228	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
229	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
230	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
231	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
232	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
233	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
234	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
235	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
236	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
237	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
238	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
239	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
240	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
241	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
242	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
243	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
244	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
245	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
246	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
247	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
248	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
249	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
250	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
251	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
252	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
253	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
254	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
255	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
256	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
257	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
258	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
259	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
260	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
261	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
262	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
263	Vendor Weekly Report to CMS Project	\$1,480.00	\$0.00	\$0.00	(\$1,480.00)	\$0.00	\$1,480.00	\$1,480.00	\$0.00
266	Vendor Project Plan Updated for FY09	\$4,160.00	\$0.00	\$0.00	(\$4,160.00)	\$0.00	\$4,160.00	\$4,160.00	\$0.00
269	Operations Plan Written	\$2,080.00	\$0.00	\$0.00	(\$2,080.00)	\$0.00	\$2,080.00	\$2,080.00	\$0.00
272	Rollout Plan Written	\$4,160.00	\$0.00	\$0.00	(\$4,160.00)	\$0.00	\$4,160.00	\$4,160.00	\$0.00
275	Rollback Plan Written	\$4,160.00	\$0.00	\$0.00	(\$4,160.00)	\$0.00	\$4,160.00	\$4,160.00	\$0.00
278	Vendor Service Level Agreement Writt	\$4,160.00	\$0.00	\$0.00	(\$4,160.00)	\$0.00	\$4,160.00	\$4,160.00	\$0.00
282	Pilot Up and Running Tallahassee - Pe	\$78,000.00	\$0.00	\$0.00	(\$78,000.00)	\$0.00	\$78,000.00	\$78,000.00	\$0.00
283	CMS Approves Pilot Operation For Bul	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
285	Vendor Completes Build On Claims Pa	\$82,000.00	\$0.00	\$0.00	(\$82,000.00)	\$0.00	\$82,000.00	\$82,000.00	\$0.00
286	Vendor Completes Build On Provider N	\$82,000.00	\$0.00	\$0.00	(\$82,000.00)	\$0.00	\$82,000.00	\$82,000.00	\$0.00
287	Vendor Completes Build On Eligibility a	\$82,000.00	\$0.00	\$0.00	(\$82,000.00)	\$0.00	\$82,000.00	\$82,000.00	\$0.00
288	Vendor Completes Build On Care Coor	\$82,000.00	\$0.00	\$0.00	(\$82,000.00)	\$0.00	\$82,000.00	\$82,000.00	\$0.00
289	Vendor Completes Build On Clinic Man	\$82,000.00	\$0.00	\$0.00	(\$82,000.00)	\$0.00	\$82,000.00	\$82,000.00	\$0.00
290	Building Phase Completed, Systems to	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
292	Requirement Traceability Matrix Compl	\$16,000.00	\$0.00	\$0.00	(\$16,000.00)	\$0.00	\$16,000.00	\$16,000.00	\$0.00
293	Full Scale Testing Plan Executed	\$131,600.00	\$0.00	\$0.00	(\$131,600.00)	\$0.00	\$140,480.00	\$131,600.00	(\$8,880.00)
294	Final User Acceptance Test Executed	\$70,200.00	\$0.00	\$0.00	(\$70,200.00)	\$0.00	\$71,680.00	\$70,200.00	(\$1,480.00)
295	Data Conversion Plan Executed	\$88,000.00	\$0.00	\$0.00	(\$88,000.00)	\$0.00	\$88,000.00	\$88,000.00	\$0.00
297	Completed System Demonstrated to C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Earned Value as of Tue 8/4/09
 FY1011 Forecasted Plan Schedule IVB
 Mr. Randy Wilcox, CMS Chief

ID	Task Name	BCWS	BCWP	ACWP	SV	CV	EAC	BAC	VAC
298	CMS Accepts Completed System	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
300	Organizational Change Management P	\$24,000.00	\$0.00	\$0.00	(\$24,000.00)	\$0.00	\$24,000.00	\$24,000.00	\$0.00
302	Training Plan Executed CMS Central C	\$17,400.00	\$0.00	\$0.00	(\$17,400.00)	\$0.00	\$19,400.00	\$17,400.00	(\$2,000.00)
303	Training Plan Executed CMS Field Offi	\$34,800.00	\$0.00	\$0.00	(\$34,800.00)	\$0.00	\$34,800.00	\$34,800.00	\$0.00
305	CMS Approves Move to Rollout Phase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
308	Vendor Rolls Out Completed System tc	\$10,400.00	\$0.00	\$0.00	(\$10,400.00)	\$0.00	\$11,600.00	\$10,400.00	(\$1,200.00)
309	Vendor Rolls Out Pensacola, Panama	\$3,080.00	\$0.00	\$0.00	(\$3,080.00)	\$0.00	\$3,080.00	\$3,080.00	\$0.00
310	Vendor Rolls Out Jacksonville, Gainesv	\$6,320.00	\$0.00	\$0.00	(\$6,320.00)	\$0.00	\$6,320.00	\$6,320.00	\$0.00
311	Vendor Rolls Out Orlando and Rockled	\$2,400.00	\$0.00	\$0.00	(\$2,400.00)	\$0.00	\$2,400.00	\$2,400.00	\$0.00
312	Vendor Rolls Out Tampa, Lakeland, St	\$3,400.00	\$0.00	\$0.00	(\$3,400.00)	\$0.00	\$3,400.00	\$3,400.00	\$0.00
313	Vendor Rolls Out Sarasota, Ft. Myers,	\$4,400.00	\$0.00	\$0.00	(\$4,400.00)	\$0.00	\$4,400.00	\$4,400.00	\$0.00
314	Vendor Rolls Out Ft. Pierce, West Plar	\$6,800.00	\$0.00	\$0.00	(\$6,800.00)	\$0.00	\$6,800.00	\$6,800.00	\$0.00
315	Vendor Rolls Out Miami North, Miami S	\$4,400.00	\$0.00	\$0.00	(\$4,400.00)	\$0.00	\$4,400.00	\$4,400.00	\$0.00
316	CMS Accepts Roll Outs at All Offices	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
317	CMS Accepts Rollout	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
320	Vendor Begins On-Going Maintenance	\$20,000.00	\$0.00	\$0.00	(\$20,000.00)	\$0.00	\$20,000.00	\$20,000.00	\$0.00
321	Enhancements Identified	\$3,200.00	\$0.00	\$0.00	(\$3,200.00)	\$0.00	\$3,200.00	\$3,200.00	\$0.00
322	Rework Done	\$68,400.00	\$0.00	\$0.00	(\$68,400.00)	\$0.00	\$68,400.00	\$68,400.00	\$0.00
323	Rework Items Completed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
324	CMS Accept Rework	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
325	CMS to TPA is Up and Running and Mt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
329	Write PMO Project Closure Summary t	\$550.00	\$550.00	\$550.00	\$0.00	\$0.00	\$550.00	\$550.00	\$0.00
330	Write Project Success Quesitons	\$550.00	\$0.00	\$0.00	(\$550.00)	\$0.00	\$550.00	\$550.00	\$0.00
331	Write Post Implemenation Evaluation	\$550.00	\$0.00	\$0.00	(\$550.00)	\$0.00	\$550.00	\$550.00	\$0.00
332	Perform Administrative Close	\$550.00	\$0.00	\$0.00	(\$550.00)	\$0.00	\$550.00	\$550.00	\$0.00
334	FY1011 Plan Completed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$1,525,240.00	\$550.00	\$550.00	(\$1,524,690.00)	\$0.00	\$1,538,800.00	\$1,525,240.00	(\$13,560.00)

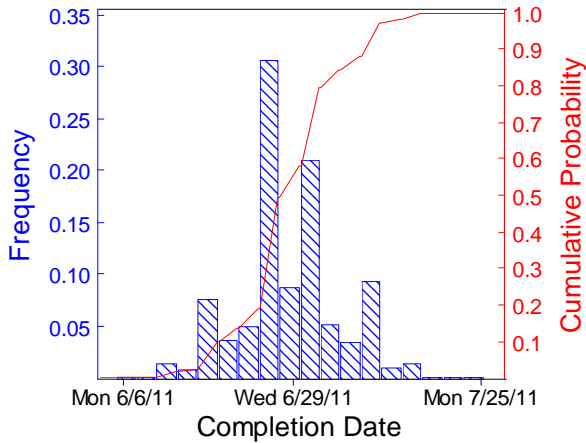
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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1 **FY1011 TPA Transiton P** **193.88 days?** **Mon 10/4/10** **Thu 6/30/11**

Date: 8/4/2009 11:54:19 AM
 Samples: 1600
 Unique ID: 1
 Name: FY1011 TPA Transiton Plan - Existing System Conversion

Completion Std Deviation: 4.94 days
 95% Confidence Interval: 0.24 days
 Each bar represents 2 days



Completion Probability Table

<u>Prob</u>	<u>Date</u>	<u>Prob</u>	<u>Date</u>
0.05	Fri 6/17/11	0.55	Wed 6/29/11
0.10	Fri 6/17/11	0.60	Fri 7/1/11
0.15	Wed 6/22/11	0.65	Fri 7/1/11
0.20	Fri 6/24/11	0.70	Fri 7/1/11
0.25	Fri 6/24/11	0.75	Fri 7/1/11
0.30	Fri 6/24/11	0.80	Mon 7/4/11
0.35	Fri 6/24/11	0.85	Wed 7/6/11
0.40	Fri 6/24/11	0.90	Fri 7/8/11
0.45	Mon 6/27/11	0.95	Fri 7/8/11
0.50	Wed 6/29/11	1.00	Mon 7/25/11

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"FY1011 TPA Transiton Plan - Existing System Conversion" continued

Date: 8/4/2009 11:54:19 AM

Samples: 1600

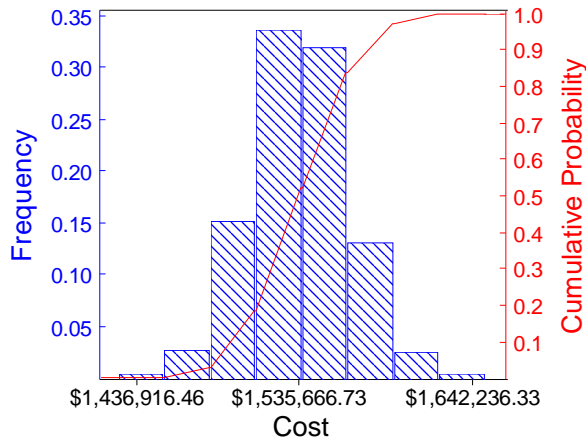
Unique ID: 1

Name: FY1011 TPA Transiton Plan - Existing System Conversion

Cost Standard Deviation: \$27,134.33

95% Confidence Interval: \$1,329.58

Each bar represents \$25,000.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$1,491,194.79	0.55	\$1,538,908.67
0.10	\$1,501,352.88	0.60	\$1,542,543.08
0.15	\$1,507,879.13	0.65	\$1,546,370.13
0.20	\$1,513,157.58	0.70	\$1,549,443.75
0.25	\$1,517,798.58	0.75	\$1,553,659.46
0.30	\$1,521,535.08	0.80	\$1,558,319.42
0.35	\$1,524,691.00	0.85	\$1,563,140.58
0.40	\$1,528,873.92	0.90	\$1,569,240.17
0.45	\$1,532,017.92	0.95	\$1,580,249.58
0.50	\$1,535,671.42	1.00	\$1,642,236.33

FY1011 LBR Project Plan MPP
Monte Carlo Simulation, Medium Confidence
Dr. Mark L. Huston, PMP

**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
219	Vendor PM Administrati	43 days?	Tue 10/5/10	Thu 12/2/10		
265	Vendor Project Plan Upc	2 days	Tue 10/5/10	Wed 10/6/10		

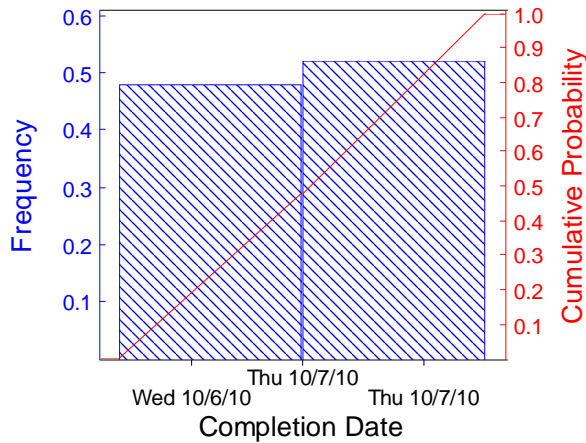
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Vendor Project Plan Updated for FY0910" continued

Date: 8/4/2009 11:54:19 AM
 Samples: 1600
 Unique ID: 507
 Name: Vendor Project Plan Updated for FY0910

Completion Std Deviation: 0.18 days
 95% Confidence Interval: 0.01 days
 Each bar represents 1 day



Completion Probability Table

Prob	Date	Prob	Date
0.05	Wed 10/6/10	0.55	Thu 10/7/10
0.10	Wed 10/6/10	0.60	Thu 10/7/10
0.15	Wed 10/6/10	0.65	Thu 10/7/10
0.20	Wed 10/6/10	0.70	Thu 10/7/10
0.25	Wed 10/6/10	0.75	Thu 10/7/10
0.30	Wed 10/6/10	0.80	Thu 10/7/10
0.35	Wed 10/6/10	0.85	Thu 10/7/10
0.40	Wed 10/6/10	0.90	Thu 10/7/10
0.45	Wed 10/6/10	0.95	Thu 10/7/10
0.50	Thu 10/7/10	1.00	Thu 10/7/10

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Vendor Project Plan Updated for FY0910" continued

Date: 8/4/2009 11:54:19 AM

Samples: 1600

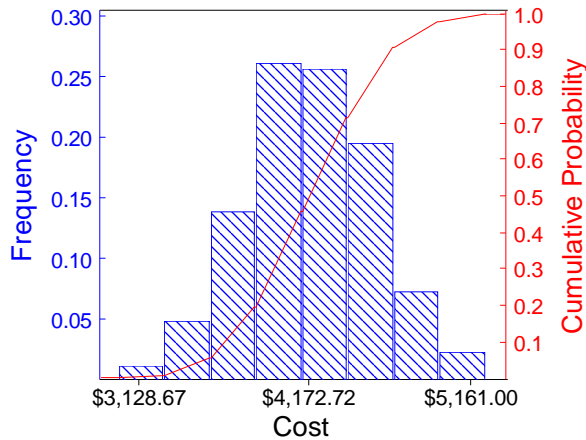
Unique ID: 507

Name: Vendor Project Plan Updated for FY0910

Cost Standard Deviation: \$345.87

95% Confidence Interval: \$16.95

Each bar represents \$250.00



Cost Probability Table

Prob	Cost	Prob	Cost
0.05	\$3,605.33	0.55	\$4,212.00
0.10	\$3,722.33	0.60	\$4,259.67
0.15	\$3,809.00	0.65	\$4,307.33
0.20	\$3,878.33	0.70	\$4,363.67
0.25	\$3,926.00	0.75	\$4,411.33
0.30	\$3,986.67	0.80	\$4,472.00
0.35	\$4,038.67	0.85	\$4,541.33
0.40	\$4,077.67	0.90	\$4,619.33
0.45	\$4,121.00	0.95	\$4,727.67
0.50	\$4,164.33	1.00	\$5,161.00

FY1011 LBR Project Plan MPP
Monte Carlo Simulation, Medium Confidence
Dr. Mark L. Huston, PMP

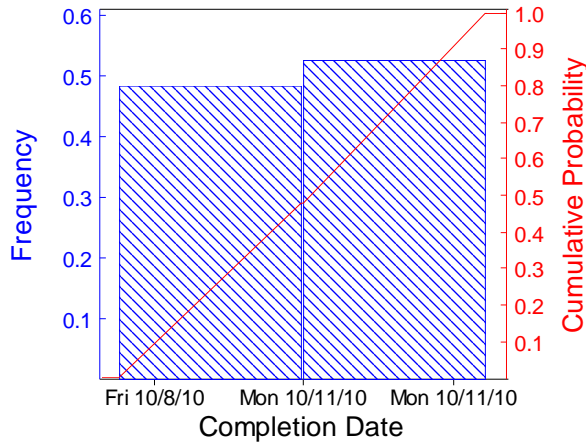
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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268 Operations Plan Written 2 days? Thu 10/7/10 Fri 10/8/10

Date: 8/4/2009 11:54:19 AM
 Samples: 1600
 Unique ID: 496
 Name: Operations Plan Written

Completion Std Deviation: 0.25 days
 95% Confidence Interval: 0.01 days
 Each bar represents 1 day



Completion Probability Table

<u>Prob</u>	<u>Date</u>	<u>Prob</u>	<u>Date</u>
0.05	Fri 10/8/10	0.55	Mon 10/11/10
0.10	Fri 10/8/10	0.60	Mon 10/11/10
0.15	Fri 10/8/10	0.65	Mon 10/11/10
0.20	Fri 10/8/10	0.70	Mon 10/11/10
0.25	Fri 10/8/10	0.75	Mon 10/11/10
0.30	Fri 10/8/10	0.80	Mon 10/11/10
0.35	Fri 10/8/10	0.85	Mon 10/11/10
0.40	Fri 10/8/10	0.90	Mon 10/11/10
0.45	Fri 10/8/10	0.95	Mon 10/11/10
0.50	Mon 10/11/10	1.00	Mon 10/11/10

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

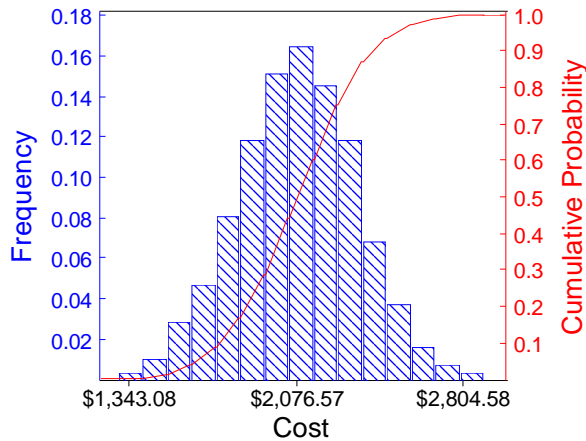
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Operations Plan Written" continued

Date: 8/4/2009 11:54:19 AM
 Samples: 1600
 Unique ID: 496
 Name: Operations Plan Written

Cost Standard Deviation: \$242.84
 95% Confidence Interval: \$11.90
 Each bar represents \$100.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$1,657.58	0.55	\$2,110.83
0.10	\$1,759.33	0.60	\$2,141.67
0.15	\$1,827.17	0.65	\$2,169.42
0.20	\$1,873.42	0.70	\$2,203.33
0.25	\$1,916.58	0.75	\$2,243.42
0.30	\$1,950.50	0.80	\$2,280.42
0.35	\$1,981.33	0.85	\$2,326.67
0.40	\$2,015.25	0.90	\$2,388.33
0.45	\$2,052.25	0.95	\$2,462.33
0.50	\$2,083.08	1.00	\$2,804.58

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

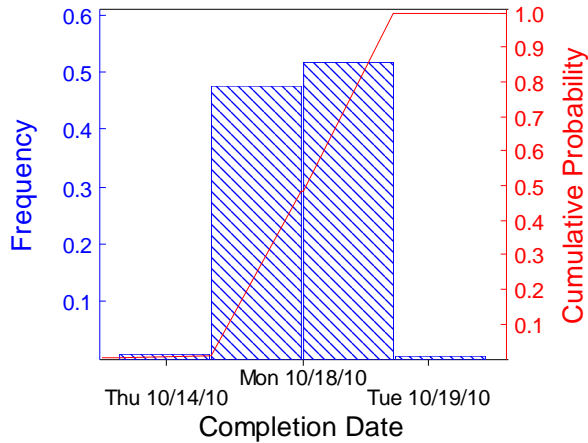
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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271 Rollout Plan Written 5 days Mon 10/11/10 Fri 10/15/10

Date: 8/4/2009 11:54:19 AM
 Samples: 1600
 Unique ID: 495
 Name: Rollout Plan Written

Completion Std Deviation: 0.4 days
 95% Confidence Interval: 0.02 days
 Each bar represents 1 day



Completion Probability Table

Prob	Date	Prob	Date
0.05	Fri 10/15/10	0.55	Mon 10/18/10
0.10	Fri 10/15/10	0.60	Mon 10/18/10
0.15	Fri 10/15/10	0.65	Mon 10/18/10
0.20	Fri 10/15/10	0.70	Mon 10/18/10
0.25	Fri 10/15/10	0.75	Mon 10/18/10
0.30	Fri 10/15/10	0.80	Mon 10/18/10
0.35	Fri 10/15/10	0.85	Mon 10/18/10
0.40	Fri 10/15/10	0.90	Mon 10/18/10
0.45	Fri 10/15/10	0.95	Mon 10/18/10
0.50	Mon 10/18/10	1.00	Tue 10/19/10

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

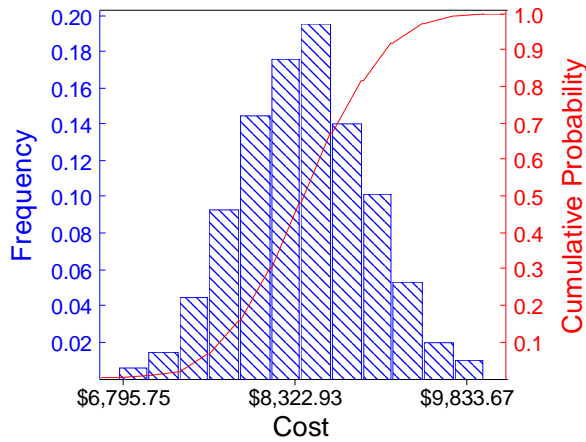
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Rollout Plan Written" continued

Date: 8/4/2009 11:54:19 AM
 Samples: 1600
 Unique ID: 495
 Name: Rollout Plan Written

Cost Standard Deviation: \$515.76
 95% Confidence Interval: \$25.27
 Each bar represents \$250.00



Cost Probability Table

Prob	Cost	Prob	Cost
0.05	\$7,475.92	0.55	\$8,382.67
0.10	\$7,665.92	0.60	\$8,443.83
0.15	\$7,778.33	0.65	\$8,512.58
0.20	\$7,880.83	0.70	\$8,578.42
0.25	\$7,958.50	0.75	\$8,659.92
0.30	\$8,039.58	0.80	\$8,758.50
0.35	\$8,118.92	0.85	\$8,879.75
0.40	\$8,200.17	0.90	\$8,998.42
0.45	\$8,262.75	0.95	\$9,182.67
0.50	\$8,319.17	1.00	\$9,833.67

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
280	Vendor Project Executio	181.88 days?	Wed 10/20/10	Thu 6/30/11		
281	Construction Phase	147 days	Wed 10/20/10	Thu 5/12/11		

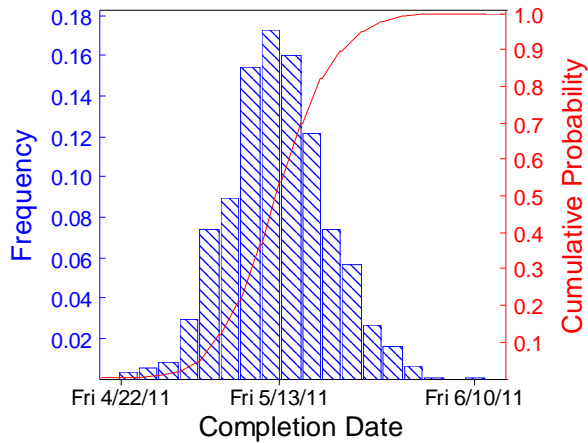
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Construction Phase" continued

Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 4
 Name: Construction Phase

Completion Std Deviation: 4.85 days
 95% Confidence Interval: 0.24 days
 Each bar represents 2 days



Completion Probability Table

Prob	Date	Prob	Date
0.05	Wed 5/4/11	0.55	Mon 5/16/11
0.10	Thu 5/5/11	0.60	Mon 5/16/11
0.15	Fri 5/6/11	0.65	Tue 5/17/11
0.20	Mon 5/9/11	0.70	Wed 5/18/11
0.25	Tue 5/10/11	0.75	Wed 5/18/11
0.30	Wed 5/11/11	0.80	Thu 5/19/11
0.35	Wed 5/11/11	0.85	Fri 5/20/11
0.40	Thu 5/12/11	0.90	Tue 5/24/11
0.45	Thu 5/12/11	0.95	Wed 5/25/11
0.50	Fri 5/13/11	1.00	Fri 6/10/11

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

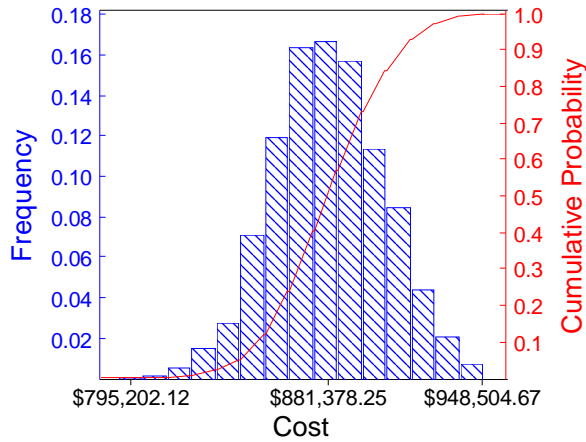
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Construction Phase" continued

Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 4
 Name: Construction Phase

Cost Standard Deviation: \$22,766.70
 95% Confidence Interval: \$1,115.57
 Each bar represents \$10,000.00



Cost Probability Table

Prob	Cost	Prob	Cost
0.05	\$845,160.17	0.55	\$884,045.08
0.10	\$852,658.17	0.60	\$886,313.08
0.15	\$858,511.04	0.65	\$889,622.50
0.20	\$862,755.04	0.70	\$892,931.63
0.25	\$865,593.92	0.75	\$896,722.63
0.30	\$869,200.00	0.80	\$900,706.79
0.35	\$872,585.38	0.85	\$905,581.46
0.40	\$874,872.92	0.90	\$911,788.08
0.45	\$878,090.63	0.95	\$919,143.25
0.50	\$880,753.08	1.00	\$948,504.67

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

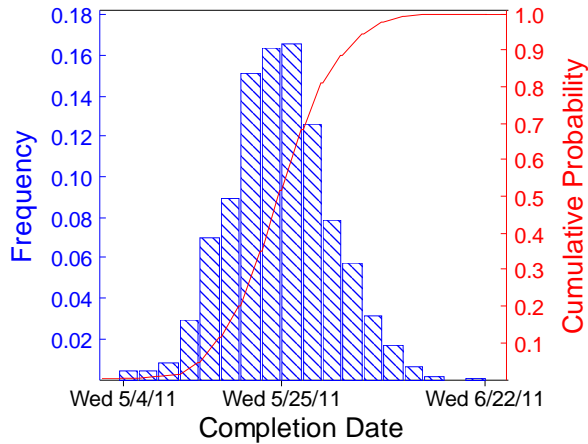
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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307 Rollout Phase 8 days Fri 5/13/11 Tue 5/24/11

Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 6
 Name: Rollout Phase

Completion Std Deviation: 4.86 days
 95% Confidence Interval: 0.24 days
 Each bar represents 2 days



Completion Probability Table

Prob	Date	Prob	Date
0.05	Mon 5/16/11	0.55	Thu 5/26/11
0.10	Tue 5/17/11	0.60	Thu 5/26/11
0.15	Wed 5/18/11	0.65	Fri 5/27/11
0.20	Thu 5/19/11	0.70	Mon 5/30/11
0.25	Fri 5/20/11	0.75	Tue 5/31/11
0.30	Mon 5/23/11	0.80	Tue 5/31/11
0.35	Mon 5/23/11	0.85	Wed 6/1/11
0.40	Tue 5/24/11	0.90	Fri 6/3/11
0.45	Wed 5/25/11	0.95	Tue 6/7/11
0.50	Wed 5/25/11	1.00	Wed 6/22/11

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

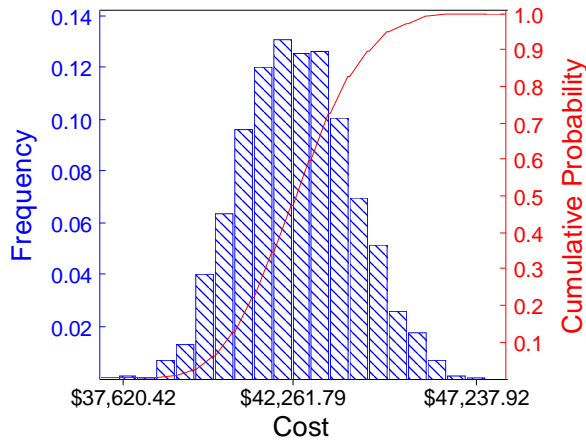
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Rollout Phase" continued

Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 6
 Name: Rollout Phase

Cost Standard Deviation: \$1,430.09
 95% Confidence Interval: \$70.07
 Each bar represents \$500.00



Cost Probability Table

Prob	Cost	Prob	Cost
0.05	\$40,018.75	0.55	\$42,429.17
0.10	\$40,460.42	0.60	\$42,621.25
0.15	\$40,748.75	0.65	\$42,801.25
0.20	\$40,985.00	0.70	\$42,997.08
0.25	\$41,238.75	0.75	\$43,217.50
0.30	\$41,447.50	0.80	\$43,473.33
0.35	\$41,642.92	0.85	\$43,778.75
0.40	\$41,825.00	0.90	\$44,155.42
0.45	\$42,039.17	0.95	\$44,685.83
0.50	\$42,216.25	1.00	\$47,237.92

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

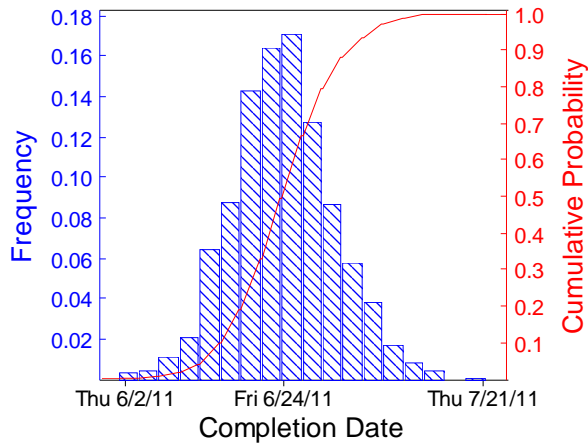
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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319 Maintenance Phase 21 days? Tue 5/24/11 Wed 6/22/11

Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 8
 Name: Maintenance Phase

Completion Std Deviation: 4.89 days
 95% Confidence Interval: 0.24 days
 Each bar represents 2 days



Completion Probability Table

Prob	Date	Prob	Date
0.05	Tue 6/14/11	0.55	Fri 6/24/11
0.10	Wed 6/15/11	0.60	Mon 6/27/11
0.15	Fri 6/17/11	0.65	Mon 6/27/11
0.20	Mon 6/20/11	0.70	Tue 6/28/11
0.25	Mon 6/20/11	0.75	Wed 6/29/11
0.30	Tue 6/21/11	0.80	Thu 6/30/11
0.35	Wed 6/22/11	0.85	Fri 7/1/11
0.40	Wed 6/22/11	0.90	Mon 7/4/11
0.45	Thu 6/23/11	0.95	Wed 7/6/11
0.50	Fri 6/24/11	1.00	Thu 7/21/11

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

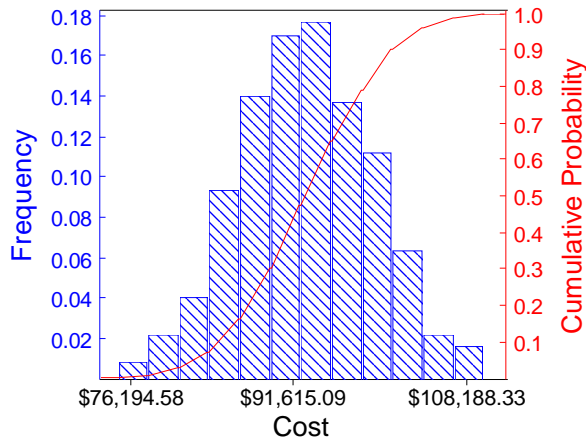
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Maintenance Phase" continued

Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 8
 Name: Maintenance Phase

Cost Standard Deviation: \$5,493.28
 95% Confidence Interval: \$269.17
 Each bar represents \$2,500.00



Cost Probability Table

Prob	Cost	Prob	Cost
0.05	\$82,562.92	0.55	\$92,086.25
0.10	\$84,693.75	0.60	\$92,900.83
0.15	\$85,844.17	0.65	\$93,628.75
0.20	\$86,880.42	0.70	\$94,698.33
0.25	\$87,751.25	0.75	\$95,534.58
0.30	\$88,670.83	0.80	\$96,392.08
0.35	\$89,475.42	0.85	\$97,424.58
0.40	\$90,227.08	0.90	\$98,697.50
0.45	\$90,857.50	0.95	\$100,590.00
0.50	\$91,525.83	1.00	\$108,188.33

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

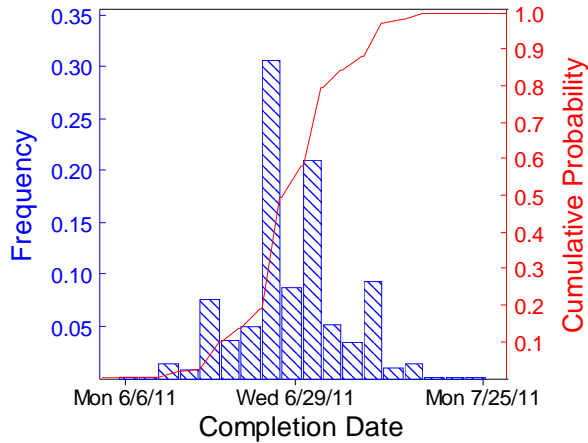
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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327 Administrative Close Ph 67.88 days Tue 3/29/11 Thu 6/30/11

Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 10
 Name: Administrative Close Phase

Completion Std Deviation: 4.94 days
 95% Confidence Interval: 0.24 days
 Each bar represents 2 days



Completion Probability Table

Prob	Date	Prob	Date
0.05	Fri 6/17/11	0.55	Wed 6/29/11
0.10	Fri 6/17/11	0.60	Fri 7/1/11
0.15	Wed 6/22/11	0.65	Fri 7/1/11
0.20	Fri 6/24/11	0.70	Fri 7/1/11
0.25	Fri 6/24/11	0.75	Fri 7/1/11
0.30	Fri 6/24/11	0.80	Mon 7/4/11
0.35	Fri 6/24/11	0.85	Wed 7/6/11
0.40	Fri 6/24/11	0.90	Fri 7/8/11
0.45	Mon 6/27/11	0.95	Fri 7/8/11
0.50	Wed 6/29/11	1.00	Mon 7/25/11

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"Administrative Close Phase" continued

Date: 8/4/2009 11:54:20 AM

Samples: 1600

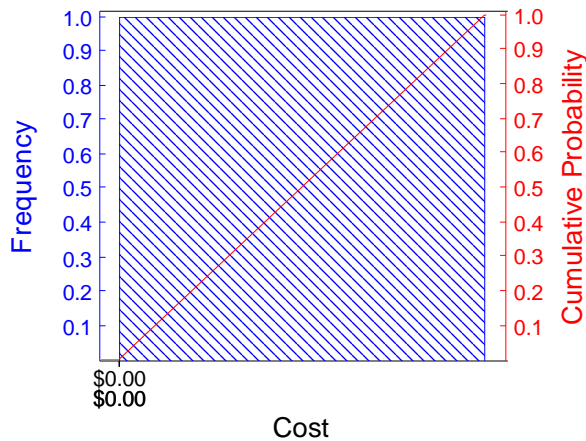
Unique ID: 10

Name: Administrative Close Phase

Cost Standard Deviation: \$0.00

95% Confidence Interval: \$0.00

Each bar represents \$1.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$0.00	0.55	\$0.00
0.10	\$0.00	0.60	\$0.00
0.15	\$0.00	0.65	\$0.00
0.20	\$0.00	0.70	\$0.00
0.25	\$0.00	0.75	\$0.00
0.30	\$0.00	0.80	\$0.00
0.35	\$0.00	0.85	\$0.00
0.40	\$0.00	0.90	\$0.00
0.45	\$0.00	0.95	\$0.00
0.50	\$0.00	1.00	\$0.00

FY1011 LBR Project Plan MPP
Monte Carlo Simulation, Medium Confidence
Dr. Mark L. Huston, PMP

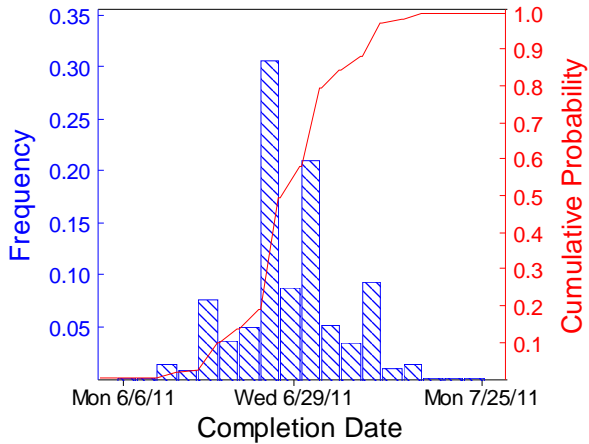
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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334	FY1011 Plan Completed	0 days	Thu 6/30/11	Thu 6/30/11		
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Date: 8/4/2009 11:54:20 AM
 Samples: 1600
 Unique ID: 77
 Name: FY1011 Plan Completed

Completion Std Deviation: 4.94 days
 95% Confidence Interval: 0.24 days
 Each bar represents 2 days



Completion Probability Table

Prob	Date	Prob	Date
0.05	Fri 6/17/11	0.55	Wed 6/29/11
0.10	Fri 6/17/11	0.60	Fri 7/1/11
0.15	Wed 6/22/11	0.65	Fri 7/1/11
0.20	Fri 6/24/11	0.70	Fri 7/1/11
0.25	Fri 6/24/11	0.75	Fri 7/1/11
0.30	Fri 6/24/11	0.80	Mon 7/4/11
0.35	Fri 6/24/11	0.85	Wed 7/6/11
0.40	Fri 6/24/11	0.90	Fri 7/8/11
0.45	Mon 6/27/11	0.95	Fri 7/8/11
0.50	Wed 6/29/11	1.00	Mon 7/25/11

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

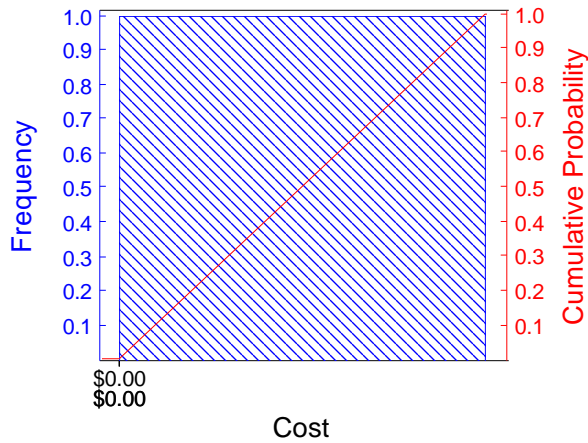
**FY1011 Forecasted Plan Schedule IVB
Risk Histograms as of Tue 8/4/09**

ID	Task Name	Duration	Start	Finish	Mean Dur	Std Dev Dur
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"FY1011 Plan Completed" continued

Date: 8/4/2009 11:54:21 AM
 Samples: 1600
 Unique ID: 77
 Name: FY1011 Plan Completed

Cost Standard Deviation: \$0.00
 95% Confidence Interval: \$0.00
 Each bar represents \$1.00



Cost Probability Table

<u>Prob</u>	<u>Cost</u>	<u>Prob</u>	<u>Cost</u>
0.05	\$0.00	0.55	\$0.00
0.10	\$0.00	0.60	\$0.00
0.15	\$0.00	0.65	\$0.00
0.20	\$0.00	0.70	\$0.00
0.25	\$0.00	0.75	\$0.00
0.30	\$0.00	0.80	\$0.00
0.35	\$0.00	0.85	\$0.00
0.40	\$0.00	0.90	\$0.00
0.45	\$0.00	0.95	\$0.00
0.50	\$0.00	1.00	\$0.00

FY1011 LBR Project Plan MPP
 Monte Carlo Simulation, Medium Confidence
 Dr. Mark L. Huston, PMP

Project Cost	Month	FY 2009-10	Jul	Jul	Aug	Aug	Sep	Sep	Oct	Oct	Nov	Nov	Dec	Dec
	Total Budget	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	
OPS Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
# FTEs		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
State Staff		\$39,067	\$1,002	\$1,002	\$1,002	\$0	\$1,002	\$0	\$4,007	\$0	\$4,007	\$0	\$4,007	\$0
# FTEs		3.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
Subcontractors		\$1,231,499	\$18,297	\$15,426	\$18,297	\$0	\$18,297	\$0	\$34,377	\$0	\$171,874	\$0	\$171,462	\$0
PM - TBA, Dr. Huston, PMP		\$219,560	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,293	\$0
TPA Consultants		\$90,000	\$0	\$0	\$0	\$0	\$0	\$0	\$9,996	\$0	\$10,200	\$0	\$9,792	\$0
TPA Project Management		\$95,054	\$0	\$0	\$0	\$0	\$0	\$0	\$6,084	\$0	\$6,084	\$0	\$6,084	\$0
TPA Project Team		\$826,885	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$137,293	\$0	\$137,293	\$0	
# FTEs		22.0	1.0	0.0	1.0	0.0	1.0	1.0	3.0	0.0	22.0	0.0	22.0	0.0
Hardware		\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0
Potential Equipment Purchases		\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0
Item 2		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software		\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0
Potential Software Purchases		\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0
Item 2		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Equipment		\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Item 1		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs		\$511,000	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$56,778	\$0.00	\$56,778	\$0.00	\$56,778	\$0.00
Contingency Load		\$261,000	\$0	\$0	\$0	\$0	\$0	\$0	\$29,000	\$0	\$29,000	\$0	\$29,000	\$0
RFP/ITN Variance		\$250,000	\$0	\$0	\$0	\$0	\$0	\$0	\$27,778	\$0	\$27,778	\$0	\$27,778	\$0
Total Costs		\$2,021,566	\$19,299	\$16,428	\$19,299	\$0	\$19,299	\$0	\$135,162	\$0	\$272,659	\$0	\$272,247	\$0
Progress Payments			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State Staff FTE Appropriation		\$39,067												
Total Appropriation		\$2,609,600												
Variance from Appropriation		(\$627,101)												

Project Cost	Month	Jan Budget	Jan Actual	Feb Budget	Feb Actual	Mar Budget	Mar Actual	Apr Budget	Apr Actual	May Budget	May Actual	Jun Budget	Jun Actual	Budget to Date	Actual to Date	Variance to Date
	OPS Staff		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
# FTEs		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
State Staff		\$4,007	\$0	\$4,007	\$0	\$4,007	\$0	\$4,007	\$0	\$4,007	\$0	\$4,007	\$0	\$39,067	\$1,002	\$38,065
# FTEs		3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0			
Subcontractors		\$171,874	\$0	\$171,874	\$0	\$171,874	\$0	\$171,874	\$0	\$171,058	\$0	\$171,502	\$0	\$1,462,662	\$15,426	\$1,447,236
PM - TBA, Dr. Huston, PMP		\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$219,560	\$0	\$219,560
TPA Consultants		\$10,200	\$0	\$10,200	\$0	\$10,200	\$0	\$10,200	\$0	\$9,384	\$0	\$9,828	\$0	\$90,000	\$0	\$90,000
TPA Project Management		\$6,084	\$0	\$6,084	\$0	\$6,084	\$0	\$6,084	\$0	\$6,084	\$0	\$6,084	\$0	\$54,760	\$0	\$54,760
TPA Project Team		\$137,293	\$0	\$137,293	\$0	\$137,293	\$0	\$137,293	\$0	\$137,293	\$0	\$137,293	\$0	\$1,098,342	\$0	\$1,098,342
# FTEs		22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0			
Hardware		\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$120,000	\$0	\$120,000
Potential Hardware Purchases		\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$120,000	\$0	\$120,000
Item 2		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software		\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$120,000	\$0	\$120,000
Potential Software Purchases		\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$120,000	\$0	\$120,000
Item 2		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Equipment		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	\$0	\$0
Item 1		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs		\$56,777.77	\$0.00	\$56,777.77	\$0.00	\$56,777.77	\$0.00	\$56,777.77	\$0.00	\$56,777.77	\$0.00	\$56,777.77	\$0.00	\$511,000	\$0	\$0
Contingency Load		\$29,000	\$0	\$29,000	\$0	\$29,000	\$0	\$29,000	\$0	\$29,000	\$0	\$29,000	\$0	\$261,000	\$0	\$261,000
RFP/ITN Variance		\$27,778	\$0	\$27,778	\$0	\$27,778	\$0	\$27,778	\$0	\$27,778	\$0	\$27,778	\$0	\$250,000	\$0	\$250,000
Total Costs		\$255,319	\$0	\$255,319	\$0	\$255,319	\$0	\$255,319	\$0	\$258,509	\$0	\$254,947	\$0	\$2,213,662	\$16,428	\$2,197,233
Progress Payments			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

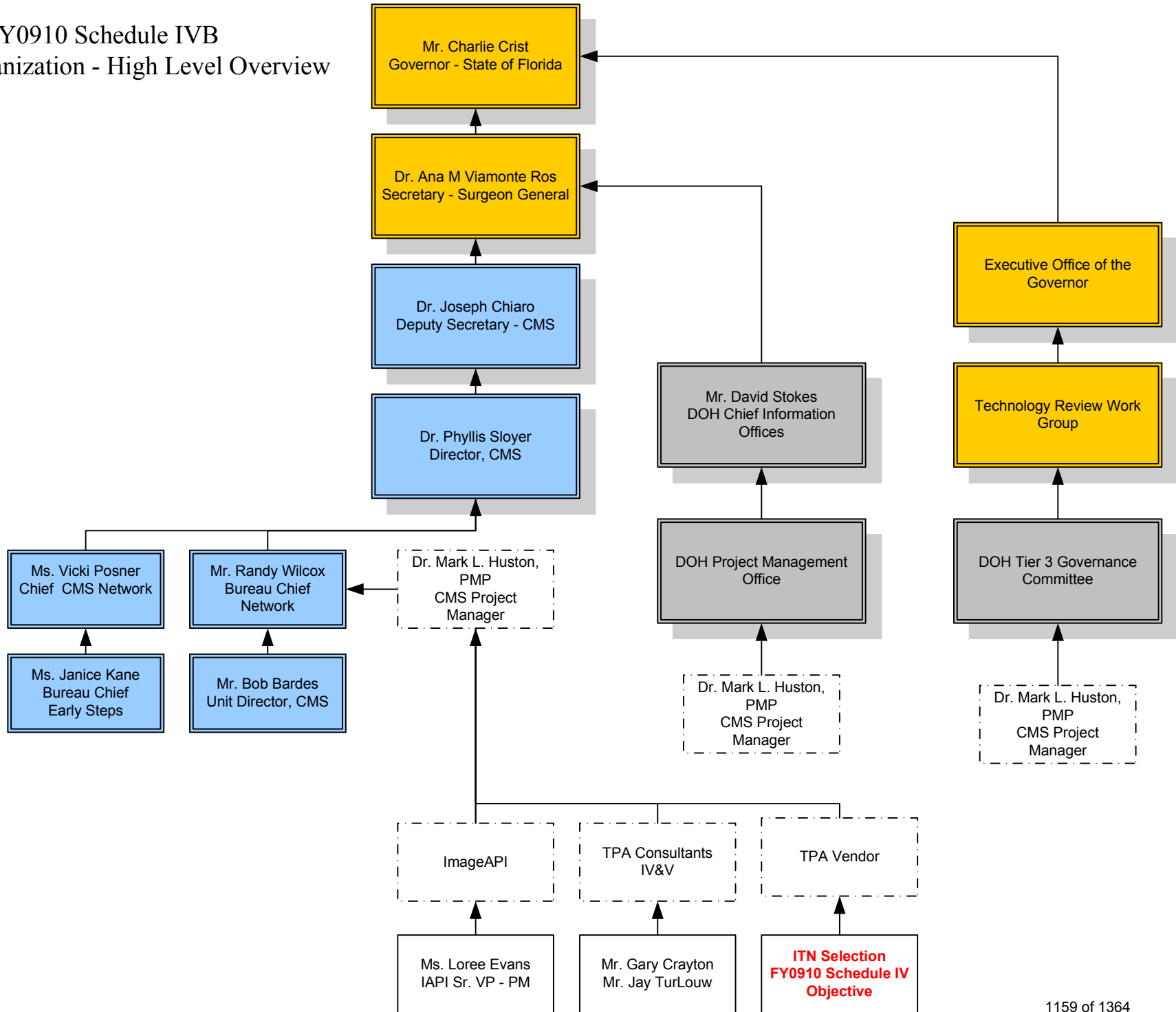
Prepared by:
Dr. Mark L. Huston, PMP
CMS Project Manager

Project Cost	Month	FY 2010-11	Jul	Jul	Aug	Aug	Sep	Sep	Oct	Oct	Nov	Nov	Dec	Dec
	Total Budget	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	
OPS Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
# FTEs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
State Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
# FTEs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Subcontractors	\$1,647,912	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$0
PM - TBA, Dr. Huston, PMP	\$223,080	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$0
TPA Consultants	\$120,000	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$0
TPA Project Management	\$98,832	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$0
TPA Project Team	\$1,206,000	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$0
# FTEs	22.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	0.0
Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Potential Equipment Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Potential Software Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Equipment	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Item 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	(\$47,912)	\$16,100	\$0.00	\$16,100	\$0.00	\$16,100	\$0.00	\$16,100	\$0.00	\$16,100	\$0.00	\$16,100	\$0.00	\$0.00
Contingency Load	\$161,000	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$0
RFP/ITN Variance*	(\$208,912)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$1,600,000	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$0
Progress Payments		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Appropriation	\$1,600,000	Total Appropriate is \$4.2. Request is to fully utilized in FY0910 and FY1011 and Will Carry Over to FY1112												
Variance from Appropriation	\$0	*Carry Over from FY0910												

Project Cost	Month	Jan	Jan	Feb	Feb	Mar	Mar	Apr	Apr	May	May	Jun	Jun	Budget	Actual	Variance
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	to Date	to Date	to Date	
OPS Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
# FTEs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
State Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
# FTEs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Subcontractors	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$137,326	\$0	\$137,326	\$1,647,912	\$0	\$1,647,912
PM - TBA, Dr. Huston, PMP	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$18,590	\$0	\$18,590	\$223,080	\$0	\$223,080
TPA Consultants	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$120,000	\$0	\$120,000
TPA Project Management	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$8,236	\$0	\$8,236	\$98,832	\$0	\$98,832
TPA Project Team	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$100,500	\$0	\$100,500	\$1,206,000	\$0	\$1,206,000
# FTEs	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0	0.0	22.0			
Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Potential Hardware Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Potential Software Purchases	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Misc Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Item 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Item 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$16,100.00	\$0.00	\$16,100.00	\$0.00	\$16,100.00	\$0.00	\$16,100.00	\$0.00	\$16,100.00	\$0.00	\$16,100.00	\$0.00	\$16,100.00	\$193,200	\$0	\$0
Contingency Load	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$16,100	\$0	\$16,100	\$193,200	\$0	\$193,200
RFP/ITN Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$153,426	\$0	\$153,426	\$1,841,112	\$0	\$1,841,112
Progress Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Prepared by:
Dr. Mark L. Huston, PMP
CMS Project Manager

FY0910 Schedule IVB
 Project Organization - High Level Overview



10. Risk Management Plan

Risk management planning is the process of deciding how to approach and plan the risk management activities for a project. To manage risk, a Risk Tracking and Reporting Database is used. The elements of the database are:

Field Name	Data Type	Description
ID	AutoNumber	
Identified Risk	Memo	Identified Risk Narrative
Assigned Probability	Number	Assigned Probability between 0 to 1
Assigned Impact	Number	Assigned Impact between 0 to 1
Probability * Impact	Number	Probability * Impact
Mitigation Strategy	Memo	Mitigation Strategy Narrative
Assigned To:	Text	Mitigation Strategy Assigned To
Ranking of Priority	Text	Ranking of Risk by Priority
Reviewer	Text	Name of Evaluator
Date of Risk Identified	Date/Time	Date Risk Put Into System
Action Date	Date/Time	Date Action Required

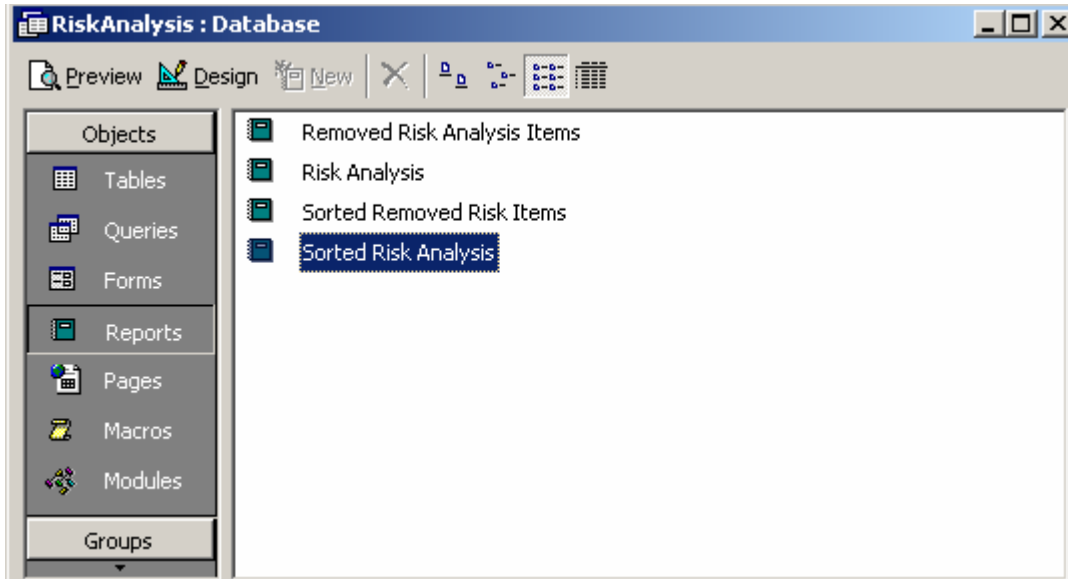
Sample Risk Input Form:

The screenshot shows a 'Risk Analysis' form with the following data:

- ID:** 37
- Reviewer:** (empty)
- Identified Risk:** No Test Cases have been developed for Smoke Testing. We need to have test cases as soon as possible.
- Date Risk Identified:** 8/13/2002
- Assigned Probability:** 0.99
- Assigned Impact:** 0.9
- Probability * Impact:** 0.99
- Action Date:** 8/20/2002
- Mitigation Strategy:** Talasila and Maha to work together to get test case in order and implemented. We will have five test cases by COB 08/20/2002. We need more test cases to smoke test the system. More case are on
- Assigned To:** Doebler

Record: 1 of 43

Sample Reports Include:



Risk Analysis

09/17/2002 TEAM RISK ASSESSMENT

<i>P * I</i>	<i>ID</i>	<i>Identified Risk</i>	<i>Probability</i>	<i>Impact</i>	<i>Mitigation Strategy</i>	<i>Assigned To:</i>	<i>Action Date</i>	<i>Date on Report</i>
0.99	37	No Test Cases have been developed for Smoke Testing. We need to have test cases as soon as possible.	0.99	0.9	Talasila and Maha to work together to get test case in order and implemented. We will have five test cases by COB 08/20/2002. We need more test cases to smoke test the system. More case are on the way. Talasila is responsible for getting the test cases to testing.	Doebler	8/20/2002	8/13/2002
0.9	42	There is no formal acceptance criteria documents. We do not have anything that spells out in detail system performance acceptable to the client. In addition, other than the scope document we have no document with the clients signature indicating what acceptable performance should be.	1	0.9	Team to followup and develop formal Acceptance Criteria Checklist. Talasila and Ragunathan to followup .	Ragunathan/Talasila		8/20/2020

Software Development Methodology (SDM) base point.

Risk	Early Symptom	Probability of Occurrence	Impact	Risk Response Type	Response Plan	Owner	Due Date
<i>Description of potential risks.</i>	<i>List of signs alerting that the risk is occurring.</i>	<i>Likelihood of the risk occurring (High, Medium, Low).</i>	<i>Impact to the project (High, Medium, or Low).</i>	<i>Description of how to respond (i.e. Accept, Avoid, Mitigate) to the risk.</i>	<i>Description of specific response strategy steps for Risk Avoidance or Risk Mitigation.</i>	<i>Person responsible response plan.</i>	<i>Date response plan should be completed.</i>

Risks and Issues will be discussed as part of the Core (CPT) and Senior Project Team (SPT) meetings. Risks will be reported, mitigation strategies formulated and reports issued.



Final

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CMS Third Party Administration Project ♦ *Proprietary*

State of Florida ♦

Children's Medical Services

Communications Plan

Final

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Contact Information

To request copies, suggest changes, or submit corrections, contact:
Department of Health, PMO, for Children's Medical Services ♦ CMS Third Party
Administration Project
Attention: Dr. Mark L. Huston, PMP, Sr. Project Manager
Phone: 850-245-4444, Ext. 3836, email Mark_Huston@doh.state.fl.us

File Information

File Location: K:\hustonmx\CMSDIP Working Documents\1_Feasibility\CMSDIP
Communications Plan
Last Saved: 9/30/2006 11:07 AM

Revision History

Date	Version	Revised By	Description
02/08/06	Ver 1	Dr. Mark L. Huston	Initial Draft of Plan with link to PMO Communications Plan
04/03/06	Final	Mr. Bob Bardes Dr. Mark L. Huston	Add Comments and Direction Finalize Document for Signature

Final

1. **COMMUNICATIONS PLAN**.....5

2. **SIGNATURE AND ACCEPTANCE PAGE**.....15

Final

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1. Communications Plan

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
CMSDIP WEEKLY STATUS REPORT	Provide documented updates on project activities and issues	Phyllis Sloyer, ES Randy Wilcox, PS Sponsor Bob Bardes, BS Sponsor April Edwards, PMO Dave Taylor, CIO Dave Stokes, PQI Project Stakeholders Evelyn Gonzales, TRW Dr. Joseph Chiaro Add Team Members and participants as project grows	Email notification and direction to SharePoint repository	Weekly, Mondays	Dr. Mark L. Huston, CMS PM
CMSDIP MONTHLY STATUS REPORT	Provides a recap of all project activities for the month. Required by Contract	Email to zzzz Feedback, IT_ProjectMgtOffice, Subject: CMS CMSDIP SR Month YYYY	Email with MS Word Attachment Stored on Share Point for distribution, archive and reading	Due the 1 st Wednesday of Each Month COB	Dr. Mark L. Huston, CMS PM

Final

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
CMSDIP CORE TEAM MEETING	To present project status and answer questions. F	Personal Meeting with Wilcox, Bardes, Sloyer and others as needed.	Group Meeting	Weekly	Dr. Mark L. Huston, CMS PM
CMS EXECUTIVE STEERING COMMITTEE	To provide guidance, review and instructions to Project Team and Program regarding program participation and product development	Dr. Joseph Chiaro, Deputy Secretary Dr. Phyllis Sloyer, Director Ms. Vicki Posner Ms. Janice Kane Ms. Lois Taylor Mr. Randy Wilcox	Meeting And Minutes	Monthly	Randy Wilcox
CMS TECHNICAL TEAM MEETING	Identify, document, and coordinate resolution of technical issues associated with the CMS project.	Mr. Randy Wilcox Mr., Bob Bardes Mr. Mike Russo Mr. David Griffith Dr. Mark L. Huston Subject Matter Experts (As Required)	Meeting And Minutes	Tuesdays, at 10:00 or as scheduled by CIO or Board PM	Dr. Mark L. Huston, CMS PM and Technical Lead

Final

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
PROJECT MANAGEMENT MEETINGS One on One	Project planning, risks and issues management, communication and change management planning.	April Edwards, PMO	Meeting	Weekly, 10:00 Fridays	Dr. Mark L. Huston, CMS PM
Consultant's Opinion and Signed Statement	If the Consultant wishes to go on record, but not in a public document or present an opinion, not directed by the Sponsors, a separate report will be issued and signed by the Consultant. This will become project record, but not necessarily for public consumption.	Sr. Management	Written and Signed Report, Not Subject to Modification Stored on Share Point for distribution, archive and reading	As Required	Dr. Mark L. Huston, CMS PM

Final

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
Miscellaneous Communications	Identify Stakeholders and those that will benefit from system implementation. These are all the “touch points” not previously identified.	CMS Stakeholders, Sponsors, CMS, DOH, State of Florida, as identified	As required and directed by the PMO and Sponsors, CMS, DOH and State of Florida Stored on Share Point for distribution, archive and reading	As required and directed	PMO and Business Sponsors, executed by CMS Project Manager
Governance Committee, Tier 3	As directed by Tier 3 Committee, report on project, Monthly	Tier 3 Governance Committee	Oral Presentations as directed	Monthly on Schedule	Dr. Mark L. Huston CMS Project Manager
Working Document Review Copies	As deliverables are produced, SMEs and other Sr. Management need to review and approve content. As there are multiple release and multiple players it is essential that everyone see work as it is being developed and finalized.	CMS Sr. Management Subject Matter Experts Interview Subjects CMS Field Offices CMSDIP Project Team PMO Other reviewers as required.	Electronic files, PDF or MS Word as needed. For reading only PDF, for use with TrackChanges, MS Word.	As documents are produced	Dr. Mark L. Huston CMS Project Manager

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PMO Project Documentation – Hard Close Book

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
Project Management Plan	<p>Identification of Stakeholders</p> <p>Identification and schedule all phases, tasks and responsibilities required to efficiently and effectively completing the project.</p>	Business Sponsors, End-Users and PMO	<p>Formal Report using PMO Documents and Working Document, SDM Based</p> <p>Stored on Share Point for distribution, archive and reading</p>	As required	Dr. Mark L. Huston, CMS PM
CMS Spending Plan	The Spending Plan accounts for monies spent on the project budget. This feeds the Monthly Report.	PMO and Business	See Project Management Plan, Section 15, Financial plan	Reviewed and reported weekly.	Dr. Mark L. Huston, CMS PM
Operational Work Plan	The Operational Work Plan and Project Management Plan are similar Documents. They detail how the project is going to be run and the goals and objectives of the Project. See PMO Documents and Instructions	PMO and Business	<p>Formal SDM Document for Workup and then PMO Form for Record</p> <p>Stored on Share Point for distribution, archive and reading</p>	Start of project then updated in MS Project Plan.	Dr. Mark L. Huston, CMS PM

Final

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
Project Scope Statement	Establish the Scope of the CMS Project. Formalized PMO Document requiring signature and acknowledgement by Business and PMO Identifies Deliverables, Content of Project, Known Assumptions and Dependencies and Exclusions	PMO and Business	Completed for each phase of project, Initiation, Planning, Design and Development, System Implementation, Operations and Support Stored on Share Point for distribution, archive and reading	Email and Hardcopy document Reviewed and Updated at All At Phases	Dr. Mark L. Huston, CMS PM
Project Closure Summary	Explains what was accomplished with the Project, Budget, Scope, Benefits and Lessons Learned	PMO and Business	Formal PMO Report Stored on Share Point for distribution, archive and reading	End of Project, Administrative Close	Dr. Mark L. Huston, CMS PM

Final

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
Work Breakdown Structure	Explains and documents tasks needed to complete Project. Feeds MPP and is basis for PERT, CPM and Resource Allocations	PMO and Business	Formal PMO Report MPP and associated database reports Stored on Share Point for distribution, archive and reading	Initiation Phase	Dr. Mark L. Huston, CMS PM
Communications Plan	Formally documents how communications will occur in the project.	PMO and Business	Formal PMO Report SDM Workup Stored on Share Point for distribution, archive and reading	Initiation Phase	Dr. Mark L. Huston, CMS PM
Quality Plan	Formally documents how Quality Control and Assurance will occur on the project.	PMO and Business, Technical Team	Formal PMO Report Share Point	Planning Phase Development Phase	Dr. Mark L. Huston, CMS PM Technical Lead

Final

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
Configuration Management Plan	Provides a written plan for code control and versioning.	PMO and Business, Technical Team	Formal PMO Report Share Point	Planning Phase	Technical Lead Dr. Mark L. Huston, CMS PM
Active Project Transition Document	Documents plan for implementation of one system to another.	PMO and Business, Technical Team, End Users Share Point	Formal PMO Report SDM Workup	Planning Phase	Dr. Mark L. Huston, CMS PM Team Lead
Critical Success Factors	Documents factors that will achieve the objectives of the business unit. What expectations are to be met and can we do it.	PMO and Business, Technical Team, End Users	Formal PMO Report Share Point	Planning Phases	Dr. Mark L. Huston, CMS PM
Planning Transition Check List	Verify we have done everything required to transition the project from beginning state to end state	Project Manager, PMO and Business	Formal PMO Report Share Point	System Implementation Phase	Dr. Mark L. Huston, CMS PM Team Lead

Final

WHAT Title of Communication	WHY Purpose of Communication	WHO Name and Role of person who will be communicated to	HOW Method of communicating	WHEN Daily, Weekly, Monthly, Quarterly	OWNER Person Responsible
Success Questions	Documents factors that will achieve the objectives of the business unit. What expectations are to be met and can we do it.	Project Manager, PMO and Business	Formal PMO Report Share Point	Operations and Support, Close	Dr. Mark L. Huston, CMS PM
Project Management Plan	Explains how what goals of project are and provides formal methodologies and approaches for running project. Requires Sr. Management Review and Approval. Stage Gate Document	For the CMSDIP Project: Bob Bardes Randy Wilcox Dr. Phyllis Sloyer Dr. Joe Chiaro Mr. David Taylor Mr. David Stokes	Paper document and copies on SharePoint Final document presented for Approval and Signature.	In Initiation Phase	Dr. Mark L. Huston, CMS PM
Document Management Plan	Explains how project documents (deliverables) will be produced, where they will be stored and how they will be reviewed and approved	Project Team	Document for read and acknowledgment	Initiation Phase Ramp Phase	Dr. Mark L. Huston CMS PM

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2. Signature and Acceptance Page

We have reviewed the CMS Development and Integration Project Communications Plan and agree that the content of the document is accurate as of this point in the program and clearly delineates the work to be done for the project. A formal PMO document has been submitted and approved in conjunction with this write-up as required by PMO directives. This document serves as the source and will be updated as required.



Dr. Mark L. Huston, PMP
Project Manager – Sr. Consultant
CMS CMSDIP Project Manager

04/03/06
Date



Ms. April Edwards, PMP
Manager, PMO

04/03/06
Date



Mr. Bob Bardes
Business Sponsor, CMS
Systems Information Management

04/03/06
Date



Mr. Randy Wilcox
Project Sponsor
Director, CMS Network Division

2/11/06
Date



Dr. Phyllis Sloyer
Executive Sponsor
Director, CMS Network Division

4/3/06
Date

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**DEPARTMENT OF HEALTH/
CHILDREN'S MEDICAL SERVICES**

**OPERATIONAL WORK PLAN
FOR
CMS INFRASTRUCTURE
DEVELOPMENT PROJECT #225
THIRD PARTY ADMINISTRATION**

FISCAL YEAR 2009-2010

PREPARED ON 07/21/2009

TABLE OF CONTENTS

SECTION 1 – OVERALL PROJECT PLAN..... 5

I. PROJECT CHARTER 5

A. SCOPE STATEMENT..... 5

B. PROJECT OBJECTIVES AND BUSINESS BENEFITS 6

C. CRITICAL SUCCESS FACTORS 7

D. KEY DATES 10

E. MAJOR DELIVERABLES 12

F. MAJOR MILESTONES 15

G. KEY STAKEHOLDERS 16

H. SIGNIFICANT PROJECT ASSUMPTIONS AND CONSTRAINTS 18

II. WORK BREAKDOWN STRUCTURE23

III. RESOURCE LOADED PROJECT SCHEDULE24

IV. PROJECT SPENDING PLAN.....24

V. PROJECT ORGANIZATION AND METHODOLOGY.....25

A. PROJECT ORGANIZATIONAL CHART.....25

B. PROJECT ROLES AND RESPONSIBILITIES26

C. PROJECT MANAGEMENT METHODOLOGY.....28

VI. BUSINESS PROCESS ORGANIZATIONAL CHANGE MANAGEMENT PLAN31

VII. PROJECT RISK MANAGEMENT PLAN.....32

VIII. CAPACITY PLAN.....33

ATTACHMENTS34

A FY0910 TPA TRANSITION PLAN34

B FY0910 WBS CRITICAL PATH VIEW.....34

C FY0910 WBS HOURS AND COST VIEW.....34

D FY0910 WBS CRITICAL PATH VIEW 234

E FY0910 MPP PROJECT SUMMARY.....34

F FY0910 MPP EARNED VALUE REPORT (BCWS).....34

G FY1011 TPA TRANSITION PLAN34

H FY1011 WBS CRITICAL PATH VIEW.....34

I FY1011 WBS COST AND HOURS VIEW.....34

J FY1011 WBS CRITICAL PATH VIEW 234

K FY1011 MPP PROJECT SUMMARY.....34

L FY1011 MPP EARNED VALUE REPORT (BCWS).....34

M FY0910 TPA TRANSITION PLAN PERT34

N FY0910 TPA TRANSITION PLAN GANTT34

O FY1011 TPA TRANSITION PLAN PERT34

P FY1011 TPA TRANSITION PLAN GANTT34

Q FY0910 OWP SPENDING PLAN34

R FY0910 (LBR) FORECASTED SPENDING PLAN34

S FY1011 OWP SPENDING PLAN34

T FY1011 (LBR) FORECASTED SPENDING PLAN34

U EXECUTIVE SUMMARY – QUARTERLY FUNDS RELEASE REQUEST34

V RISK MANAGEMENT PLAN (LBR EXTRACT).....34

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SECTION 1 – OVERALL PROJECT PLAN¹

I. Project Charter

The Department of Health and Children's Medical Services is continuing its approved and legislatively mandated project to implement Third Party Administration of CMS Claims Processing, Payment, Eligibility/Enrollment, Provider Management, Clinic Administration and Care Coordination services for its Title XIX, Title XXI, Early Steps and PCS SafetyNet Programs.²

For FY0910, the first step was the issuance of an Invitation to Negotiate (DOH08-126) and the selection of a vendor(s) to provide services. This process is underway. With the vendor selection, the actual project is to begin 10/19/2009. The SDM (System Development Methodology) is to be followed and we expect to complete the Feasibility, Definition and possibly the Design Phase of the project in FY0910.³ This means the vendor will provide a Earned Value Methodology System (EVMS) Trackable Project Plan, will clearly identify the work that will and will not be done and what outcomes will be achieved at projects end, and develop and implement a prototype of the system in three CMS Field Offices. With the approval of the prototype by CMS, the project will move into the Construction Phase where all programs and offices are converted. We anticipate Title XXI to be the first project converted and operational early in FY 1011. This will be followed by title XIX, PCS SafetyNet and finally Early Steps. At projects end (Rollout and Close Phases Completed in FY1011-FY1112), the TPA will process all CMS claims and assist CMS in management and operations of identified services to an increasing client base.

A. Scope Statement

The focus of the Children's Medical Services Infrastructure Development Project is to replace the current client service claims payment processing and data management system with a system that is operated by an external Third Party Administrator. This action is necessary to operate the statewide managed care network administered and directed by the Children's Medical Services Network. The Third Party Administrator will provide support and services for: Claims Processing and Payment; Linkage to CMS Provider Management; Processing of electronic files for Eligibility and Enrollment; Authorization for claims payment; Care Coordination Clinical Service Plan Software; and Patient Scheduling. The present systems operated by CMS are over 24 years old, not HIPAA compliant, and do not operate at the levels necessary to support Title XIX, XXI, Safety Net, and Early Steps Federal IDEA Part C funds.

¹ Electronic embeds had been used in this document. This means that in the MS *.doc, PDF artifacts of the actual documents used and presented in the LBR are attached and can be called up by the reader.

² The Florida Legislature approved TPA use with House Bill 5007 during the 2006 legislative session. Statute 391.026.(16)

³ Our original plans as submitted in the LBRs for FY0607, FY0708, FY0809, FY0910, called for an 07/01/09 project kickoff date. The ITN was release late owing to legislative budgeting requirements.

B. Project Objectives and Business Benefits

Project Objective	Business Benefit
Convert Claims Processing Function from CMDS to TPA Systems	Avoid expenditure of \$20M plus to purchase and implement a replacement computer system, avoid the hiring of FTEs to run the system and reallocate existing labor to other department requirements.
Replace expensive per unit claims processing routines with large scale processing systems that can provide the work at lower cost.	Currently it cost CMS about \$20.00 to pay a claim. Vendors can do this for between \$3 to \$11 per claim. Based upon our FY0809 claims volume (192,933-HICFA 1500), CMS has a potential savings of \$1.7 to \$2.3M after the vendor has been paid.
Integrate under one management system CMS Network, Early Steps, and current contract support functions.	Consolidation will lead to direct economies of scale and the ability to expand the system with no dependencies on internal CMS operations.
Provide a Care Coordination Module that directly support Pre-Authorization and Claims Payment Functions	As much of CMS is manage care operations, this function will permit a more efficient management of care and integration of controlled payment functions.
Limit or eliminate any staff expansion to the provision of claims processing and payment.	CMS has about 30 FTEs manually processing claims. Use of a TPA has the potential to drastically reduce the amount of CMS FTEs needed to pay and process claims. In addition, it can keep the FTE numbers in check by shifting increased in processing directly to the vendor and not to CMS as now is the case. CMS does not have the computer or manpower capacity to pay 192,933 claims and would have to expand drastically to do so. This will be avoided.
Increase ability to meet State and Federal oversight reporting functions.	Professional systems are need to provide the increase level of reporting and oversight required by State and Federal directives.
Strategic Expansion	CMS needs the ability to expand its processing and management systems on demand. Political mandates may direct massive increased in Title XIX and other programs as national health care becomes a reality. As a result, CMS must be in the position to provide these increases in services as required. Use of the TPA and processional systems will insure this.

C. Critical Success Factors

▪ **Critical Success Factor 1**

Vendor provides an MS Project Plan(s) that conforms to Earned Value Methodologies and is completely trackable. The plan is to be coordinated with the MS Project Plans presented in the LBR. The vendor plan must identify all dependencies, cost all labor in terms of actual billing rates, must cost all deliverables, account for all hours and be able to be mathematically modeled for risk assessment, analysis and control. Plan must have a clear Critical Path and will be used to report Schedule Performance Indices, Cost Performance Indices and Critical Ratios. This is a Stage Gate and is required for the project to move into the Definition Phase.

▪ **Critical Success Factor 2**

Vendor completes and CMS accepts As-Is To-Be Review and Assessment document(s) for Claims Processing and Payment, Provider Management, Eligibility and Enrollment, Care Coordination and Clinic Management

▪ **Critical Success Factor 3**

Vendor completes and CMS Accepts Gap Analysis TPA vs. CMS, Database Assessment and Review and Conversion Strategy Reports.

▪ **Critical Success Factor 3**

Vendor Provides and CMS Accepts Path Forward Strategy Report and project moves to Definition Phase

▪ **Critical Success Factor 4**

Project enters Definition Phase within acceptable time and scope parameters.

▪ **Critical Success Factor 5**

In the Definition Phase, the vendor provides and CMS Accepts:

- Definition of Architectural Solution
- Definition of Application Design
- Definition of Physical Model Design
- Development of Data Conversion Plan
- Development of Detailed Transition Plan
- Development of Software Design Plan
- Development of Testing Plan
- Development of Configuration Plan
- CMS Accepts Artifacts and Approach

- **Critical Success Factor 6**
 - Definition of Claims Processing and Payment Process
 - Definition of Provider Management Process
 - Definition of Eligibility and Enrollment Process
 - Define Care Coordination Process
 - Define Clinic Management Process
 - Define Preauthorization Process
 - CMS Accepts Processes
 - Project Moves to Design Phase

- **Critical Success Factor 7**
 - Project Moves to Design Phase (Prototype and Pilot)
 - Design Business Rules Engine for Claims Processing
 - Design Business Rules Engine for Provider Management Processing
 - Design Business Rules Engine for Eligibility and Enrollment Processing
 - Design Business Rules Engine for Care Coordination Process
 - Design Business Rules Engine for Clinic Management Process
 - CMS approves process for Prototype Build

- **Critical Success Factor 8**
 - Vendor designs prototype
 - Prototype demonstrated with Test Data
 - CMS accepts prototype through User Acceptance Testing
 - Prototype implemented in Tallahassee – Pensacola and Panama City
 - Prototype operations are successful in Pilots
 - Project moves to Construction Phase

- **Critical Success Factor 9**
 - System can process Title XXI claims for all CMS Offices
 - System can process Title XIX claims for all CMS Offices

- **Critical Success Factor 10**
 - Project moves to Construction and Rollout Phases
 - Vendor completes and CMS Approves Operations Plan
 - Vendor completes and CMS Approves Rollout Plan
 - Vendor completes and CMS Approves Rollback Plan
 - Vendor completes and CMS Approves Service Level Agreement (SLA)

- **Critical Success Factor 11**
 - Vendor completes build for Claims Payment Conversion
 - Vendor completes build on Provider Management Conversion
 - Vendor completes build on Eligibility and Enrollment Conversion
 - Vendor completes build on Care Coordination Conversion
 - Vendor completes build on Clinic Management Conversion

- **Critical Success Factor 12**
 - Module Builds are completed and move to System Testing and Validation
 - Requirement Traceability Matrix Compliance Validated
 - Full Scare Testing Plan Executed
 - Final User Acceptance Test Executed
 - Data Conversion Plan Executed
 - Organizational Change Management Plan Executed
 - Training Plan executed CMS Central Office
 - Training Plan executed CMS Field Offices

- **Critical Success Factor 13**
 - Roll out system to all CMS Field Offices

- **Critical Success Factor 14**
 - Convert and implement Early Steps Processing Operations
 - Convert and implement PCS Safety Net Processing Operations

- **Critical Success Factor 15**
 - System meets all scope and functionality requirements within budget and time constraints, pending change orders or unforeseen events.

- **Critical Success Factor 16**
 - Project enters maintenance phase
 - Enhancements identified

- **Critical Success Factor 17**
 - Post project evaluation verifies cost savings by TPA implementation, claims processing and transfer activities.

D. Key Dates

Key Date	Importance and Relevance to the Project
	Invitation to Negotiate Process
06/30/2009	Invitation to Negotiate Released for Vendor Response
07/01/2009	FY0910 Begins
07/22/2009	Vendor 's Conference - ITN Clarifications
07/31/2009	Deadline for Receipt of Written Inquiries (ITN)
08/07/2009	Date Completed for Agency Responses to Written Inquiries
09/08/2009	Sealed ITN Proposals Due and Public Opening to Technical Proposals
09/08/2009	Evaluation of Technical Proposal Begins
09/21/2209	Public Opening of Cost Proposal
09/28/2009	Vendor - CMS ITN Negotiations Begin
10/01/2009	FY1011 LBR Submitted for Review and Approval
10/05/2009	Vendor - CMS ITN Negotiations Complete
10/12/2009	Posting of Intent to Award Contract to TPA Vendor
10/19/2009	Project Begins
	Project Operational Work Plan (From LBR)
10/19/2009	Project Plan Begins Implementation
10/20/2009	Vendor Reports to PM for Project Management Plan Development
11/30/2009	Vendor PMP development completed, move to Feasibility Phase
12/02/2009	SDM Feasibility Phase Begins
12/25/2009	As-Is To-Be Deliverables Completed
01/13/2010	Gap Analysis Report Completed and Accepted
12/16/2010	Conversion Strategy Approved by CMS
12/17/2010	Database and Requirements Assessments Completed by Vendor
02/01/2010	Path Forward Document Completed, Accepted and Approved by CMS
02/01/2010	SDM Definition Phase Begins
04/14/2010	Development of Required Plans and Models Completed
04/14/2010	CMS Accepts Plans and Models for Conversion
04/14/2010	Vendor Completes Definition of CMS Processes to Convert
04/14/2010	CMS Approves of vendor Definition and End Products
04/14/2010	CMS Approves Move to Design Phase.
04/21/2010	SDM Design Phase Begins
06/23/2010	Vendor Design for Prototype Produce Processes Complete
06/23/2010	CMS Reviews Prototype Process for Build
06/23/2010	CMS Approves Prototype Process for Build
07/01/2010	FY 1011 Begins
08/04/2010	Prototype Installed in CMS Pilot Offices
08/04/2010	Vendor Completes Training in Pilot offices.
09/24/2010	Vendor Completed Prototype for Pilot Testing

Key Date	Importance and Relevance to the Project
09/24/2010	CMS Reviews Operational Model
09/24/2010	CMS Approves Prototype for User Acceptance Testing
10/01/2010	FY1112 LBR Submitted for Review and Approval
10/04/2010	Prototype Proves Proof of Concept
10/04/2010	Pilot In Operation
10/04/2010	CMS and Vendor Review Pilot Operations
10/04/2010	CMS Approves Vendor to Move to Construction Phase
10/04/2010	Project Moves to FY1011 Plan for Rollout
10/15/2010	Vendor completes Operations Plan
10/15/2010	Vendor completes Rollout Plan
10/15/2010	Vendor completes Rollback Plan
10/19/2010	Vendor completes Service Level Agreement
10/20/2010	SDM Construction Phase Begins
11/30/2010	CMS Approves Pilot Operation of Build
2/22/2011	Build Phase Completed, System in Testing
03/22/2011	Completed System Demonstrated to CMS
03/22/2011	CMS Accepts Completed System from Vendor
05/30/2011	CMS Approves Move to Rollout Phase
06/11/2011	CMS Accepts Rollouts at all Offices
06/29/2011	Rework Completed
06/29/2011	CMS Accepts Rework
06/29/2011	CMS To TPA is Up and Running and Moves to Operation Phase
07/01/2011	FY1112 Begins
07/08/2011	Administrative Closed Completed

E. Major Deliverables

Major Deliverable	Deliverable Description
Vendor Project Management Plan	Vendor Plan that explains how vendor will run project in conjunction with CMS oversight and control. (PMI Requirement)
Vendor MS Project Plan	Project plan using SDM and Earned Value Methodologies that executes plan relative to Time, Scope, Cost, Resources and agreed upon LBR/Contract amounts. Plan must generate all statistics for review and reports to DOH purchasing and must be a realistic model project operations. This is a Stage Gate Product. (PMI Requirement)
Vendor Risk Plan	Part of the PMP that explains how the vendor and project team are to manage and address risk (PMI Requirement).
Vendor Document Management Plan	Explains how artifacts will be produced, stored, approved and managed through the life of the project.
Vendor Business Continuity and Recovery Plan	Explains how the CMS process will continue or be recovered as a result of a project or other fault.
Vendor Weekly Reports to CMS PM and Project Team	Mandatory reports that required by COB Fridays to updated project plans and task control databases. This is essentially updates to the MPP
Vendor Service Level Agreement	Written agreement that explains the level of support CMS will receive once the TPA is in full operation.
As-Is To-Be Assessment Claims Processing	Artifact that explains Vendors understanding of current CMS Operations and how they will function under TPA operations.
As-Is To-Be Assessment Provider Management	Artifact that explains Vendors understanding of current CMS Operations and how they will function under TPA operations.
As-Is To-Be Assessment Eligibility Enrollment	Artifact that explains Vendors understanding of current CMS Operations and how they will function under TPA operations.

Major Deliverable	Deliverable Description
As-Is To-Be Assessment Care Coordination (Preauthorization)	Artifact that explains Vendors understanding of current CMS Operations and how they will function under TPA operations.
GAP Analysis TPA vs. CMS Report	Artifact that details the differences between how CMS works and what is needed to convert CMS to the TPA system.
Database Assessment and Review	Written report on Database operations.
Requirements Analysis and Requirements Traceability Matrix	Identification of all requirements that must be met by the TPA conversion. These will be tracked and accounted for in Requirements Traceability Matrix.
Conversion Strategy Plan	Explains in detail how the vendor will convert existing CMS data to the TPA systems.
Path Forward Report	Initial Planning Document that confirms how the vendor will proceed through the project. This must be reviewed and approved by CMS to move to the next Stage Gate.
Architecture Solution Artifact	Artifact that details graphically, the architecture of the TPA-CMS interfaces.
Application Design Artifact	Explains in detail how the TPA application works and how CMS will fit into the application.
Logical Model Artifact	Database model of logical relationships (ERD)
Physical Model Design Artifact	Database model of physical table relationships.
Data Conversion Plan	Explains in detail how TPA will convert CMS to TPA operations.
Transition Plan	Time table and responsibilities for transition. Who does what when.
Software Design Plan	Explains how software will be modified to implement CMS TPA process.
Testing Plan	Explains in detail how CMS TPA process will be tested to ensure all requirements and functionality, as agreed to, are delivered by the system developed and implemented by the TPA.

Major Deliverable	Deliverable Description
Configuration Plan	Explains how code is stored, protected, moved, using know systems for control.
Definition of Claims Processing and Payment Process (Written)	Explains in detail how claims processing and payment
Definition of Provider Management Process (Written)	Explains in detail how provider management will work.
Definition of Eligibility and Enrollment Process (Written)	Explains in detail how Eligibility and Enrollment will work.
Definition of Care Coordination Process (Written)	Explains in detail how Care Coordination (Preauthorization) will work.
Definition of Clinic Management Process (Written)	Explains in detail how Clinic Management will work.
Design and Implementation of Prototype for end-user review and testing	Vendor will demonstrate a prototype system that will process CMS Claims for Title XXI, Title XIX, PCS Safety Net and Early Steps. In addition, all support, management and reporting functions will be demonstrated to the satisfaction of CMS in pilot location before completion and rollout of the final product CMS wide.
Operations Plan (Written)	Explains in detail how the new system will operation and who does what.
Rollout Plan (Written)	Schedule and plan of how finished system will be implement CMS wide.
Rollback Plan (Written)	Plan that explain how to "rollback" implementation if a significant problem occurs so that all CMS process continue regardless of TPA implementation problems.
Demonstrated Processing and Payment of Title XXI Claims	Vendor will show process of Title XXI claims through various scenarios and scripts, test data and actual claims.
Demonstrated Processing and Payment of Title XIX Claims	Vendor will show process of Title XIX claims through various scenarios and scripts, test data and actual claims.
Demonstrated Processing and Payment of Early Steps Claims	Vendor will show process of Early Steps claims through various scenarios and scripts, test data and actual claims.
Demonstrated Processing and Payment of PCS SafetyNet Claims	Vendor will show process of PCS Safety Net claims through various scenarios and scripts, test data and actual claims.
Demonstrated proof use of TPA has lowered per unit claims processing cost and TCO for CMS	Vendor will provide economic analysis should per unit claim cost using actual data and forecasted production runs.

F. Major Milestones

MPP ID	Major Milestone	Milestone Description
Pre Plan	ITN Released	Pre Project Milestone
Pre Plan	Vendor Selected	ITN Milestone
Pre Plan	Project Begins (10/19/2009)	Project Start Date
FY0910 ID 1	TPA Transition Plan	Project Starts
FY0910 ID 327	Vendor Project Plans Accepted CMS	Stage Gate
FY0910 ID 333	CMS Accepts Vendor Planning Deliverables and Moves to Feasibility Phase	Stage Gate
FY0910 ID 342	As-Is To-Be Review and Assessment Completed by Vendor	Deliverable
FY0910 ID 345	Gap Analysis Report Completed and Accepted by CMS	Deliverable
FY0910 ID 349	Database Assessment and Requirements Assessment Completed by Vendor	Deliverable
FY0910 ID 352	CMS Approves Conversion Strategy	Stage Gate
FY0910 ID 355	Vendor Completes and Presents Path Forward Deliverable	Deliverable
FY0910 ID 356	CMS Approves Path Forward Document	Stage Gate
FY0910 ID 357	Vendor Moves to Definition Phase	Stage Gate
FY0910 ID 369	Development of Required Plans and Models Completed	Deliverable
FY0910 ID 370	CMS Accepts Plans and Models for Conversion	Stage Gate
FY0910 ID 378	Vendor Completes Definition of CMS Process to Convert	Deliverable
FY0910 ID 379	CMS Approves Vendor Definitions and End Products	Stage Gate
FY0910 ID 380	CMS Approves Move to Design Phase	Stage Gate
FY0910 ID 388	Vendor Designs for Prototype Product Processes Complete	Deliverable
FY0910 ID 389	CMS Approves Prototype Process for Build	Stage Gate
FY0910 ID 395	Vendor Completes Prototype for Testing	Deliverable
FY0910 ID 396	CMS Reviews Operational Model	Stage Gate
FY0910 ID 397	CMS Approves Prototype for User Acceptance Testing	Stage Gate
FY0910 ID 401	Prototype Installed in CMS Pilot Offices	Deliverable
FY0910 ID 402	Vendor Completes Training in Pilot Offices	Deliverable
FY0910 ID 405	Prototype Proves Proof of Concept	Stage Gate
FY0910 ID 408	Pilot in Operation	Stage Gate
FY0910 ID 409	CMS and Vendor Review Pilot Operation	Deliverable

MPP ID	Major Milestone	Milestone Description
FY0910 ID 410	CMS Approves Vendor to Move to Construction	Stage Gate
FY0910 ID 411	Project Moves to FY1011 Plan	Bridge
FY0910 ID 413	FY0910 Project Plan Completed	Terminator
FY1011 ID 1	TPA Transition Plan Continued	Stage Gate
FY1011 ID 263	CMS Approves Pilot Operation for Build	Stage Gate
FY1011 ID 290	Building Phase Completed, Systems to Testing	Deliverable
FY1011 ID 297	Completed System Demonstrated to CMS	Stage Gate
FY1011 ID 298	CMS Accepts Completed System	Stage Gate
FY1011 ID 305	CMS Approves Move to Rollout Phase	Stage Gate
FY1011 ID 316	CMS Accepts Roll Outs to All Offices	Deliverable
FY1011 ID 317	CMS Accepts Roll Outs	Stage Gate
FY1011 ID 323	Rework Items Completed	Deliverable
FY1011 ID 324	CMS Accepts Rework	Stage Gate
FY1011 ID 325	CMS to TPA is Up and Running and Moves to Operations Phase	Stage Gate and Terminator
FY1011 ID 334	FY1011 Plan Completed	Terminator

G. Key Stakeholders

Identify specific people and groups that have a vested interest in this project.

Key Stakeholder	Project Interest
Dr. Ana Viamonte Ros, State Surgeon General	Head of the Department Health, ultimately responsible for CMS operations, goals and objectives on behalf of the Department and the State of Florida
Dr. Joseph Chiaro, Deputy Secretary for CMS	Senior Management directly responsible for CMS reporting to the Surgeon General, Governor and the State of Florida
Dr. Phyllis Sloyer, Division Director CMS	Director of CMS
Mr. Randy Wilcox, Bureau Chief Network Administration	Responsibilities include all aspects of financial and claims processing operations for CMS.
Mr. Bob Bardes, Systems Information Management CMS	Currently, responsible for running CMDS and other supports systems targeted for replacement by the TPA.
Mr. David Stokes, PMP, CIO DOH	Chief Information Office for DOH, approved LBRs and multiple plans for CMS TPA Conversion from FY0607 to current.

Key Stakeholder	Project Interest
Dr. Mark L. Huston, PMP Sr. Project Manager - Consultant	CMS Project Manager for CMS Infrastructure Development Project
Ms. Bebe Horton, PMP, PMO PQI Manager	Responsible for project oversight, review of artifacts and project methodologies used on the project by the project manager.
Mr. Matt Kirkland, Chief Finance	TPA will replace operation currently in place. Vested interest in success of project.
DOH Application Support	Require review and coordination for all system internal and external to DOH where DOH data resides or is used.
DOH/DFS Contracts Administration	Manages contract for project including ITN process.
Third Party Administrators	Potential Provider of Services
TPA Contractors	Potential Provider of Services
System Integrators	Potential Provider of Services
Medicaid Administration	Target for processing payment
KidCare Administration	Target for processing payment
Early Steps Administration	Target for processing payment
Early Steps Service Providers	Directly effected by TPA initiative
University of Florida	Directly effected by TPA initiative
ICS Contractors	Directly effected by TPA initiative
Member Services	Directly effected by TPA initiative
Care Coordination	Directly effected by TPA initiative
Area Offices Financial	Directly effected by TPA initiative
CMS Area Office Management	Directly effected by TPA initiative
CMS-HQ (HCMS) Fiscal Administration	Directly effected by TPA initiative
DOH Finance and Accounting (HAFA)	Directly effected by TPA initiative
CMS Distributed Computer Systems Analyst (DCSA)	Directly effected by TPA initiative
People of the State of Florida	Program serves this target group directly.

H. Significant Project Assumptions and Constraints

Project Assumptions

Definition of an Assumption

An assumption is a “fact” that is believed to be true without proof. Assumptions are made regarding how the project will function and the results that are to be obtained. A “violation” of an assumption can cause changes to Time, Scope, Quality and Budget.

1. The Project Management Plan and overall project approaches are approved by CMS and DOH before April 2007. (Done)
2. Project Management Plan phases begin on assigned start dates and finish on or before end dates. (Close)
3. The As-Is and To-Be and basic requirements can be done by the PM working as a Systems Analyst. (Done)
4. The Florida Legislature funds the project in a timely manner so there is no delay in project execution. (Funded for FY0910)
5. Phase 1 is complete within 18 to 24 months. (Completed)
6. Phase 2 can fast track half way through Phase 1 and run 18 to 24 months (Completed)
7. The RFP and SOW process times (hang times) are correct. (Accepted)
8. The Monte Carlo Simulation (Model) of the project plan is correct. (Within Acceptable Limits)
9. The budget analysis for Phase 1 is near or below estimates as developed in the Budget Plan. (Below Estimates)
10. TPAs can be found to provide Eligibility and Enrollment and the cost of doing so is within CMS budgetary constraints. (Determined Possible)
11. TPAs can be found to provide Provider Management and the cost of doing so is within CMS budgetary constraints. (Determined Possible)
12. The TPAs can effectively convert CMS data and integrate CMS and Providers in a timely manner. (Forecast 18 to 24 months)
13. The project methodologies provide a clear set of decisions and executable directives to accomplish the objectives of CMS as stated in the Project Management Plan. (Done)

14. CMS personnel do not directly develop any of the systems in-house. All systems will be provided by outside entities that link to CMS and to CMS entities through data tiers and .Net architectures. (Done)
15. If systems need to be developed, they will be developed and implemented by professional systems integrators. Systems will not be built using DOH IT or Applications Support staff. (Done)
16. Middleware can link up disparate systems. (Proven)
17. The use of .Net architecture using existing equipment is acceptable and doable. (Internet Based)
18. DOH Applications can develop .Net screens and interfaces as required. (Not Required)
19. CMDS is replaced by outsourcing and web portals. (Major Goal, Determined Possible)
20. CMS-IS is replaced by outsourcing, web-portals, middleware and data tiers.
21. All project final functions are stand-alone that will integrate. No one function is dependent on another. That is, Claims Processing, Payment and Billing are not dependent on the execution of Eligibility and Enrollment. If one function can not be accomplished through the project the existing data streams and operations can be linked to the developed systems. (Possible)
22. The state electronic file vendor is capable and produces electronic images from Provider Management and Eligibility and Enrollment in a timely and professional manner. (Demonstrated)
23. CMS is able to consolidate all its databases into on unified system. (Underway)

Project Constraints

Definition of a Constraint

A constraint is any activity or event that will directly affect the quality, the cost of providing or the time frames for delivering the end product. Constraints describe factors that effect Quality, Budget and Schedule. These constraints are monitored and reported by:

- Compliance to the agreed upon schedule, project management plan or deliverable time tables.
- Compliance to spending and budget plans
- Compliance with Testing and Quality Assurance Plans for product that are developed

1. The length and complexity of the CMS Infrastructure Development project is about 5 years in length which increases project risk factors. Phases must be completed on schedule.
2. CMS Infrastructure Development Project is done in Phases. Each phase must complete before another phase goes forward, and work in one phase is dependent on the operation of end products from one phase to another.
3. The ability of all project teams to execute the Project Plan as developed.
4. The skill and expertise of the CMS Infrastructure Development Project Team.
5. The skill and expertise of the TPA Project Team.
6. The skill and expertise of the Systems Integrator(s).
7. The skill and expertise of the Electronic Records Vendor
8. The ability to adequately provide a thorough Systems Analysis Document that will clearly state As-Is and To-Be requirements that are actionable and biddable by TPA.
9. The ability to develop an effective strategy for Provider Maintenance centralization and CMS Field Office, CMS Headquarters data access, control and reporting.
10. The ability to develop an effective strategy for Eligibility and Enrollment centralization and CMS Field Office, CMS Headquarters data access, control and reporting.
11. Development of CMS Infrastructure Development Models that can be successfully executed by Third Party Administrators.
12. The ability to start project on or near 07/2009 (some pre-fiscal year work using operational resources) with the appropriate staffing load.
13. The ability to start Phase 2, on or near 07/2010 with the appropriate staffing load.

14. The ability to effectively get top rate talent for Phases 1 and Phase 2 on time and within budgets.
15. The project needs to be funded in phases. Initial forecasts and budgets only forecast for Phase 1. The actual budget for Phases 2 and 3 cannot be determined until RFPs and responses are received. In addition we will not know fixed overhead or operating expenses until the plans are actually executed and conversions made.
16. The ability of the SOW and RFP processes to execute as planned within time frames.
17. The ability of the SOW and RFP processes to produce results acceptable to CMS and DOH
18. CMS receives no protest or experiences any delays in the SOW and RFP process.
19. Project personnel remain stable and on the project for the duration, turnover is minimal
20. TPA conversion plans are viable, risk adverse and accepted by CMS
21. TPA conversion plans are executed by the project team as designed and within or before stated time frames.
22. Medicaid is integrated into any CMS solution in a seamless manner and without disruption or delay to other aspects of the project.
23. Title XXI is integrated into any CMS solution in a seamless manner and without disruption or delay to other aspects of the project.
24. DBAs are able to get access to multiple databases for data validation and all accesses are granted.
25. The high level system architecture is executable with no major flaws or problems. Data tiering is acceptable and can be implemented with little problems
26. A .Net strategy is acceptable from the CMS Field Office, through the identified data tiers.
27. Middleware can be used to link disparate systems together into one unified enterprise wide resource.
28. CMS can clearly decide and provide direction as to what functions and/or services within the organization can be centralized, consolidated, eliminated or outsourced.
29. An effective Organizational Change Management Plan is developed and executed before Phase 2 or during Phase 2.
30. All levels of management approve Path Forward Plans as developed and delivered by the Project Team within the required time frames.
31. Project Scope can be effectively managed over the life of the project and that scope of systems are contained to ensure conversion and implementation.
32. TPAs and contractors can be found at costs within CMS budgets.

33. TPAs develop integrated prototype systems that are acceptable to CMS
34. Conversion of CMS data to TPA occurs faster than planned and systems are operational ahead of forecast.
35. There are no unforeseen events that cancel the project or cause undue delay. This refers to events beyond the control of the project team (i.e. natural disasters, cancellation of project by Legislature, etc.)
36. All stakeholders agree as to what the “final” end product will be and take the appropriate actions to support and execute the solutions as agreed to and approved.
37. Independent Verification and Validation is used and finds little problems with project methodologies at all levels.
38. The test “Medicaid” operations now in play are so successful, that all Medicaid functions are handled by these vendors or group of vendors and are directly part of the CMS TPA system.

II. Work Breakdown Structure



(Attachment Identifiers)



PDF files can be tagged and blown up for review. Use 800% to view charts. Paper charts accompany, as attachments, the Master copy of the OWP.

There are six documents used to create the Work Break Down Artifacts. These are:

The FYXXXX TPA MS Project Plan. The task elements are extracted by Chart Pro and displayed in three formats.

The WBS Critical Path View display the discrete task for each Summary Tasks.

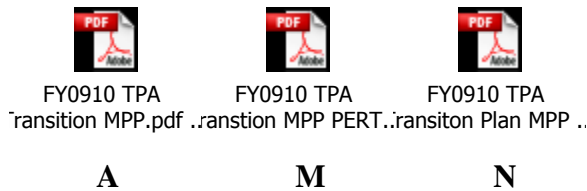
The WBS Critical Path View shows the dates start and finish for the task, 5 complete relative to its location in the WBS outline.

The WBS Critical Path View2 shows the WBS tasks relative to hours and dollar cost per task

The Project Summary show the adjustment to the original MPP submitted and approved in the FY0910 LBR.

The MPP Earned Value Report, shows that all resources and tasks have been costed and loaded correctly.

III. Resource Loaded Project Schedule



(Attachment Identifiers)



The PDFs above contain Resources Loaded MPPs and artifacts. A resources loaded MPP means that all task are assigned resources (Labor) and Labor is costed in terms of hourly billing rates. All tasks dependencies must be identified and there must be a critical path. In addition, in the task structure, at least 80% of the tasks must have the ASAP constraint, that is the number of fixed tasks constraints are limited, letting the MPP calculate finish dates by reporting of percent completions.

Review of the MPP will show that all task are costed. We have included a TPA MPP PERT.pdf which clearly shows the Critical Path and the fact that all task dependencies have been accounted for. In conjunction with this we have also included a TPA MPP GANTT.pdf that shows the timeline for completion over the project life cycle.

IV. Project Spending Plan



The LBR instructions require the development of a Forecasted Budget Spending Plan. This plan must tie back to the Appropriation, the MPP and all other documents. The PDFs above are the Monthly Forecasted Spending Plans for FY0910 and FY1011 for a project with a start date of October 19, 2009.

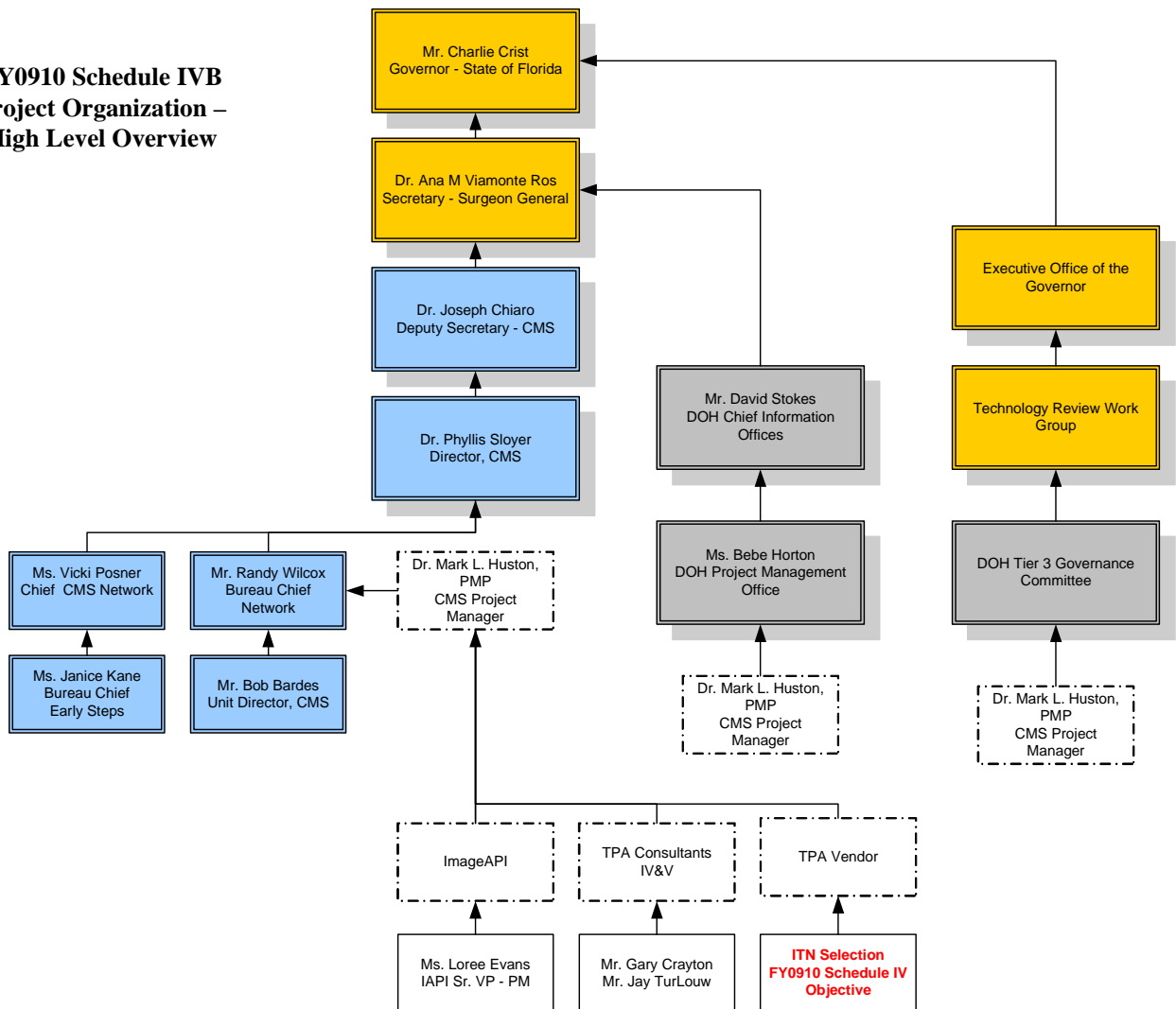
We are anticipating a “straddle” that is the project phases will not complete within fiscal years and we may have spill over to FY1112 for a project that will run 18 to 24 months. While the appropriation request has not changed, the distribution may be spread out depending on project start dates.

V. Project Organization and Methodology

The project is organized using directives from the DOH Project Management Office, in accordance with PMBOK and industry accepted standards, and uses both System Development Methodology (SDM) and Earned Value Methodologies for project control, direction and organization. These are all industry best practices and accepted standards of excellence.

A. Project Organizational Chart

**FY0910 Schedule IVB
 Project Organization –
 High Level Overview**



B. Project Roles and Responsibilities

As of this writing, the project team consists of those individual identified in the Organization Chart in Section V, Subsection A of this document. The major role of the Executive Steering Committed (ESC) is to approve all deliverables and movement from Stage Gate to Stage Gate until project completion. This means the ESC is expected and will take a pro-active role in project management activities through direct review and approval of project Milestones, Deliverables, End Projects, Project Management Approach and all aspects required to complete the project as outlined in the LBR, OWP and other documents. Until such time as a vendor has been selected, it is premature to develop a Responsibility Assignment Matrix. This artifact is created as part of the Project Management Plan and is one of the first documents created at the projects beginning.

Dr. Mark L. Huston, PMP (#53592) is the designated PM representing the CMS Infrastructure Development Project. Dr. Huston has successfully completed the CMS Claims Payment Project and CMS Provider Management Systems, which are both in use and in operation.

The PM's role is to provide professional PM services using Project Management Institute and State of Florida State Technology Office, Technology Review Workgroup and DOH PMO frameworks. The CMS PM will provide the following deliverables and/or services:

- ✓ Project Management
- ✓ Development and Updating of a written Project Management Plan as required
- ✓ Provide Weekly and Monthly Status Reports.
- ✓ Perform risk analysis and report findings to Project Sponsor
- ✓ Coordinate and conduct weekly Meetings
- ✓ Project Core Team (PCT) meetings and Steering Committee Meetings as required.
- ✓ Oversee project team leaders to ensure sub-projects are on track.
- ✓ Perform project management using Project Management Institute (PMI) and State guidelines.
- ✓ Apply knowledge, skill, tools and techniques to project activities
- ✓ Ensure that all elements of the project are coordinated
- ✓ Provide expertise in systems analysis, software analysis, design and programming efforts
- ✓ Create and implement MS Project Plan with PERT, Gantt and other Program Tools
- ✓ Provide expertise in Claims Management, Processing and Medical Payment Services
- ✓ Ensure that Project Sponsor approves any changes
- ✓ Ensure Project satisfies the business needs as defined in the signed and approved Project Management Plan
- ✓ Ensure most effective use of resources to complete project.
- ✓ Ensure documentation of overall CMS Infrastructure Development Project.
- ✓ Ensure effective communication with DOH, PMO and CMS Staff
- ✓ Direct vendors and consultants to achieve project objectives.
- ✓ Develop and deliver ad-hoc reports as required

- ✓ Develop and deliver briefing/presentations as required.
- ✓ Develop and deliver final report documenting the CMS TPA Initiative
- ✓ Deliver complete and final CMS TPA Initiative PM documentation in electronic and hard copy
- ✓ Review all project deliverables
- ✓ Ensure timely and appropriate data control
- ✓ Identify, analyze and respond to project risk
- ✓ Prepare any and all documentation and support materials, i.e. TRW, OEG, OWP, LBC, PMO, DOH and any other responses as directed by sponsors.
- ✓ Other tasks as required.

C. Project Management Methodology

The selection and use of specific and proven project methodologies is an essential strategy for risk mitigation and project control. For the CMS Infrastructure Development Project and the TPA Initiative, CMS presented in the LBR(s) the 6 Part SDM Project Life Cycle and the application of Earned Value Methodologies (EVMS).

SDM is a specific approach for development and implementation large scale systems and/or software development projects. It is based upon the PMBOK project lifecycle with modification for IT projects. It divides a project into six phases, each phase a Stage Gate and each phase with specific deliverables to be produced.

The Phases are defined as:

Feasibility, Definition, Design, Construction, Rollout and Close. In the Feasibility Phase, the Vendor and Project Team must develop a Trackable MS Project Plan. The plan must have the following attributes:

- ✓ Does it have a Critical Path?
- ✓ Are All Dependencies Identified?
- ✓ Does the BCWS = the value of the contract?
- ✓ Are All resources identified?
- ✓ Are all resources costed?
- ✓ Is the plan baselined?
- ✓ Does the plan use EVMS?
- ✓ Does the plan determine the end date?
- ✓ Can the plan be modeled?

The approach is a combination of “Waterfall” and RAD, however iterative or Agile development methodologies can be used in the Construction Phase if Time Boxed.

The approach required that the vendor completely think through the problem and produce a working prototype before the bulk of funds are allocated for development. In addition, the approach when coupled with a required CPM dependency links allows the use of Risk+ Monte Carlo Mathematical Software Modeling.

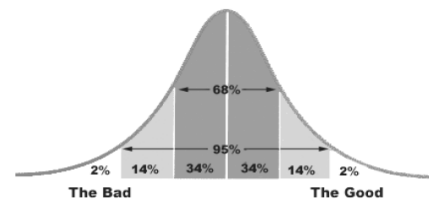
Each Phase is a Stage Gate, i.e. requiring a Go or No Go Decision from the Executive Steering Committee. Also the farther along the project goes the risk keep diminishing as the vendor comes closer and closer to completing the required deliverables and milestones.



Project – Stage Gates



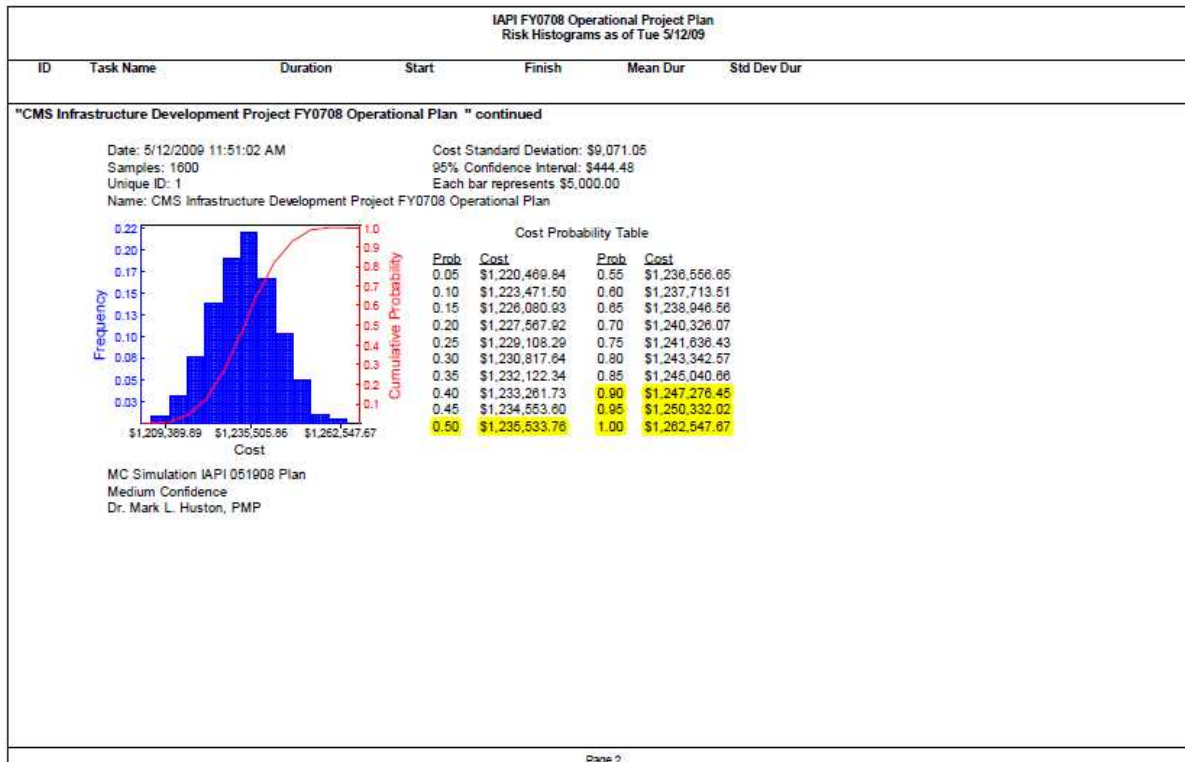
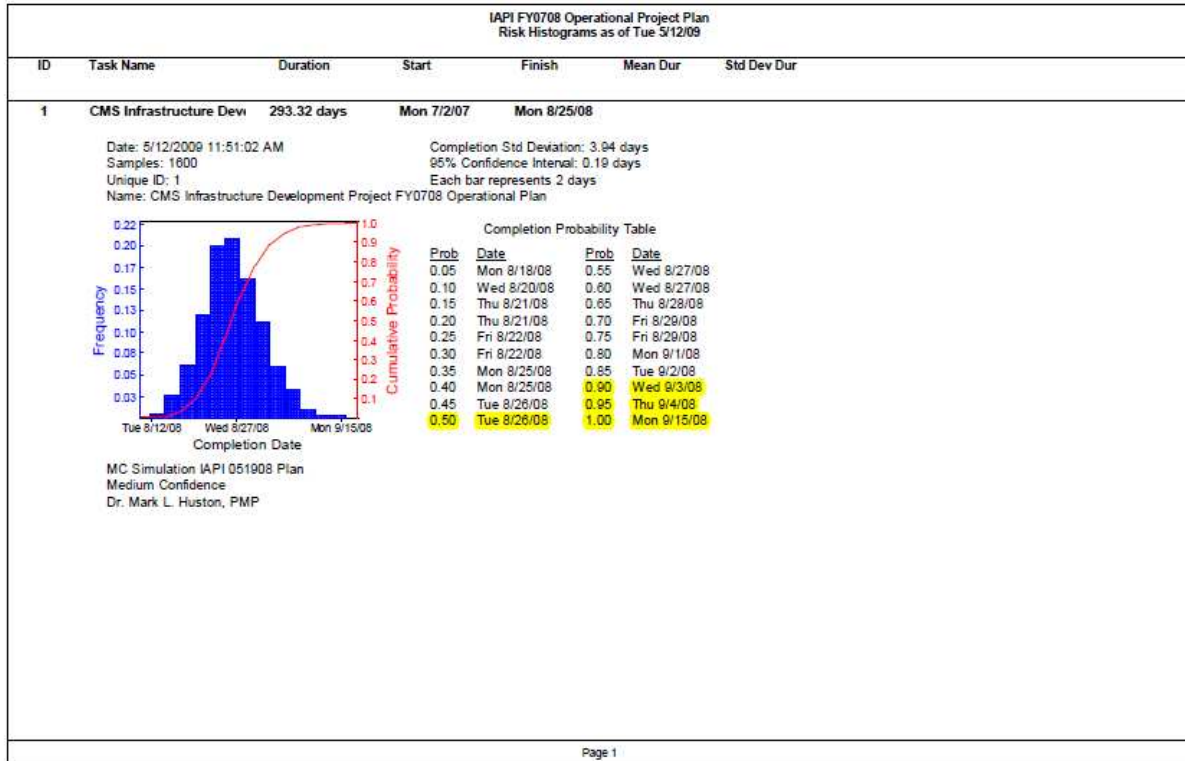
Feasibility	5%	Stage Gate1
Definition	10%	Stage Gate2
Design	15%	Stage Gate3
Construction	68%	Stage Gate4
Rollout	5%	Stage Gate5
Close	2%	Close



Earned Value Methodology System (EVMS) is a way to account for each hour and dollar spent in terms of the value it provides the project and the end user. This is done by costing and resourcing all tasks and hours in terms of labor and the billing rate labor charges the project. This serves as a rationing and allocation system. EVMS then can be used to statistically report the Budget Cost of Work Scheduled, the Budgeted Cost of Work Performed and the Actual Cost of Work Performed for a specific date in the project life cycle. These statistics permit the development of a Schedule Performance Index, a Cost Performance Index and the Critical Ratio.⁴

Use of SDM coupled with EVMS permits the use of MPP Mathematical Models. CMS uses Risk+ which is a DoD standard for assessing the probability the project plan will act, complete and cost what has been forecasted. The tool was also used on all MPPs submitted in the LBR(s) FY0607 through FY0910 to ensure the plans were doable given the resources, time, cost and other project variables. Both Monte Carlo and Latin-HyperCube Methods were used to test MPP Models.

⁴ DOH Contracts and Purchasing require the use of EVMS for any contract over \$1M. The statistics are tracked and reported weekly to contract control and oversight.



Oversight of the Plan and methodologies is provided by Independent Validation and Verification (Crayton and Tur Louw) and by PMO review of project operations on a weekly basis (Bebe Horton and Jane Matthews). In addition, further oversight is provided by peer review, vendor review, TRW, OEG and other entities as required.

VI. Business Process Organizational Change Management Plan

As stated in all LBR submissions from FY0607 forward, CMS will elected to obtain the services of professional Organizational Change Management Consultants. Until we know the breadth and scope of vendor and system integration with CMS and CMS Personnel, it is premature to offer a formal BP Organization Management Plan as we do not know as of this writing the scope, targets, systems and approaches that will be effected by TPA implementation. We do know that Organizational Change Management will be addressed during development of the Project Management Plan and then again after the Definition Phase of the project. We also know the plan will be in place before the Construction Phase of the project is to be implemented.

VII. Project Risk Management Plan

Risk Description/Impact	Probability of Occurrence (high, medium, low)	Risk Tolerance (high, medium, low)	Mitigation Strategy	Assigned Owner
1.				
2.				
3.				
4.				
5.				



Risk Management Plan.pdf (76 K...

V

CMS has a specific Risk Management Plan. The project has a database where all risk and issues are tracked in accordance with PMBOK and SDM standards. The database then tracks the risk and actions against the risk by a series of reports. Risk Mitigation is identify (Avoidance, Transference, Mitigation, Acceptance). Risk Management and the Communication Plan are integrated to ensure reporting is kept up to date. As required, the Risk Strategy Plan is part of the Project Management Plan and will vary according to project approach and other variables.

VIII. Capacity Plan

Not required at this time. The CMS Infrastructure Development Project is an outsourcing of services using existing internal equipment.

ATTACHMENTS

- A** FY0910 TPA Transition Plan
- B** FY0910 WBS Critical Path View
- C** FY0910 WBS Hours and Cost View
- D** FY0910 WBS Critical Path View 2
- E** FY0910 MPP Project Summary
- F** FY0910 MPP Earned Value Report (BCWS)
- G** FY1011 TPA Transition Plan
- H** FY1011 WBS Critical Path View
- I** FY1011 WBS Cost and Hours View
- J** FY1011 WBS Critical Path View 2
- K** FY1011 MPP Project Summary
- L** FY1011 MPP Earned Value Report (BCWS)
- M** FY0910 TPA Transition Plan PERT
- N** FY0910 TPA Transition Plan Gantt
- O** FY1011 TPA Transition Plan PERT
- P** FY1011 TPA Transition Plan Gantt
- Q** FY0910 OWP Spending Plan
- R** FY0910 (LBR) Forecasted Spending Plan
- S** FY1011 OWP Spending Plan
- T** FY1011 (LBR) Forecasted Spending Plan
- U** Executive Summary - Quarterly Funds Release Request
- V** Risk Management Plan (LBR Extract)

Operational Work Plan FY0910

**Legislative Budget Committee
Budget Release by Quarter
Cash Flow Not Levelled**

CMS TPA Initiative #235

FY0910		Phase	FY1011		FY1112	Phase	
July	\$18,297.00	ITN	July	\$188,791.25		July	\$1,100.00 Administrative Close
August	\$18,297.00	ITN	August	\$103,231.68		August	\$648,895.60
September	\$18,297.00	ITN	September	\$19,139.37		September	
	<u>\$54,891.00</u>	ITN		<u>\$311,162.30</u>	Pilot Implemented		<u><u>\$649,995.60</u></u>
October	\$217,440.00	ITN/Feasibility	October	\$388,400.00	Construction	October	
November	\$297,227.50	Feasibility	November	\$253,642.50	Construction	November	
December	\$222,180.00	Feasibility	December	\$187,557.00	Construction	December	
	<u>\$736,847.50</u>			<u>\$829,599.50</u>			
January	\$157,634.25	Feasibility	January	\$124,390.00	Construction	January	
February	\$256,155.00	Definition	February	\$148,260.00	Construction	February	
March	\$126,796.81	Definition	March	\$177,570.00	Construction	March	
	<u>\$540,586.06</u>			<u>\$450,220.00</u>			
April	\$140,222.29	Design	April	\$98,410.00	Construction	April	
May	\$136,862.00	Design	May	\$78,560.00	Roll Out	May	
June	\$104,293.75	Design	June	\$77,350.00	Roll Out	June	
	<u>\$381,378.04</u>			<u>\$254,320.00</u>			
Total	<u>\$1,713,702.60</u>			<u>\$1,845,301.80</u>	\$895,297.40 Carry Over from FY0910		<u><u>\$4,209,000.00</u></u>
	Total Request						<u><u>\$3,559,004.40</u></u>
	<u><u>\$4,209,000.00</u></u>						<u><u>\$649,995.60</u></u>
							<u><u>\$1,100.00</u></u>
							<u><u>\$648,895.60</u></u>

Note: Distribution is based upon a 10/19/2009 Project Start
There are forecasted figures and their distribution is expected to change once a contract is entered into with a Third Party Administrator.

Quarterly Funds Release Request

Operational Work Plan FY0910

Legislative Budget Committee
Budget Release by Quarter

CMS TPA Initiative #235

FY0910		Phase	FY1011		Phase	FY1112		Phase
July	\$90,881.00		July	\$153,426.00		July	\$386,389.00	Administrative Close
August	\$100,881.00		August	\$153,426.00		August		
September	\$100,881.00		September	\$153,426.00		September		
	<u>\$292,643.00</u>	ITN		<u>\$460,278.00</u>	Pilot Implemented		<u>\$386,389.00</u>	
October	\$111,443.00		October	\$153,426.00	Construction	October		
November	\$214,805.00		November	\$153,426.00		November		
December	\$214,778.00	Feasibility	December	\$153,426.00		December		
	<u>\$541,026.00</u>			<u>\$460,278.00</u>				
January	\$204,805.00		January	\$153,426.00		January		
February	\$204,805.00	Definition	February	\$153,426.00		February		
March	\$204,805.00		March	\$153,426.00		March		
	<u>\$614,415.00</u>			<u>\$460,278.00</u>				
April	\$204,805.00	Design	April	\$153,426.00		April		
May	\$204,805.00		May	\$153,426.00	Roll Out	May		
June	\$204,805.00		June	\$153,426.00	Maintenance	June		
	<u>\$614,415.00</u>			<u>\$460,278.00</u>				
Total	<u>\$2,062,499.00</u>			<u>\$1,841,112.00</u>				
	Total Request							
	<u>\$4,290,000.00</u>							

Note: Distribution is based upon a 10/19/2009 Project Start
 There are forecasted figures and their distribution is expected to change once a contract is entered into with a Third Party Administrator.

Key Milestones by Date and Phase FY0910-FY1011

Project Phase	Date of Phase in Project	Milestone Completed
ITN and Project Setup	07/01/2009 to 10/19/2009	Vendor Selected and Project Begins
Feasibility	10/19/2009 to 02/01/2010	Vendor Project Plans Accepted CMS Accepted Vendor Planning Deliverables As-Is To-Be Review and Assessment Completed Gap Analysis Report Completed and Accepted Database and Requirements Assessments Completed CMS Approves Conversion Strategy Vendor Completed Path Forward Plan CMS Approves Path Forward Plan
Definition	02/01/2010 to 04/21/2010	Development of Required Plans and Models Completed CMS Accepts Plans and Models for Conversion Vendor Completes Definition of CMS Processes to Convert CMS Approves of Vendor Definition of End Products
Design	04/21/2010 to 10/04/2010	CMS Approves Prototype Process For Build Vendor Complete Prototype for Pilot Testing CMS Reviews Operational Model CMS Approves Prototype for User Acceptance Testing Prototype Installed in CMS Pilot Offices Vendor Completes Training IN Pilot Offices Prototype Proves Proof of Concept Pilot in Operation CMS and Vendor Review Pilot Operation CMS Approves Vendor to Move to Construction Phase FY0910 Plan Completed Straddle to FY1011 Plan
Construction	10/20/2010 to 05/20/2011	CMS Approves Pilot Operation of Build Building Phase Completed, Systems to Testing Complete System Demonstrated to CMS CMS Accepts Completed System CMS Approves Move to Rollout Phase
Rollout	05/23/2011 to 6/01/2011	CMS Accepts Rollout to All Offices CMS Accepts Rollout
Maintenance	06/01/2011 to 06/30/2011	Rework Items Completed CMS Accepts Rework CMS to TPA is Up and Running Move to Operation Phase
Closeout	07/04/2011 to 07/08/2011	Administrative Close

Project Cost	Month	FY 2009-10 Total Budget		July		August		September		October		November											
		Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual										
State Staff	# FTEs, Cost	3.0	\$39,067	3.0	\$1,002	0.0	\$1,002	3.0	\$1,002	0.0	\$0	3.0	\$4,007	0.0	\$0	3.0	\$4,007	0.0	\$0				
OPS Staff	# FTEs, Cost	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0				
Contractors	# FTEs, Cost	22.0	\$1,231,499	1.0	\$18,297	0.0	\$18,297	3.0	\$18,297	0.0	\$0	3.0	\$18,297	0.0	\$0	22.0	\$38,859	0.0	\$0	22.0	\$142,221	0.0	\$0
Deliverables	Vendor Project Management		\$95,054		\$0		\$0		\$0		\$0		\$0		\$0		\$10,562		\$0		\$10,562		\$0
	TPA Consultants Deliverables		\$90,000		\$0		\$0		\$0		\$0		\$0		\$0		\$9,996		\$0		\$10,200		\$0
	CMS PM Deliverables		\$219,560		\$18,297		\$18,297		\$18,297		\$0		\$18,297		\$0		\$18,297		\$0		\$18,297		\$0
	Feasibility Phase		\$104,804		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$52,411		\$0
	Definition Phase		\$393,761		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
	Design Phase		\$328,319		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
Major Tasks	As-Is To-Be Analysis		\$40,804		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$29,414		\$0
	Plans and Reports		\$181,077		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
	Design Modules		\$145,292		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
	Prototype Operations		\$183,026		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
	Other Major Project Tasks		\$276,686		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
	Vendor Project Management		\$95,054		\$0		\$0		\$0		\$0		\$0		\$0		\$10,561		\$0		\$10,562		\$0
	TPA Consultants Deliverables		\$90,000		\$0		\$0		\$0		\$0		\$0		\$0		\$10,000		\$0		\$10,000		\$0
	CMS PM Deliverables		\$219,560		\$18,297		\$0		\$18,297		\$0		\$18,297		\$0		\$18,297		\$0		\$18,297		\$0
Hardware	Potential Expense		\$120,000		\$0		\$0		\$0		\$0		\$0		\$0		\$13,333		\$0		\$13,333		\$0
			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
COTS Software	Potential Expense		\$120,000		\$0		\$0		\$0		\$0		\$0		\$0		\$13,333		\$0		\$13,333		\$0
			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
Misc Equipment			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
Other Costs	Contingency Load		\$511,000		\$0		\$0		\$0		\$0		\$0		\$0		\$72,000		\$0		\$168,000		\$0
			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
Totals		25.0	\$2,021,566	4.0	\$19,299	0.0	\$19,299	6.0	\$19,299	0.0	\$0	6.0	\$19,298	0.0	\$0	25.0	\$141,533	0.0	\$0	25.0	\$340,895	0.0	\$0
Progress Payments					\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
Total Non-Recurring (New) Funding			\$1,982,499																				
Total Recurring (Base) Funding			\$39,067																				
Total Project Funding		0.0	\$2,021,566																				

	January		February		March		April		May		June	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
State FTE	\$4,007	0.0	\$0	0.0	\$4,007	0.0	\$0	0.0	\$4,007	0.0	\$0	0.0
OPS Staff	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0	0.0
Contractor	\$142,221	0.0	\$0	22.0	\$142,221	0.0	\$0	22.0	\$142,221	0.0	\$0	22.0
Vendor PM	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0
TPA Consultants	\$10,200	\$0	\$10,200	\$0	\$10,200	\$0	\$10,200	\$0	\$9,384	\$0	\$9,828	\$0
CMS PM Deliverable	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0
Feasibility Phase	\$5,291	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Definition Phase	\$202,055	\$0	\$132,282	\$0	\$59,424	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Design Phase	\$0	\$0	\$0	\$0	\$55,183	\$0	\$86,783	\$0	\$186,353	\$0	\$0	\$0
As-Is To-Be Analysis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Plans and Reports	\$49,975	\$0	\$50,512	\$0	\$46,534	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Design Modules	\$0	\$0	\$0	\$0	\$55,183	\$0	\$86,783	\$0	\$3,325	\$0	\$0	\$0
Prototype Operator	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$183,026	\$0
Other Major Project	\$157,352	\$0	\$81,801	\$0	\$12,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vendor PM	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0	\$10,562	\$0
TPA Consultants	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0
CMS PM Deliverable	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0	\$18,297	\$0
Hardware I1	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0
Hardware I2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
COTS I1	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0	\$13,333	\$0
COTS I2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MISC EQ I1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MISC EQ I2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contingency Load	\$41,660	\$0	\$41,660	\$0	\$41,660	\$0	\$41,660	\$0	\$41,660	\$0	\$41,660	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.0	\$214,555	0.0	\$0	22.0	\$214,555	0.0	\$0	22.0	\$214,555	22.0	\$0	22.0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Project Cost		Month	FY 2009-10 Total Budget		December		
					Budget		Actual
State Staff	# FTEs, Cost	3.0	\$39,067	3.0	\$4,007	0.0	\$0
OPS Staff	# FTEs, Cost	0.0	\$0	0.0	\$0	0.0	\$0
Contractors	# FTEs, Cost	22.0	\$1,231,499	22.0	\$142,202	0.0	\$0
Deliverables	Vendor Project Management		\$95,054		\$10,562		\$0
	TPA Consultants Deliverables		\$90,000		\$9,792		\$0
	CMS PM Deliverables		\$219,560		\$18,293		\$0
	Feasibility Phase		\$104,804		\$47,102		\$0
	Definition Phase		\$393,761		\$0		\$0
	Design Phase		\$328,319		\$0		\$0
Major Tasks	As-Is To-Be Analysis		\$40,804		\$11,389		\$0
	Plans and Reports		\$181,077		\$34,056		\$0
	Design Modules		\$145,292		\$0		\$0
	Prototype Operations		\$183,026		\$0		\$0
	Other Major Project Tasks		\$276,686		\$1,656		\$0
	Vendor Project Management		\$95,054		\$10,562		\$0
	TPA Consultants Deliverables		\$90,000		\$10,000		\$0
	CMS PM Deliverables		\$219,560		\$18,293		\$0
Hardware	Potential Expense		\$120,000		\$13,333		\$0
			\$0		\$0		\$0
COTS Software	Potential Expense		\$120,000		\$13,333		\$0
			\$0		\$0		\$0
Misc Equipment			\$0		\$0		\$0
			\$0		\$0		\$0
Other Costs	Contingency Load		\$511,000		\$21,040		\$0
			\$0		\$0		\$0
Totals		25.0	\$2,021,566	25.0	\$193,916	0.0	\$0
Progress Payments					\$0		\$0
Total Non-Recurring (New) Funding			\$1,982,499				
Total Recurring (Base) Funding			\$39,067				
Total Project Funding		0.0	\$2,021,566				

	January		Budget to Date	Actual to Date		Variance to Date
	Budget	Actual		Budget to Date	Actual to Date	
State FTE	\$4,007	0.0	\$0	\$1,002	0.0	\$1,002
OPS Staff	\$0	0.0	\$0	\$0	0.0	\$0
Contractor	\$142,221	0.0	\$0	\$18,297	22.0	\$18,297
Vendor PM	\$10,562	\$0	\$0	\$0	\$0	\$0
TPA Consultants	\$10,200	\$0	\$0	\$0	\$0	\$0
CMS PM Deliverable	\$18,297	\$0	\$18,297	\$18,297	\$18,297	\$0
Feasibility Phase	\$5,291	\$0	\$0	\$0	\$0	\$0
Definition Phase	\$202,055	\$0	\$0	\$0	\$0	\$0
Design Phase	\$0	\$0	\$0	\$0	\$0	\$0
As-Is To-Be Analysis:	\$0	\$0	\$0	\$0	\$0	\$0
Plans and Reports	\$49,975	\$0	\$0	\$0	\$0	\$0
Design Modules	\$0	\$0	\$0	\$0	\$0	\$0
Prototype Operator	\$0	\$0	\$0	\$0	\$0	\$0
Other Major Project	\$157,352	\$0	\$0	\$0	\$0	\$0
Vendor PM	\$10,562	\$0	\$0	\$0	\$0	\$0
TPA Consultants	\$10,000	\$0	\$0	\$0	\$0	\$0
CMS PM Deliverable	\$18,297	\$0	\$18,297	\$18,297	\$18,297	\$0
Hardware I1	\$13,333	\$0	\$0	\$0	\$0	\$0
Hardware I2	\$0	\$0	\$0	\$0	\$0	\$0
COTS I1	\$13,333	\$0	\$0	\$0	\$0	\$0
COTS I2	\$0	\$0	\$0	\$0	\$0	\$0
MISC EQ I1	\$0	\$0	\$0	\$0	\$0	\$0
MISC EQ I2	\$0	\$0	\$0	\$0	\$0	\$0
Contingency Load	\$41,660	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0
0.0	\$214,555	0.0	\$0	\$19,299	22.0	\$19,299
	\$0	\$0	\$0	\$0	\$0	\$0

% to Budget = 100.00%

Project Cost		Month	FY 2009-10 Total Budget	
State Staff	# FTEs, Cost		3.0	\$39,067
OPS Staff	# FTEs, Cost		0.0	\$0
Contractors	# FTEs, Cost		22.0	\$1,231,499
Deliverables	Vendor Project Management			\$95,054
	TPA Consultants Deliverables			\$90,000
	CMS PM Deliverables			\$219,560
	Feasibility Phase			\$104,804
	Definition Phase			\$393,761
Major Tasks	Design Phase			\$328,319
	As-Is To-Be Analysis			\$40,804
	Plans and Reports			\$181,077
	Design Modules			\$145,292
	Prototype Operations			\$183,026
	Other Major Project Tasks			\$276,686
	Vendor Project Management			\$95,054
Hardware	TPA Consultants Deliverables			\$90,000
	CMS PM Deliverables			\$219,560
COTS Software	Potential Expense			\$120,000
				\$0
Misc Equipment	Potential Expense			\$120,000
				\$0
Other Costs				\$0
	Contingency Load			\$511,000
Totals			25.0	\$2,021,566
Progress Payments				
Total Non-Recurring (New) Funding				\$1,982,499
Total Recurring (Base) Funding				\$39,067
Total Project Funding			0.0	\$2,021,566

January			
	Budget	Actual	
State FTE	\$4,007	0.0	\$0
OPS Staff	\$0	0.0	\$0
Contractor	\$142,221	0.0	\$0
Vendor PM	\$10,562		\$0
TPA Consultants	\$10,200		\$0
CMS PM Deliverable	\$18,297		\$0
Feasibility Phase	\$5,291		\$0
Definition Phase	\$202,055		\$0
Design Phase	\$0		\$0
As-Is To-Be Analysis	\$0		\$0
Plans and Reports	\$49,975		\$0
Design Modules	\$0		\$0
Prototype Operatio	\$0		\$0
Other Major Project	\$157,352		\$0
Vendor PM	\$10,562		\$0
TPA Consultants	\$10,000		\$0
CMS PM Deliverable	\$18,297		\$0
Hardware I1	\$13,333		\$0
Hardware I2	\$0		\$0
COTS I1	\$13,333		\$0
COTS I2	\$0		\$0
MISC EQ I1	\$0		\$0
MISC EQ I2	\$0		\$0
Contingency Load	\$41,660		\$0
	\$0		\$0
0.0	\$214,555	0.0	\$0
	\$0		\$0

**Department of Health
FY 2010-11 Legislative Budget Request
Budget Issue Proposal (BIP) Form
ISSUE SUMMARY PAGE**

Department of Health/Children's Medical Services
Division Ranking (Descending) #01

**Issue Title: CMS Infrastructure Development Project #225
Implementation of a Third Party Administrator for CMS**

Problem/Need

Children's Medical Services is a program within the Department of Health, providing targeted medical services to over 127,851 (Fiscal Year 2008-2009) special needs children (under the age of 21) throughout the State of Florida. The Children's Medical Services Network coordinates the provision of medical services and payments for children with special healthcare needs whose serious or chronic physical or developmental conditions require extensive preventative and maintenance care that is well above or outside that required by normally healthy children. These services are paid for using a combination of Title XIX (Medicaid), Title XXI (KidCare) Federal Part C (Early Steps) and Safety Net funding sources.

The focus of the Children's Medical Services Infrastructure Development Project is to replace the current client service claims payment processing and data management system with a system that is operated by an external Third Party Administrator. This action is necessary to operate the statewide managed care network administered and directed by the Children's Medical Services Network. The Third Party Administrator will provide support and services for: Claims Processing and Payment; Linkage to CMS Provider Management; Processing of electronic files for Eligibility and Enrollment; Authorization for claims payment; Care Coordination Clinical Service Plan Software; and Patient Scheduling. The present systems operated by CMS are over 24 years old, not HIPAA compliant, and do not operate at the levels necessary to support Title XIX, XXI, Safety Net, and Early Steps Federal IDEA Part C funds.

Solution

With approval by the Legislature, CMS issued an Invitation to Negotiate (DOH08-126) for a vendor(s) to implement Third Party Administration Services for CMS Title XIX, XXI, PCS and Early Steps Programs. The Legislative Budget Requests provided project plans that required the project begin on July 2009 and complete in FY2010-2011. The bulk of the work was to be done during the FY2009-2010 Fiscal Year. This is not possible due to delays in issuing the ITN. As a result the project can not begin until October 2009 at the earliest. This means that we will not spend the FY2009-2010 appropriation as requested. We estimate 75% of the requested 2,609,600 (1,957,200) can be utilized during FY2009-2010. For this Budget Issue Proposal, we shifted the unused FY2009-2010 balance to FY2010-2011. The total amount requested remains unchanged.

Resources Required (estimated)

#FTE	#OPS (FTE Equiv.)	#Contract Positions (FTE Equiv.)
0	0	1 Project Manager, 2 IV&V

Total Request \$2,242,800

Funding Source: Federal Grants Trust Fund Cash

Requires legislative change: Yes No (If yes, please briefly explain.)

Does issue include an information technology component? Yes see below, No
If yes, has project been approved by all applicable IT governance tiers? Yes No N/A

Contact (Name/ext.): Mr. Randy Wilcox, Bureau Chief, CMS Network Administration, 245-4219
Mr. Richard D. Maxey, 245-4441

ALL BIPs WILL BE SUBMITTED TO THE BUREAU OF BUDGET MANAGEMENT

Narrative Summary

To help define the issue, answer the following questions where applicable.

1. What will funding support?

Project funding will support the continuing project of acquiring of a licensed Third Party Administrator that will pay claims and manage data on behalf of the CMS program.

2. What will be solved/accomplished with this funding?

CMS will be able to transfer claims processing and payment operations to Third Party Administration experts with state of the art equipment and processing routines. Improved accuracy of claims payment, HIPAA compliance, improved management access to client enrollment, service utilization data, and cost information. Replacement of a twenty plus year old data system that is not stable.

3. What new or existing service(s) will be expanded or delivered?

CMS will be able to process an increasing number of service claims for an increasing client population. In addition, we will process not only Title XIX, Title XXI and Safety Net clients but will centralize and assume responsibility for the Early Steps claims processing and data management requirements.

4. How will service(s) be delivered?

TPA will operate and administer system under direct management of CMS. This to include Claims Processing, Payment, Provider Management, Eligibility and Enrollment, Care Coordination Management and Clinic Administration functions.

5. Is there existing base funding for this program (amount, funding source)?

Yes. Funding is currently available from Federal Grants and Donations Trust Fund Cash.

6. Is funding for direct client services?

Yes. All funds billed and recovered go directly to pay or offset direct client services.

7. What is the number of existing and new customers/patients/clients (adults/kids/centers//hospitals), etc?

CMS has 127,851 "clients" enrolled in the CMS Network, Early Steps Program and ICS-CMS Title XXI Contracts. Of these for FY0809 -- 6,546 are in Safety Net, 33,404 in Title XXI and 49,901 in Title XIX. CMS is experiencing a 4% to 7%+ growth rate per year. In the CMS Provider Management System we have 9,171 providers serving CMS. This includes 5,281 Physicians, 3,216 Licensed Healthcare and 674 Non-Licensed Healthcare professionals.

8. If requesting General Revenue, are there any trust fund dollars that could support this issue?

No General Revenue is being requested. Project is to be funded with Federal Grants Trust Fund


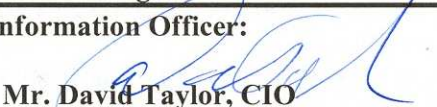


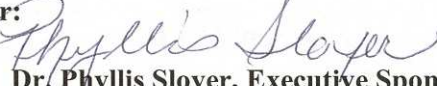
9. Is this request county(s) specific or statewide?

This is a statewide initiative spanning multiple CMS programs.

10. Are matching funds available from other sources (local or federal government or private sector)?

NA

Approval Document:

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Health	Schedule IV-B Submission Date: 30 August 2007
Project Name: CMS Infrastructure Development Project #225	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2008-2009 LBR Issue Code:	FY 2008-2009 LBR Issue Title:
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Dr. Mark L. Huston, PMP 245-4444, Ext. 3836, mark_huston@doh.state.fl.us Mr. Randy Wilcox, CMS Project Sponsor, 245-4219, randy_wilcox@doh.state.fl.us Mr. Robert H. Bardes, CMS Bus. Sponsor, 245-4444, Ext. 4219, robert_bardes@doh.state.fl.us	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:  Printed Name: Dr. Ana M. Viamonte Ros State - Surgeon General	Date: 10-3-2007
Agency Chief Information Officer:  Printed Name: Mr. David Taylor, CIO	Date: 9/9/07
Budget Officer:  Printed Name: Mrs. Terry Walters, Budget Officer	Date: 10/2/07
Planning Officer:  Printed Name: Mr. Randy Wilcox, Project Sponsor	Date: 9/4/07
Project Sponsor:  Printed Name: Dr. Phyllis Sloyer, Executive Sponsor	Date: 9/4/07
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Mr. Bob Bardes, 245-4444, Ext 2214, robert_bardes@doh.state.fl.us
Cost-Benefit Analysis:	Dr. Mark L. Huston PMP, 245-4444, Ext 3836, mark_huston@doh.state.fl.us
Risk Analysis:	Dr. Mark L. Huston PMP, 245-4444, Ext 3836, mark_huston@doh.state.fl.us
Technology Planning:	Mr. Bill Lucas, 245-4236, bill_lucas@doh.state.fl.us
Project Planning:	Dr. Mark L. Huston PMP, 245-4444, Ext. 3836, mark_huston@doh.state.fl.us

D3-A

SUMMARY – BUSINESS PROBLEM

Children’s Medical Services is a program within the Department of Health, providing targeted medical services to over CMS has 127,851 “clients” enrolled in the CMS Network, Early Steps Program and ICS-CMS Title XXI Contract. Of these for FY0809 -- 6,546 are in Safety Net, 33,404 in Title XXI and 49,901 in Title XIX. The Children’s Medical Services Network coordinates the provision of medical services and payments for children with special healthcare needs whose serious or chronic physical or developmental conditions require extensive preventative and maintenance care that is well above or outside that required by normally healthy children. These services are paid for using a combination of Title XIX (Medicaid), Title XXI (KidCare) Federal Part C (Early Steps) and Safety Net funding sources.

The focus of the Children’s Medical Services Infrastructure Development Project is to improve and stabilize the client service claims processing and data management system that is necessary to operate the statewide managed care network administered and directed by the Children’s Medical Services Network. Third Party Administrator(s) will provide support and services for Claims Processing and Payment, Provider Management, Eligibility and Enrollment, Care Coordination Management Clinic Scheduling and any other services that can be successfully transferred. The present systems are over 24 years old, not HIPAA compliant, and do not operate at the levels necessary to support Title XIX, XXI, or Safety Net billing and reimbursement processes effectively and comply with federal regulations concerning the expenditure and use of federal funds. In addition there is a need to absorb the claims payment processes currently managed by local Early Steps Agencies to assure accuracy and compliance with federal requirements. The current CMS payment and data software cannot be modified to meet these needs. The need for an improved system for this entitlement program has been addressed by the OPPAGA and the Auditor General.

This Fiscal Year 1011 Schedule IVB continues the project as outlined and approved. It requests permission from the Legislature to spend Federal Grants Trust Fund Cash to engage a Third Party Administrator after successful Request for Proposal and/or Invitation to Negotiate award. For the Fiscal Year 0910-1011 period the Third Party Administrator will engage in Feasibility, Design, Definition and Piloting of Third Party Administrator Operations that will provide at a minimum Claims Processing and Payment for Title XIX and Title XXI, followed by Early Steps and Safety Net Claims Processing. the Care Management Software and Clinic Scheduling modules. FY1112 continues the initiative as planned.

IT SERVICE AND IMPLEMENTATION APPROACH

The focus of the Children’s Medical Services Infrastructure Development Project is to replace the current client service claims payment processing and data management system with a system that is operated by an external Third Party Administrator. This action is necessary to operate the statewide managed care network administered and directed by the Children’s Medical Services Network. The Third Party Administrator will provide support and services for: Claims Processing and Payment; Linkage to CMS Provider Management; Processing of electronic files for Eligibility and Enrollment; Authorization for claims payment; Care Coordination Clinical Service Plan Software; and Patient Scheduling.

D3-A

BENEFITS

The key benefit is the ability of Children's Medical Services to replace an aged outdated software structure that is unstable, not user friendly, not HIPAA compliant and not able to meet the current business requirements of CMS. It will also increase significantly the ability to serve a growing client base. A main objective is the consolidation and central control of all database systems with the ability for distributed access throughout Children's Medical Services. The internet based system, will permit direct data access (through permission tables) to not only all Children's Medical Services entities through out the State but also to the General Public and to the increasing number of providers that provide services to Children's Medical Services clients. A second major benefit is that all processing and support will be done by a Third Party Administrator company that have substantial experience in this area and have developed systems to do what we want. A third major benefit will be the ability to merge Children's Medical Services data with other Department of Health systems using the open architecture approach.

ASSUMPTIONS AND CONSTRAINTS

- ✓ The Request for Proposal and/or Invitation to Negotiate is created and announced by July of 2009 or earlier **(Constraint)**
- ✓ Children's Medical Services receives acceptable responses to the Request for Proposal by September 2009 or earlier **(Constraint)**
- ✓ Children's Medical Services selects TPA Vendor and initiates contract negotiations by October 2009 or earlier **(Constraint)**
- ✓ There are no protests to the Request for Proposal and/or Invitation to Negotiate that significantly delays project execution **(Assumption)**
- ✓ The Third Party Administrator is on-board and begins work October 2009 or earlier **(Assumption)**
- ✓ Vendor estimated conversion time is 12 to 18 months is correct **(Assumption)**
- ✓ Vendor estimated cost to convert Children's Medical Services to Third Party Administrator is between \$1,200,000 to \$1,700,000 is correct **(Assumption)**

IMPLEMENTATION TIMELINE

FY0910 Develop Children's Medical Services Product, Convert Children's Medical Services to Third Party Administrator, Demonstrate Pilot for Approval and Build Out

10/19/09	Project Started
11/19/09	Feasibility Phase Completed - Can vendor product do all that we want it to do? (STAGE GATE)
02/15/10	Definition Phase Completed – Define exactly what the vendor system will provide Children's Medical Services. (STAGE GATE)
06/26/10	Design Phase Completed – Convert Children's Medical Services Data and Design Pilot system for Approval (STAGE GATE)
09/30/10	Pilot in Operation (First Iteration)

D3-A

Outcome:

The Third Party Administrator vendor will demonstrate Pilot System that can process and pay claims. This pilot will then be rolled out Children's Medical Services System wide. Additional modules to be implemented in Fiscal Year 1011-1112

ESTIMATED COSTS

Note: Children's Medical Services is not requesting any General Revenue Funds for this project. Children's Medical Services is requesting to spend funds it already has in its Federal Grants Trust Fund Cash that completely funds the project.

The estimated cost come directly from the original Cost Benefit Analysis provided in the Fiscal Year 0607 Plan and has not been changed. Here is a summary of the forecast for FY1011:

Year FY0910 \$2,609,600 approved to convert Children's Medical Services to Third Party Administrator, Demonstrate pilot for claims processing and payment to include at a minimum Title XIX and XXI. Late project start reduces spending to only \$1.96M. Time and remaining balance shifted to FY1011.

Year FY1011 \$2,242,800 expenditure authority requested. This figure represented the original \$1.6M requested (FY1011) plus the monies not used in FY0910. The total appropriation request has not changed.

Total Project Estimated Cost from Fiscal Year 0607 through Fiscal Year 1112 is \$6,437,587.00 net saving from doing project estimated at \$3,868,207. We anticipate that on-going cost will be below the amounts currently forecasted to be spent by Children's Medical Services to provide the services as outlined.

IMPACT TO OVERALL OPERATION

The impact of implementing Third Party Administrator Operations for Children's Medical Services will be significant. The net result will be a centrally managed system run by Third Party Administrators that can expand and contract at will to meet the needs of the State. All activities will be online and available through the internet. Electronic Claims Processing and Reconciliation will be automated. Provider Management will be automated to the fullest extent possible while Children's Medical Services Provider Approval is still under direct control of Children's Medical Services. Children's Medical Services Care Coordination will integrate with Eligibility, Enrollment, Claims Processing and Payment, and Provider Management. The centrally managed system will be distributed via permission tables to the Children's Medical Services Central Office, Children's Medical Services Field Offices, Local Early Steps Agencies, General Public, Children's Medical Services Providers and Third Party Administrators. System will interface directly with Medicaid and KidCare. The end objective is to convert Children's Medical Services from a "1983 Systems Approach, paper based with some computer assistance" to a "2010 System using electronic imaging, integrated processing, elimination of paper, data warehousing and distributed access."

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64300100

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
08-141	June 30, 2008	Division of Children's Medical Services	Significant deficiencies disclosed in the prior audit, regarding the absence of reconciliations of amounts paid to subrecipients to amounts expended by the subrecipients at the end of the contractual budget period, continued to exist during the 2006-07 fiscal year. <i>DOH staff indicated that completion of corrective action regarding the reconciliations was anticipated by December 31, 2007. We recommend that DOH ensure that reconciliations of the amount expended to the amount paid under contracts with the Early Steps providers are completed for budget periods 2004-05, 2005-06, and 2006-07 and calculate the amount of un-obligated funds, if any, that may need to be returned to the Federal Government.</i>	Completed. Reconciliation of all Early Steps contract payments made to Early Steps Providers against Provider expenditures for the 04-05 fiscal period were completed on 11-08-07. The reconciliations were also completed for the 05-06 and 06-07 period. Providers identified with unexpended funds were notified and the Providers have submitted expenditure reports for the 04-05 and 05-06 periods demonstrating how unexpended funds were spent in the subsequent fiscal period. A spending plan was submitted by Providers outlining how the unexpended funds for 06-07 will be utilized in the	
08-141	June 30, 2008	Division of Children's Medical Services	DOH procedures were not adequate to ensure that Children's Medical Services (CMS) payments were accurate and adequately supported. <i>We recommend that contracts for services be reduced to writing.</i>	Completed. The contract amendment has been completed and distributed for use to the CMS offices and Primary Care contract agencies. They have been advised that they must agree to this contract if they are going to continue to use the Primary Care agency(s) to provide staff for direct	
08-141	June 30, 2008	Division of Children's Medical Services	DOH has not resolved issues noted during the prior audit regarding capitated payments charged to State Children's Health Insurance Program (SCHIP). <i>DOH reduced the capitation rate by eight percent effective July 1, 2007. We recommend that DOH continue to monitor capitation rates to determine whether additional reductions are needed to prevent the</i>	Completed. The December 31 cash balance was \$8,932,923, which is below the statutorily authorized 10% reserve allowance for projected expenditures. The \$7.3 million has now been returned to the Federal CMS.	

09-144	June 30, 2009	Division of Children's Medical Services	DOH procedures were not adequate to ensure that CMS payments were accurate and made on behalf of eligible individuals. <i>We recommend that DOH CMS enhance procedures to ensure that payments are for services to SCHIP eligible clients and in the correct amount.</i>	An Invitation to Negotiate (ITN) for third party administrator (TPA) has been issued. Proposals are to be received by Close of Business Sept. 8, 2009. Anticipate that a contract will be in place by mid-October. This will begin the process of design and development work to shift our internal	
09-144	June 30, 2009	Division of Children's Medical Services	DOH implemented corrective actions to resolve issues notes during prior audits regarding capitation payments charged to SCHIP; however, the cash balance for the SCHIP capitation account remained high at June 30, 2008. We also noted that Florida Agency for Health Care Administration (AHCA) and DOH were working with Federal officials to resolve related prior audit findings. <i>We recommend that ACHA and DOH continue to monitor capitation rates to determine whether additional reductions are needed to prevent the</i>	Completed. CMS will continue monitoring cash balances and recommend Capitation Agreement Plan Premium adjustments as indicated thru the KidCare Estimating Conference.	

AC-08-003	June 30, 2009	Children's Medical Services	<p>Pharmaceuticals utilized by Children's Medical Services (CMS) clients could have been purchased for less utilizing the Department of Health's Bureau of Statewide Pharmaceutical Services (BSPS). Our comparison of selected pharmaceuticals showed net savings of \$1,689,689 over 9 months. <i>We recommend Department of Health (DOH) consider utilizing its BSPS to dispense pharmaceuticals to DOH's CMS children. While we do not recommend such change become effective until the current Pharmacy Benefits Manager (PBM) contract ends June 2010, management's planning would be immediately necessary.</i></p>	<p>CMS RESPONSE: On 11/04/08, Don Meyer met with Jasper Watkins and staff to discuss the Office of Inspector General (OIG) internal audit and how CMS and DOH Pharmaceutical Services might work together with regard to the provision of medications to CMS clients. Mr. Watkins indicated that DOH Pharmaceutical Services could not provide the level of service required by CMS clients related to the timely access to needed medications. We suggested that one area that might be a possible area for collaboration would be related to high cost specialty drugs since the number of prescriptions was limited, and the cost savings potential was great. After some discussion, we settled on antihemophilia factor as the best possibility. There was some thought that DOH might be able to receive 340B pricing should they become a hemophilia center of excellence. Brandon Brantley was the person assigned to work with CMS. 11/17/08 - Sent Brandon Brantley, a</p>	
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			<p>Watkins asking whether CMS was able to pull together the information discussed at our meeting. We sent him a copy of what had been sent to Brandon Brantley.</p> <p>2/23/09 - Sent Joseph Cohen, DOH Pharmaceutical Services, additional summary level antihemophilia factor data per his request.</p> <p>4/21/09 - To date we have had no update from DOH Pharmaceutical Services with regard to the status of the creation of a hemophilia center of excellence or other option for obtaining antihemophilia factor at reduced prices.</p> <p>BSPS RESPONSE:</p> <p>The BSPS has conducted several meetings with CMS contract management and program personnel. The BSPS is prepared to assist CMS setting up Minnesota Multi-state Contracting Alliance for Pharmacy accounts to order drugs and have these drugs shipped to DOH contracted providers and/or BSPS; these drugs would then be dispensed to patients. The CMS contract management office would need to negotiate new addition, the BSPS has conducted a study to lay-out a method to obtain 340B Public Health Service (PHS) pricing for drugs regimens associated with treating hemophiliac patients. It is estimated that a 40% (\$1.96M) cost avoidance would be achievable by CMS contracting with an existing state hemophilia treatment center and the BSPS to provide dispensing of drugs to its 35 patients. This program would serve as a model, which would map the method by which other patients could become 340B PHS eligible.</p>	
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Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Children's Medical Services

Agency Budget Officer/OPB Analyst Name: Terry Walters / Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)		
64300100			

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y			
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y			

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y			
1.4 Has security been set correctly? (CSDR, CSA)	Y			

TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y			
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y			
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y			

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y			
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y			
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y			

		Program or Service (Budget Entity Codes)			
Action		64300100			
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	Y			
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				

		Program or Service (Budget Entity Codes)			
Action		64300100			
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?	Y			
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y			
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?	Y			
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y			
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y			
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			

Action		Program or Service (Budget Entity Codes)			
		64300100			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	Y			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y			
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A			
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y			
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	Y			
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	N/A			
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	N/A			
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y			
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

Action		Program or Service (Budget Entity Codes)			
		64300100			
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y			
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y			
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y			
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y			
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y			
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y			
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A			
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A			
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y			
8.10	Are the statutory authority references correct?	Y			
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y			
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y			
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y			
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y			
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y			
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y			
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Y			
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y			

Action		Program or Service (Budget Entity Codes)			
		64300100			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y			
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y			
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y			
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y			
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y			
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y			
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	Amounts other than pay grade minimums are justified			

		Program or Service (Budget Entity Codes)			
Action		64300100			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	Y			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y			
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	Y			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y			
13. SCHEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Y			
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y			
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Y			
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y			
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y			
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y			
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y			

Action		Program or Service (Budget Entity Codes)			
		64300100			
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y			
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?	Y			
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y			
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y			
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y			
17.5	Are the appropriate counties identified in the narrative?	Y			
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y			

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Acupuncture

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	111,155	684,145	111,155
Fines, forfeitures, judgments	37,449	30	30
Unlicensed activity	895	8,895	895
Miscellaneous	342	130	130
Total Fee Collection to Line (A) - Section III	149,841	693,200	112,210

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	113,026	159,379	133,523
Other Personal Services	7,394	21,717	18,346
Expenses	34,096	37,646	31,236
Operating Capital Outlay	149	70	
Special categories	1,141,185	150,039	100,230
Indirect Costs Charged to Trust Fund	8,250	13,378	11,523
Total Full Costs to Line (B) - Section III	1,304,099	382,231	294,858

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	149,841	693,200	112,210
TOTAL SECTION II	(B)	1,304,099	382,231	294,858
TOTAL - Surplus/Deficit	(C)	(1,154,258)	310,969	(182,648)

EXPLANATION of LINE C:

At July 1, 2009, this profession has a beginning cash balance of \$724,722. The cash balance will cover the FY 10-11 deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Anesthesiologist Assistants

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	23,900	-	17,000
Fines, forfeitures, judgments	-	775	775
Unlicensed activity	-	-	170
Miscellaneous	(12,915)	0	0
Total Fee Collection to Line (A) - Section III	10,985	775	17,945

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	156	1,671	2,167
Other Personal Services	-	228	298
Expenses	153	395	507
Operating Capital Outlay	-	1	
Special categories	(34,099)	1,317	1,565
Indirect Costs Charged to Trust Fund	-	140	187
Total Full Costs to Line (B) - Section III	(33,789)	3,751	4,724

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	10,985	775	17,945
TOTAL SECTION II	(B)	(33,789)	3,751	4,724
TOTAL - Surplus/Deficit	(C)	44,774	(2,976)	13,221

EXPLANATION of LINE C:

The negative balance in 09/10 will be covered by a positive cash balance in the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Athletic Trainers

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	213,139	47,020	224,510
Fines, forfeitures, judgments	9,100	815	815
Unlicensed activity	7,315	1,055	6,290
Miscellaneous	31	28	28
Total Fee Collection to Line (A) - Section III	229,585	48,918	231,643

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	50,591	38,181	53,963
Other Personal Services	1,421	5,203	7,414
Expenses	16,893	9,019	12,624
Operating Capital Outlay	149	17	
Special categories	397,906	38,044	39,340
Indirect Costs Charged to Trust Fund	8,250	3,205	4,657
Total Full Costs to Line (B) - Section III	475,210	93,668	117,998

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	229,585	48,918	231,643
TOTAL SECTION II	(B)	475,210	93,668	117,998
TOTAL - Surplus/Deficit	(C)	(245,625)	(44,750)	113,645

EXPLANATION of LINE C:

The negative balances will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Certified Nursing Assistant

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
Receipts:			
Fees and licensees	510,774	3,941,497	3,941,497
Fines, forfeitures, judgments	42,713	36,231	36,231
Unlicensed activity	17,255	360,338	360,338
Miscellaneous	2,739	1,601	1,601
Total Fee Collection to Line (A) - Section III	573,481	4,339,667	4,339,667

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	1,885,166	2,044,387	1,505,335
Other Personal Services	79,157	278,572	206,828
Expenses	388,244	482,895	352,158
Operating Capital Outlay	4,217	900	-
Special categories	604,952	1,617,830	1,094,524
Indirect Costs Charged to Trust Fund	233,737	171,607	129,909
Total Full Costs to Line (B) - Section III	3,195,473	4,596,192	3,288,754

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	573,481	4,339,667
TOTAL SECTION II	(B)	3,195,473	4,596,192
TOTAL - Surplus/Deficit	(C)	(2,621,992)	1,050,913

EXPLANATION of LINE C:

MQATF receives additional Fed pass through revenues to support program. Additionally, 456.025(8), F.S. authorizes periodic transfer of cash balances from the Board of Nursing to cover incurred costs in the regulation of CNAs.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Certified Social Workers

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	930	330	480
Fines, forfeitures, judgments	-	-	-
Unlicensed activity	15	5	10
Miscellaneous	47	47	47
Total Fee Collection to Line (A) - Section III	992	382	537

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	-	98	408
Other Personal Services	-	13	56
Expenses	413	23	95
Operating Capital Outlay	-	0	-
Special categories	55	82	300

Indirect Costs Charged to Trust Fund	-	8	35
Total Full Costs to Line (B) - Section III	469	225	894

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	992	382	537
TOTAL SECTION II	(B)	469	225	894
TOTAL - Surplus/Deficit	(C)	523	157	(357)

EXPLANATION of LINE C:

As of July 1, 2009, the profession's cash balance is (\$126,881). The number of licensees (4) are inadequate to cover the administrative costs of regulation.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Chiropractic

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	452,162	2,978,922	452,162
Fines, forfeitures, judgments	431,677	196,065	196,065
Unlicensed activity	7,155	32,490	7,155
Miscellaneous	7,374	122	122
Total Fee Collection to Line (A) - Section III	898,368	3,207,599	655,504

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	774,348	1,012,423	855,077
Other Personal Services	79,982	137,955	117,484
Expenses	138,674	239,140	200,037
Operating Capital Outlay	637	446	
Special categories	912,903	806,085	626,349
Indirect Costs Charged to Trust Fund	35,290	84,983	73,792
Total Full Costs to Line (B) - Section III	1,941,833	2,281,032	1,872,739

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	898,368	3,207,599	655,504
TOTAL SECTION II	(B)	1,941,833	2,281,032	1,872,739
TOTAL - Surplus/Deficit	(C)	(1,043,465)	926,567	(1,217,235)

EXPLANATION of LINE C:

At July 1, 2009, this profession has a beginning cash balance of \$1,275,840.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Clinical Labs

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	1,530,078	543,273	1,604,738
Fines, forfeitures, judgments	14,278	1,980	1,980
Unlicensed activity	61,835	19,980	52,520
Miscellaneous	162	162	162
Total Fee Collection to Line (A) - Section III	1,606,353	565,395	1,659,400

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	349,257	269,002	370,951
Other Personal Services	9,515	36,655	50,967
Expenses	56,733	63,540	86,780
Operating Capital Outlay	612	118	
Special categories	2,262,019	256,891	270,559
Indirect Costs Charged to Trust Fund	33,915	22,580	32,013
Total Full Costs to Line (B) - Section III	2,712,051	648,785	811,270

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	1,606,353	565,395	1,659,400
TOTAL SECTION II	(B)	2,712,051	648,785	811,270
TOTAL - Surplus/Deficit	(C)	(1,105,698)	(83,390)	848,130

EXPLANATION of LINE C:

The negative balances will be covered by a positive cash balance within the fund.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 CSW/MFT/MHC

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	3,189,820	540,402	2,855,177
Fines, forfeitures, judgments	30,620	30,620	30,620
Unlicensed activity	102,795	6,335	97,240
Miscellaneous	1,605	1605	1605
Total Fee Collection to Line (A) - Section III	3,324,840	578,962	2,984,642

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	971,546	752,920	944,325
Other Personal Services	64,978	102,594	129,747
Expenses	162,264	177,844	220,916
Operating Capital Outlay	1,360	331	-
Special categories	1,970,825	642,396	702,963
Indirect Costs Charged to Trust Fund	75,392	63,200	81,494
Total Full Costs to Line (B) - Section III	3,246,365	1,739,285	2,079,444

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	3,324,840	578,962	2,984,642
TOTAL SECTION II	(B)	3,246,365	1,739,285	2,079,444
TOTAL - Surplus/Deficit	(C)	78,475	(1,160,323)	905,198

EXPLANATION of LINE C:

As of July 1, 2009, this profession has a cash balance of \$2,741,186. The cash balance will cover the deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Dental Hygienist

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	196,651	1,406,501	196,651
Fines, forfeitures, judgments	7,969	7,969	7,969
Unlicensed activity	2,680	59,040	2,680
Miscellaneous	130	-890	-890
Total Fee Collection to Line (A) - Section III	207,430	1,472,620	206,410

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	250,328	445,154	312,745
Other Personal Services	11,705	60,658	42,970
Expenses	32,011	105,148	73,164
Operating Capital Outlay	451	196	-
Special categories	1,072,196	360,101	226,824
Indirect Costs Charged to Trust Fund	2,521	37,366	26,990
Total Full Costs to Line (B) - Section III	1,369,211	1,008,623	682,693

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	207,430	1,472,620	206,410
TOTAL SECTION II	(B)	1,369,211	1,008,623	682,693
TOTAL - Surplus/Deficit	(C)	(1,161,781)	463,997	(476,283)

EXPLANATION of LINE C:

As of July 1, 2009, the profession has a cash balance of \$787,457. The cash balance will cover the deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Dental Labs

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	35,525	240,225	35,525
Fines, forfeitures, judgments	2,180	2,180	2,180
Unlicensed activity	260	5,395	260
Miscellaneous	41	21	21
Total Fee Collection to Line (A) - Section III	38,006	247,821	37,986

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	28,249	56,426	45,860
Other Personal Services	895	7,689	6,301
Expenses	4,916	13,328	10,729
Operating Capital Outlay	45	25	-
Special categories	415,549	57,320	37,720
Indirect Costs Charged to Trust Fund	2,521	4,736	3,958
Total Full Costs to Line (B) - Section III	452,174	139,524	104,568

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	38,006	247,821	37,986
TOTAL SECTION II	(B)	452,174	139,524	104,568
TOTAL - Surplus/Deficit	(C)	(414,168)	108,297	(66,582)

EXPLANATION of LINE C:

The negative balances will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Dietitians

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	397,610	90,400	403,655
Fines, forfeitures, judgments	-	1,423	1,423
Unlicensed activity	16,795	1,345	14,915
Miscellaneous	139	91	91
Total Fee Collection to Line (A) - Section III	414,544	93,259	420,084

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	68,494	94,524	99,438
Other Personal Services	3,597	12,880	13,662
Expenses	17,755	22,327	23,263
Operating Capital Outlay	178	42	-
Special categories	434,263	87,721	76,249
Indirect Costs Charged to Trust Fund	9,854	7,934	8,581
Total Full Costs to Line (B) - Section III	534,141	225,427	221,193

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	414,544	93,259	420,084
TOTAL SECTION II	(B)	534,141	225,427	221,193
TOTAL - Surplus/Deficit	(C)	(119,597)	(132,168)	198,891

EXPLANATION of LINE C:

Negative balances will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** **2010-11**
Program: 64400100 Healthcare Practitioner & Access
Fund: 2173 Drugs, Devices, & Cosmetics TF

Specific Authority: Chapter 499, F.S.
Purpose of Fees Collected: Safeguard the public health by protecting the public from injury by product use and by merchandising deceit involving drugs, devices, and cosmetics.

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u> <u>FY 2008-09</u>	<u>ESTIMATED</u> <u>FY 2009-10</u>	<u>REQUEST</u> <u>FY 2010-11</u>
<u>Receipts:</u>			
<u>Fees</u>	3,287,098	5,048,472	2,836,637
<u>Fines, Forfeitures</u>	1,176,567	1,176,567	1,176,567
<u>Miscellaneous</u>	3,158	28,403	28,403
Total Fee Collection to Line (A) - Section III	4,466,823	6,253,442	4,041,607

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	2,148,441	2,295,733	2,364,605
<u>Other Personal Services</u>	27	19,846	20,441
<u>Expenses</u>	483,473	399,917	399,917
<u>Operating Capital Outlay</u>		-	-
<u>Special Categories</u>	4,074,300	1,205,140	1,126,926
<u>Indirect Costs Charged to Trust Fund</u>			
Total Full Costs to Line (B) - Section III	6,706,240	3,920,636	3,911,889

Basis Used: None

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	4,466,823	6,253,442	4,041,607
TOTAL SECTION II	(B)	6,706,240	3,920,636	3,911,889
TOTAL - Surplus/Deficit	(C)	(2,239,418)	2,332,806	129,718

EXPLANATION of LINE C:

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Electrologists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	208,742	285,658	160,358
Fines, forfeitures, judgments	11,720	3,703	3,703
Unlicensed activity	955	5,565	955
Miscellaneous	94	94	94
Total Fee Collection to Line (A) - Section III	221,511	295,020	165,110

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	67,992	91,238	91,004
Other Personal Services	1,131	12,432	12,504
Expenses	11,388	21,551	21,290
Operating Capital Outlay	103	40	-
Special categories	122,968	80,015	74,261
Indirect Costs Charged to Trust Fund	5,729	7,659	7,854
Total Full Costs to Line (B) - Section III	209,312	212,935	206,912

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	221,511	295,020	165,110
TOTAL SECTION II	(B)	209,312	212,935	206,912
TOTAL - Surplus/Deficit	(C)	12,199	82,085	(41,802)

EXPLANATION of LINE C:

The negative balance in FY 10-11 will be covered by positive cash balances within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
Hearing Aid Specialists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
Fees and licensees	536,601	108,201	547,401
Fines, forfeitures, judgments	6,875	6,875	6,875
Unlicensed activity	4,720	1,030	2,900
Miscellaneous	154	154	154
Total Fee Collection to Line (A) - Section III	548,350	116,260	557,330

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	84,909	120,145	126,470
Other Personal Services	4,081	16,371	17,377
Expenses	28,781	28,379	29,586
Operating Capital Outlay	108	53	-
Special categories	112,054	96,799	93,584
Indirect Costs Charged to Trust Fund	5,958	10,085	10,914
Total Full Costs to Line (B) - Section III	235,891	271,832	277,931

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	548,350	116,260	557,330
TOTAL SECTION II	(B)	235,891	271,832	277,931
TOTAL - Surplus/Deficit	(C)	312,459	(155,572)	279,399

EXPLANATION of LINE C:
The negative balance will be covered by positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Massage Therapy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	2,068,318	6,719,842	2,068,318
Fines, forfeitures, judgments	114,936	106,236	106,236
Unlicensed activity	62,646	140,454	62,646
Miscellaneous	2,292	2,292	2,292
Total Fee Collection to Line (A) - Section III	2,248,192	6,968,824	2,239,492

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	1,083,629	1,341,326	1,159,423
Other Personal Services	84,087	182,772	159,300
Expenses	222,192	316,828	271,236
Operating Capital Outlay	1,770	591	-
Special categories	9,293,278	1,387,077	974,199
Indirect Costs Charged to Trust Fund	98,078	112,591	100,057
Total Full Costs to Line (B) - Section III	10,783,033	3,341,186	2,664,214

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	2,248,192	6,968,824	2,239,492
TOTAL SECTION II	(B)	10,783,033	3,341,186	2,664,214
TOTAL - Surplus/Deficit	(C)	(8,534,841)	3,627,638	(424,722)

EXPLANATION of LINE C:

The negative balances will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Medical Physicists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	85,575	21,692	80,992
Fines, forfeitures, judgments	5,000	5,000	5,000
Unlicensed activity	2,485	415	1,975
Miscellaneous	238	238	238
Total Fee Collection to Line (A) - Section III	93,298	27,345	88,205

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	23,944	24,438	25,108
Other Personal Services	524	3,330	3,450
Expenses	1,346	5,772	5,874
Operating Capital Outlay	17	11	-
Special categories	83,644	22,173	18,203
Indirect Costs Charged to Trust Fund	917	2,051	2,167
Total Full Costs to Line (B) - Section III	110,392	57,776	54,802

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	93,298	27,345	88,205
TOTAL SECTION II	(B)	110,392	57,776	54,802
TOTAL - Surplus/Deficit	(C)	(17,094)	(30,431)	33,403

EXPLANATION of LINE C:

The negative balances will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Medicine

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	13,634,907	14,586,148	14,586,148
Fines, forfeitures, judgments	1,487,847	1,487,847	1,487,847
Unlicensed activity	142,057	142,348	142,348
Miscellaneous	32,773	20,455	20,455
Total Fee Collection to Line (A) - Section III	15,297,584	16,236,798	16,236,798

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	7,444,642	7,661,958	8,100,008
Other Personal Services	1,407,430	1,044,033	1,112,911
Expenses	1,572,359	1,809,796	1,894,918
Operating Capital Outlay	8,096	3,373	-
Special categories	5,618,670	6,137,186	5,955,378
Indirect Costs Charged to Trust Fund	448,683	643,148	699,021
Total Full Costs to Line (B) - Section III	16,499,879	17,299,495	17,762,237

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	15,297,584	16,236,798
TOTAL SECTION II	(B)	16,499,879	17,762,237
TOTAL - Surplus/Deficit	(C)	(1,202,295)	(1,525,439)

EXPLANATION of LINE C:

As of July 1, 2009, the Medicine account cash balance is \$8,144,163. The cash balance will cover the deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Midwifery

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2008-09	FY 2009-10	FY 2010-11
<u>Receipts:</u>			
Fees and licenses	37,248	76,748	12,498
Fines, forfeitures, judgments	6,550	3,915	3,915
Unlicensed activity	105	575	105
Miscellaneous	48	9	9
Total Fee Collection to Line (A) - Section III	43,951	81,247	16,527

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	33,459	26,920	26,691
Other Personal Services	1,498	3,668	3,667
Expenses	5,293	6,359	6,244
Operating Capital Outlay	33	12	-
Special categories	36,276.45	27,278	25,648
Indirect Costs Charged to Trust Fund	1,833	2,260	2,303
Total Full Costs to Line (B) - Section III	78,393	66,497	64,554

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	43,951	81,247	16,527
TOTAL SECTION II	(B)	78,393	66,497	64,554
TOTAL - Surplus/Deficit	(C)	(34,442)	14,750	(48,027)

EXPLANATION of LINE C:

At July 1, 2009, this profession has a beginning cash balance of (\$787,731). Renewal fee caps of \$500 are not adequate to cover the regulatory costs of the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Naturopaths

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	1,000	-	1,000
Fines, forfeitures, judgments	-	-	-
Unlicensed activity	20	-	20
Miscellaneous	1	1	1
Total Fee Collection to Line (A) - Section III	1,021	1	1,021

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	-	1,420	2,186
Other Personal Services	-	193	300
Expenses	-	335	511
Operating Capital Outlay	-	1	-
Special categories	3,205	1,847	2,344
Indirect Costs Charged to Trust Fund	-	119	189
Total Full Costs to Line (B) - Section III	3,205	3,915	5,530

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	1,021	1	1,021
TOTAL SECTION II	(B)	3,205	3,915	5,530
TOTAL - Surplus/Deficit	(C)	(2,184)	(3,914)	(4,509)

EXPLANATION of LINE C:

As of July 1, 2009, the Medicine account cash balance is (\$300,570). The number of licensees (4) is insufficient to cover the administrative costs of regulation.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Nursing Home Administrators

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	616,788	178,837	686,627
Fines, forfeitures, judgments	9,648	9,648	9,648
Unlicensed activity	7,905	565	7,105
Miscellaneous	178	178	178
Total Fee Collection to Line (A) - Section III	634,519	189,228	703,558

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	139,946	113,702	144,554
Other Personal Services	4,556	15,493	19,861
Expenses	29,042	26,857	33,817
Operating Capital Outlay	149	50	-
Special categories	99,440	89,602	104,420
Indirect Costs Charged to Trust Fund	8,250	9,544	12,475
Total Full Costs to Line (B) - Section III	281,383	255,249	315,126

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	634,519	189,228	703,558
TOTAL SECTION II	(B)	281,383	255,249	315,126
TOTAL - Surplus/Deficit	(C)	353,136	(66,021)	388,432

EXPLANATION of LINE C:

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Nursing

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	18,364,134	18,421,913	18,421,913
Fines, forfeitures, judgments	455,034	454,784	454,784
Unlicensed activity	898,509	725,270	725,270
Miscellaneous	10,413	6,164	6,164
Total Fee Collection to Line (A) - Section III	19,728,090	19,608,131	19,608,131

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	5,216,054	6,966,880	7,573,832
Other Personal Services	1,245,978	949,320	1,040,617
Expenses	1,178,599	1,645,615	1,771,824
Operating Capital Outlay	9,494	3,067	-
Special categories	17,294,506	5,799,551	5,492,609
Indirect Costs Charged to Trust Fund	548,365	584,803	653,613
Total Full Costs to Line (B) - Section III	25,492,996	15,949,236	16,532,494

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	19,728,090	19,608,131	19,608,131
TOTAL SECTION II	(B)	25,492,996	15,949,236	16,532,494
TOTAL - Surplus/Deficit	(C)	(5,764,906)	3,658,895	3,075,637

EXPLANATION of LINE C:

In accordance with 456.025(8), F.S., surplus will be used to offset Certified Nursing Assistants program's deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
Occupational Therapy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	629,319	174,079	665,004
Fines, forfeitures, judgments	8,715	8,715	8,715
Unlicensed activity	42,530	3,040	38,875
Miscellaneous	488	144	144
Total Fee Collection to Line (A) - Section III	681,052	185,978	712,738

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	246,807	184,268	247,453
Other Personal Services	19,256	25,109	33,999
Expenses	49,719	43,525	57,889
Operating Capital Outlay	389	81	-
Special categories	237,755	149,247	179,062
Indirect Costs Charged to Trust Fund	21,540	15,468	21,355
Total Full Costs to Line (B) - Section III	575,467	417,698	539,758

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	681,052	185,978	712,738
TOTAL SECTION II	(B)	575,467	417,698	539,758
TOTAL - Surplus/Deficit	(C)	105,585	(231,720)	172,980

EXPLANATION of LINE C:

At July 1, 2009, this profession has a beginning cash balance of \$568,862. The cash balance will cover the deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Opticianry

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	731,705	210,870	732,370
Fines, forfeitures, judgments	3,955	3,955	3,955
Unlicensed activity	22,405	730	17,190
Miscellaneous	179	175	175
Total Fee Collection to Line (A) - Section III	758,244	215,730	753,690

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	203,521	215,836	248,528
Other Personal Services	4,542	29,410	34,147
Expenses	37,826	50,982	58,141
Operating Capital Outlay	248	95	-
Special categories	791,490	204,832	197,936
Indirect Costs Charged to Trust Fund	13,749	18,117	21,448
Total Full Costs to Line (B) - Section III	1,051,376	519,272	560,200

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	758,244	215,730	753,690
TOTAL SECTION II	(B)	1,051,376	519,272	560,200
TOTAL - Surplus/Deficit	(C)	(293,132)	(303,542)	193,490

EXPLANATION of LINE C:

As of July 1, 2009, the profession had a cash balance of \$1,227,813. The cash balance will cover the deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Optometry

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	1,235,369	297,743	1,215,033
Fines, forfeitures, judgments	3,916	3,916	3,916
Unlicensed activity	17,810	545	16,960
Miscellaneous	1,374	1,374	1,374
Total Fee Collection to Line (A) - Section III	1,258,469	303,578	1,237,283

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	432,739	310,910	408,248
Other Personal Services	9,279	42,365	56,092
Expenses	64,785	73,439	95,506
Operating Capital Outlay	426	137	-
Special categories	571,245	251,056	295,728
Indirect Costs Charged to Trust Fund	23,603	26,098	35,231
Total Full Costs to Line (B) - Section III	1,102,076	704,004	890,804

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	1,258,469	303,578	1,237,283
TOTAL SECTION II	(B)	1,102,076	704,004	890,804
TOTAL - Surplus/Deficit	(C)	156,393	(400,426)	346,479

EXPLANATION of LINE C:

This profession has a July 1, 2009 beginning cash balance of \$608,688. The cash balance will cover the deficit.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Orthotists & Prosthetists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	106,219	418,103	77,353
Fines, forfeitures, judgments	35,394	25,465	25,465
Unlicensed activity	595	2,880	595
Miscellaneous	182	127	127
Total Fee Collection to Line (A) - Section III	142,390	446,575	103,540

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	136,305	126,726	127,442
Other Personal Services	6,994	17,268	17,510
Expenses	32,861	29,933	29,814
Operating Capital Outlay	161	56	-
Special categories	65,557	102,737	95,075
Indirect Costs Charged to Trust Fund	8,937	10,637	10,998
Total Full Costs to Line (B) - Section III	250,814	287,358	280,839

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	142,390	446,575	103,540
TOTAL SECTION II	(B)	250,814	287,358	280,839
TOTAL - Surplus/Deficit	(C)	(108,424)	159,217	(177,299)

EXPLANATION of LINE C:

As of July 1, 2009, the profession has a cash balance of (\$279,586). Fees are not adequate to cover the cost of regulation. Fee caps must be increase in order to increase fees.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Osteopathic

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	314,624	2,403,146	314,624
Fines, forfeitures, judgments	438,309	234,614	234,614
Unlicensed activity	1,642	27,568	1,642
Miscellaneous	2,233	2,233	2,233
Total Fee Collection to Line (A) - Section III	756,808	2,667,561	553,113

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	652,026	807,853	794,128
Other Personal Services	109,162	110,080	109,110
Expenses	144,943	190,819	185,779
Operating Capital Outlay	724	356	-
Special categories	498,508	639,068	576,221
Indirect Costs Charged to Trust Fund	40,102	67,812	68,532
Total Full Costs to Line (B) - Section III	1,445,464	1,815,986	1,733,771

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	756,808	2,667,561	553,113
TOTAL SECTION II	(B)	1,445,464	1,815,986	1,733,771
TOTAL - Surplus/Deficit	(C)	(688,656)	851,575	(1,180,658)

EXPLANATION of LINE C:

At July 1, 2009, this profession has a beginning cash balance of \$854,482. The cash balance will cover most of the deficit, with the remainder being covered by the 11-12 FY.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Pharmacy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	3,520,847	10,200,332	4,003,142
Fines, forfeitures, judgments	216,631	216,631	216,631
Unlicensed activity	74,143	130,095	51,545
Miscellaneous	8,660	2,227	2,227
Total Fee Collection to Line (A) - Section III	3,820,281	10,549,285	4,273,545

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	2,429,741	2,462,284	2,378,436
Other Personal Services	192,455	335,516	326,788
Expenses	538,967	581,605	556,412
Operating Capital Outlay	3,142	1,084	-
Special categories	2,136,503	2,191,976	1,735,119
Indirect Costs Charged to Trust Fund	174,157	206,685	205,256
Total Full Costs to Line (B) - Section III	5,474,965	5,779,149	5,202,011

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	3,820,281	10,549,285	4,273,545
TOTAL SECTION II	(B)	5,474,965	5,779,149	5,202,011
TOTAL - Surplus/Deficit	(C)	(1,654,684)	4,770,136	(928,466)

EXPLANATION of LINE C:

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Physicians Assistant

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	280,241	1,031,841	280,241
Fines, forfeitures, judgments	102,538	14,979	14,979
Unlicensed activity	2,340	23,080	2,340
Miscellaneous	1,028	983	983
Total Fee Collection to Line (A) - Section III	386,147	1,070,883	298,543

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	542,412	396,060	419,012
Other Personal Services	38,630	53,968	57,571
Expenses	69,392	93,552	98,024
Operating Capital Outlay	612	174	-
Special categories	164,316	313,719	304,367
Indirect Costs Charged to Trust Fund	33,915	33,245	36,160
Total Full Costs to Line (B) - Section III	849,277	890,718	915,133

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	386,147	1,070,883
TOTAL SECTION II	(B)	849,277	915,133
TOTAL - Surplus/Deficit	(C)	(463,130)	(616,590)

EXPLANATION of LINE C:

At July 1, 2009, this profession has a beginning cash balance of \$181,063.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Physical Theraphy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	405,662	1,637,825	306,110
Fines, forfeitures, judgments	78,322	36,398	36,398
Unlicensed activity	6,555	84,860	6,555
Miscellaneous	802	802	802
Total Fee Collection to Line (A) - Section III	491,341	1,759,885	349,865

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	447,210	484,886	403,020
Other Personal Services	26,409	66,072	55,373
Expenses	84,997	114,533	94,283
Operating Capital Outlay	744	213	-
Special categories	2,650,118	404,785	296,770
Indirect Costs Charged to Trust Fund	41,248	40,702	34,780
Total Full Costs to Line (B) - Section III	3,250,726	1,111,190	884,226

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	491,341	1,759,885	349,865
TOTAL SECTION II	(B)	3,250,726	1,111,190	884,226
TOTAL - Surplus/Deficit	(C)	(2,759,385)	648,695	(534,361)

EXPLANATION of LINE C:

The deficits will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Podiatry

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	63,178	672,163	63,178
Fines, forfeitures, judgments	133,110	32,241	32,241
Unlicensed activity	1,009	9,851	1,009
Miscellaneous	556	263	263
Total Fee Collection to Line (A) - Section III	197,853	714,518	96,691

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	252,866	232,907	243,884
Other Personal Services	29,226	31,736	33,509
Expenses	60,590	55,014	57,054
Operating Capital Outlay	277	103	-
Special categories	136,038	186,371	179,145
Indirect Costs Charged to Trust Fund	15,353	19,550	21,047
Total Full Costs to Line (B) - Section III	494,351	525,681	534,639

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	197,853	714,518	96,691
TOTAL SECTION II	(B)	494,351	525,681	534,639
TOTAL - Surplus/Deficit	(C)	(296,498)	188,837	(437,948)

EXPLANATION of LINE C:

As of July 1, 2009, the profession has a cash balance of \$17,150.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Psychology

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	282,288	1,943,138	282,288
Fines, forfeitures, judgments	31,410	31,410	31,410
Unlicensed activity	2,165	19,005	2,165
Miscellaneous	1,325	1,290	1,290
Total Fee Collection to Line (A) - Section III	317,188	1,994,843	317,153

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	437,257	431,791	430,433
Other Personal Services	37,894	58,837	59,140
Expenses	87,541	101,991	100,695
Operating Capital Outlay	562	190	-
Special categories	2,350,894	373,840	317,873
Indirect Costs Charged to Trust Fund	31,165	36,245	37,146
Total Full Costs to Line (B) - Section III	2,945,312	1,002,895	945,287

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	317,188	1,994,843	317,153
TOTAL SECTION II	(B)	2,945,312	1,002,895	945,287
TOTAL - Surplus/Deficit	(C)	(2,628,124)	991,948	(628,134)

EXPLANATION of LINE C:

The deficits will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period: 2010-11**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Respiratory Therapy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	1,337,617	226,844	1,358,516
Fines, forfeitures, judgments	13,318	13,318	13,318
Unlicensed activity	52,885	261	261
Miscellaneous	302	4,940	44,735
Total Fee Collection to Line (A) - Section III	1,404,122	245,363	1,416,830

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	316,619	316,499	365,649
Other Personal Services	52,868	43,127	50,239
Expenses	65,276	74,759	85,540
Operating Capital Outlay	500	139	-
Special categories	766,378	269,642	265,201
Indirect Costs Charged to Trust Fund	27,728	26,567	31,555
Total Full Costs to Line (B) - Section III	1,229,369	730,732	798,183

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,404,122	245,363	1,416,830
TOTAL SECTION II	(B)	1,229,369	730,732	798,183
TOTAL - Surplus/Deficit	(C)	174,753	(485,369)	618,647

EXPLANATION of LINE C:

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 School Psychology

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	32,135	198,603	31,753
Fines, forfeitures, judgments	-	-	-
Unlicensed activity	285	3,040	285
Miscellaneous	44	44	44
Total Fee Collection to Line (A) - Section III	32,464	201,687	32,082

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	17,308	46,716	20,425
Other Personal Services	200	6,366	2,806
Expenses	3,350	11,035	4,778
Operating Capital Outlay	41	21	-
Special categories	107,731	44,182	14,777
Indirect Costs Charged to Trust Fund	2,292	3,921	1,763
Total Full Costs to Line (B) - Section III	130,922	112,240	44,550

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	32,464	201,687	32,082
TOTAL SECTION II	(B)	130,922	112,240	44,550
TOTAL - Surplus/Deficit	(C)	(98,458)	89,447	(12,468)

EXPLANATION of LINE C:

The deficits will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health **Budget Period:** 2010-11
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.
Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.
 Speech - Language Pathology & Audiology

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2008-09	ESTIMATED FY 2009-10	REQUEST FY 2010-11
<u>Receipts:</u>			
Fees and licenses	225,411	1,207,031	225,411
Fines, forfeitures, judgments	151,955	8,965	8,965
Unlicensed activity	5,350	35,585	5,350
Miscellaneous	250	250	250
Total Fee Collection to Line (A) - Section III	382,966	1,251,831	239,976

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	224,958	264,037	213,964
Other Personal Services	9,517	35,978	29,398
Expenses	38,731	62,367	50,055
Operating Capital Outlay	364	116	-
Special categories	1,970,053	259,239	155,889
Indirect Costs Charged to Trust Fund	20,166	22,163	18,465
Total Full Costs to Line (B) - Section III	2,263,789	643,901	467,770

Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	382,966	1,251,831	239,976
TOTAL SECTION II	(B)	2,263,789	643,901	467,770
TOTAL - Surplus/Deficit	(C)	(1,880,823)	607,930	(227,794)

EXPLANATION of LINE C:

The deficits will be covered by a positive cash balance within the program.

Office of Policy and Budget - July, 2009

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Drugs, Devices, and Cosmetics Trust Fund
LAS/PBS Fund Number:	64400100 Medical Quality Assurance
	2173

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,490,598.50 (A)		2,490,598.50
ADD: Other Cash (See Instructions)	28,251.00 (B)		28,251.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable			0.00
ADD: Cash on Hand	0.00 (E)		0.00
Total Cash plus Accounts Receivable	2,518,849.50 (F)	0.00	2,518,849.50
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-76,163.23 (H)		-76,163.23
Approved "B" Certified Forwards	-4,556.70 (H)		-4,556.70
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	-6,900.64 (I)		-6,900.64
LESS:	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	2,431,228.93 (K)	0.00	2,431,228.93 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Medical Quality Assurance Trust Fund
Budget Entity:	64400100 Medical Quality Assurance
LAS/PBS Fund Number:	2352

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	19,687,122.17 (A)		19,687,122.17
ADD: Other Cash (See Instructions)	326,116.04 (B)		326,116.04
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	6,712,884.60 (D)		6,712,884.60
ADD: Accounts Receivable not on FS-			0.00
Total Cash plus Accounts Receivable	26,726,122.81 (F)	0.00	26,726,122.81
LESS: Allowances for Uncollectibles	-1,162,396.47 (G)		-1,162,396.47
LESS: Approved "A" Certified Forwards	-2,829,983.26 (H)		-2,829,983.26
Approved "B" Certified Forwards	-517,952.56 (H)		-517,952.56
LESS: Other Accounts Payable (Nonoperating)	-242,082.21 (I)		-242,082.21
LESS:	0.00 (J)		0.00
LESS:		0.00	0.00
Unreserved Fund Balance, 07/01/09	21,973,708.31 (K)	0.00	21,973,708.31 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Drugs, Devices, And Cosmetics Trust Fund
LAS/PBS Fund Number: 2173

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(2,430,572.79) (A)]

Add/Subtract:

Unreserved Fund Balance B/E 64200800 [(B)]

Other Adjustment(s):

Accounts Payable Not Certified Forward [(656.14) (C)]

[(C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(2,431,228.93) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [2,431,228.93 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Medical Quality Assurance Trust Fund
LAS/PBS Fund Number: 50-2-352001

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(20,797,073.27)"/>	(A)
Add/Subtract:		
Correct GLC 53600	<input type="text" value="79,996.23"/>	(B)
Other Adjustment(s):		
	<input type="text" value="0.00"/>	(C)
GL 48600 Compensated Absences Liability	<input type="text" value="(1,745,240.23)"/>	(C)
Encumbrances Not on Financial Statements	<input type="text" value="517,952.56"/>	(C)
Accounts Payable Not Certified Forward	<input type="text" value="(29,343.60)"/>	(C)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="(21,973,708.31)"/>	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="21,973,708.31"/>	(E)
DIFFERENCE:	<input type="text" value="0.00"/>	(F)*

***SHOULD EQUAL ZERO.**

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Medical Quality Assurance

Agency Budget Officer/OPB Analyst Name: Agency: Terry Walters / OPB: Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)		
			64400100

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y	
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y	

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y	
1.4 Has security been set correctly? (CSDR, CSA)			Y	
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y	
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y	
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y	

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y	
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y	
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y	

Action		Program or Service (Budget Entity Codes)			
				64400100	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				

Action		Program or Service (Budget Entity Codes)			
				64400100	
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1	Are issues appropriately aligned with appropriation categories?			Y	
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.				
7. EXHIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y	
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y	
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y	
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y	
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y	
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y	
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y	
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			N	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			NA	
7.14	Do the amounts reflect appropriate FSI assignments?			Y	

Action		Program or Service (Budget Entity Codes)			
				64400100	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			NA	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			N/A	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			N/A	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

		Program or Service (Budget Entity Codes)		
Action			64400100	
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)				
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?		Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?		Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?		Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?		Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?		Y	
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?		Y	
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?		NA	
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?		NA	
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?		Y	
8.10	Are the statutory authority references correct?		Y	
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)		Y	
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?		Y	
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?		Y	
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?		Y	
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?		Y	
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?		Y	
8.17	If applicable, are nonrecurring revenues entered into Column A04?		Y	
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?		Y	
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?		Y	

Action		Program or Service (Budget Entity Codes)			
				64400100	
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y	
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					

		Program or Service (Budget Entity Codes)		
Action				64400100
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Amounts other than pay grade minimum are justified.
10. SCHEDULE III (PSCR, SC3)				
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y
11. SCHEDULE IV (EADR, SC4)				
11.1	Are the correct Information Technology (IT) issue codes used?			Y
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)				
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y
13. SCHEDULE VIIIB-1				
13.1	This schedule is not required in the October 15, 2009 LBR submittal.			
14. SCHEDULE VIIIB-2 (EADR, S8B2)				
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)				
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:				
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y

		Program or Service (Budget Entity Codes)			
Action				64400100	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	

**DEPARTMENT OF HEALTH
COMMUNITY HEALTH RESOURCE EXHIBITS AND SCHEDULES**

DEPARTMENT OF HEALTH
COMMUNITY HEALTH RESOURCES SCHEDULE I SERIES

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES

Budget Period: 2010 - 2011

Department:	64	DEPARTMENT OF HEALTH
Budget Entity:	64400200	Health Care Prac/Access - Community Health Resources/EMS/BSCIP
Fund:	2390	Brain and Spinal Rehabilitation Trust Fund

<u>FUNDING SOURCE - STATE</u>	ACTUAL FY 2008 - 2009	ESTIMATED FY 2009 - 2010	REQUEST FY 2010 - 2011
Transfer From HSMV	38,801	(0)	(0)
<u>FUNDING SOURCE - NON-STATE</u>			
TOTAL*	38,801	(0)	(0)

***Must agree to amounts on Schedule I, Section IV, Line I.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Administrative Trust Fund

Budget Entity:

64400200 Health Care Prac/Access - Community Health Resources

LAS/PBS Fund Number:

2021

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	-243.40	(A)			-243.40
ADD: Other Cash (See Instructions)		(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	5,474.00	(D)			5,474.00
ADD:	0.00	(E)			0.00
Total Cash plus Accounts Receivable	5,230.60	(F)	0.00		5,230.60
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	-6,560.18	(H)			-6,560.18
Approved "B" Certified Forwards		(H)			0.00
Approved "FCO" Certified Forwards	-500,000.00	(H)			-500,000.00
LESS: Other Accounts Payable (Nonoperating)		(I)			0.00
LESS:		(J)			0.00
Unreserved Fund Balance, 07/01/09	-501,329.58	(K)	0.00		-501,329.58 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	64400200 Health Care Prac/Access - Comm Health Res/EMS/BSCIP
	2122

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,326,957.38 (A)		1,326,957.38
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: Transfer From 20-2-122001 64100200	0.00 (E)		0.00
Total Cash plus Accounts Receivable	1,326,957.38 (F)	0.00	1,326,957.38
LESS: Allowances for Uncollectibles	(G)		0.00
LESS: Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards	0.00 (H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: Transfers Within The Fund	0.00 (J)		0.00
Unreserved Fund Balance, 07/01/09	1,326,957.38 (K)	0.00	1,326,957.38 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010 - 2011
Trust Fund Title:	DEPARTMENT OF HEALTH
Budget Entity:	Federal Grants Trust Fund
LAS/PBS Fund Number:	64400200 Health Care Prac/Access - Community Health Resources
	2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	51,310.23 (A)		51,310.23
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	103,907.81 (D)		103,907.81
ADD:	0.00 (E)		0.00
Total Cash plus Accounts Receivable	155,218.04 (F)	0.00	155,218.04
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-116,824.66 (H)		-116,824.66
Approved "B" Certified Forwards	-100,013.54 (H)		-100,013.54
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:			0.00 (J)
Unreserved Fund Balance, 07/01/09	-61,620.16 (K)	0.00	-61,620.16**

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Grants and Donations Trust Fund
Budget Entity:	64400200
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	496,318.82	(A)			496,318.82
ADD: Other Cash (See Instructions)	0.00	(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	0.00	(D)			0.00
ADD: Due From Other Departments	0.00	(E)			0.00
Total Cash plus Accounts Receivable	496,318.82	(F)	0.00		496,318.82
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	(131,637.92)	(H)			(131,637.92)
Approved "B" Certified Forwards	0.00	(H)			0.00
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00	(I)			0.00
LESS:		(J)			0.00
Unreserved Fund Balance, 07/01/09	364,680.90	(K)	0.00		364,680.90 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

Brain and Spinal Rehabilitation Trust Fund

Budget Entity:

64400200 Health Care Prac/Access - Community Health Resources/EMS/BSCIP

LAS/PBS Fund Number:

2390

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	519,796.74 (A)		519,796.74
ADD: Other Cash (See Instructions)	0.00 (B)		0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	3,213,782.99 (D)		3,213,782.99
ADD: Anticipated Revenue	0.00 (E)		0.00
Total Cash plus Accounts Receivable	3,733,579.73 (F)	0.00	3,733,579.73
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-3,234,196.92 (H)		-3,234,196.92
Approved "B" Certified Forwards	-11,122.72 (H)		-11,122.72
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	-449,459.16 (I)		-449,459.16
LESS:			0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	38,800.93 (K)	0.00	38,800.93 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
 Trust Fund Title: Administrative Trust Fund
 LAS/PBS Fund Number: 2021 64400200

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	515,340.33	(A)
Add/Subtract:		
Due to Other Departments - Incorrect Entry	0.00	(B)
Other Adjustment(s):		
Accounts Payable Not Certified Forward	-14,010.75	(C)
Cash from 10-2-021042 B/E 64200600	0.00	(C)
	0.00	(C)
	0.00	(C)
	0.00	(C)
	0.00	
ADJUSTED BEGINNING TRIAL BALANCE:	501,329.58	(D)
UNRESERVED FUND BALANCE, SCHEDULE IC	(501,329.58)	(E)
DIFFERENCE:	0.00	(F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Federal Grants Trust Fund
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 61,953.32 (A)

Add/Subtrac:

GL 991 - Budgetary Fund Balance 0.00 (B)

Other Adjustment(s):

Accounts Payable Not Certified Forward (333.16) (C)

0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

0.00 (C)

ADJUSTED BEGINNING TRIAL BALANCE: 61,620.16 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (61,620.16) (E)

DIFFERENCE: 0.00 (F)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Grants & Donations Trust Fund
LAS/PBS Fund Number: 20-2-339060

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(364,680.90) (A)]

Add/Subtract:

Accounts Receivable From AHCA [0.00 (B)]

Other Adjustment(s):

Fund Balance Reserved For Encumbrances [0.00 (C)]

Compensated Absences [0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(364,680.90) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [364,680.90 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title:	<u>DEPARTMENT OF HEALTH</u>
Trust Fund Title:	<u>64400200 Health Care Prac/Access - Community Health Resources/EMS/BSCIP</u>
LAS/PBS Fund Number:	<u>20-2-390001</u>

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(27,532.31)"/> (A)
---	--

Add/Subtract:

<input type="text" value="0.00"/> (B)

Other Adjustment(s):

Accounts Payable Not Certified	<input type="text" value="(22,391.34)"/> (C)
--------------------------------	--

Encumbrances Certified Forward Not Reserved	<input type="text" value="11,122.72"/> (C)
---	--

<input type="text" value="0.00"/> (C)

<input type="text" value="0.00"/> (C)

<input type="text" value="0.00"/> (C)

ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="(38,800.93)"/> (D)
--	--

UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="38,800.93"/> (E)
---	--

DIFFERENCE:	<input type="text" value="0.00"/> (F)*
--------------------	--

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2008- 2009

Department: Health

Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64400200

Phone Number: (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AC-09-003	June 30, 2009	Health Access and Tobacco	Tobacco Settlement Trust Funds were appropriately identified within the Program to be expended in accordance with legislative proviso language, but payments were sometimes reclassified to other component areas. <i>We recommend the Bureau of Tobacco Prevention Program further develop its controls to ensure expenditures relate to and are charged to the</i>	The budget manager for the Division of Health Access and Tobacco is ensuring expenditures relate to and are charged to appropriate component area as required by statute. The expenditures are reviewed and approved by the Division Director. Legal counsel is consulted as needed.	
AC-09-003	June 30, 2009	Health Access and Tobacco	per capita basis, in accordance with Florida Statutes. <i>We recommend the Bureau of Tobacco Prevention Program (the Bureau) develop a policy of allocating core funding to counties that is aligned with Section 381.84, Florida Statutes. This policy should address:</i> <ul style="list-style-type: none"> - issues including criteria and basis for allocation of funds; - funding on a per capita basis; - applicable recommendations by the Tobacco Advisory Council; and, - periodic mandatory review for possible re-allocation of core funding as statistics change. 	No core funding was appropriated in FY '09-'10. If core funding is appropriated in the future, the Bureau will develop a policy in accordance with Inspector General recommendations and any other factors as determined by Department management. If appropriate, the Bureau will seek guidance from the Legislature as to how core funding should be allocated.	

Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Community Health Resources

Agency Budget Officer/OPB Analyst Name: Agency: Terry Walters / OPB: Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)		
			64400200

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y
1.4 Has security been set correctly? (CSDR, CSA)			Y

TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y
--	--	--	---

AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y

Action		Program or Service (Budget Entity Codes)			
				64400200	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>				N/J see below
	There are instances where A01 does not equal B08 because B08 is greater than B04.				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				

Action		Program or Service (Budget Entity Codes)			
				64400200	
TIP If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)					
6.1 Are issues appropriately aligned with appropriation categories?				Y	
TIP Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXHIBIT D-3A (EADR, ED3A)					
7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)				Y	
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)				Y	
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?				Y	
7.4 Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?				Y	
7.5 Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)				Y	
7.6 Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.				Y	
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.				Y	
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?				Y	
7.9 Does the issue narrative reference the specific county(ies) where applicable?				Y	
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?				Y	
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)				NA	
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?				Y	

Action		Program or Service (Budget Entity Codes)		
				64400200
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			NA
7.14	Do the amounts reflect appropriate FSI assignments?			Y
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			NA
AUDIT:				
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			N/A
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			N/A
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.			
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.			
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.			
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).			

Action		Program or Service (Budget Entity Codes)			
				64400200	
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y	
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y	
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y	
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y	
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y	
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			NA	
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			NA	
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y	
8.10	Are the statutory authority references correct?			Y	
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y	
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y	
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y	
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y	
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y	
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y	
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y	
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y	

Action		Program or Service (Budget Entity Codes)			
				64400200	
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y	
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y	
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					

Action		Program or Service (Budget Entity Codes)			
				64400200	
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Amounts other than pay grade minimum are justified.	
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y	
13. SCHEDULE VIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	

		Program or Service (Budget Entity Codes)		
Action				64400200
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.			
16. MANUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y
AUDITS - GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.			
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)				
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y
17.5	Are the appropriate counties identified in the narrative?			Y
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.			
18. FLORIDA FISCAL PORTAL				
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y

DEPARTMENT OF HEALTH
DISABILITY DETERMINATIONS EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH
DISABILITY DETERMINATIONS SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:	DEPARTMENT OF HEALTH
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64500100 Disability Determination
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	-156,851.90 (A)		-156,851.90
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	252,780.29 (D)		252,780.29
ADD:			0.00
Total Cash plus Accounts Receivable	95,928.39 (F)	0.00	95,928.39
LESS: Allowances for Uncollectibles			0.00
LESS: Approved "A" Certified Forwards	-25,574.40 (H)		-25,574.40
Approved "B" Certified Forwards	-36,865.60 (H)		-36,865.60
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:			0.00
Unreserved Fund Balance, 07/01/09	33,488.39 (K)	0.00	33,488.39 **

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010 - 2011

Department Title:

DEPARTMENT OF HEALTH

Trust Fund Title:

United States Trust Fund

Budget Entity:

64500100 Disability Benefits Determination

LAS/PBS Fund Number:

2738

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	16,002.07	(A)			16,002.07
ADD: Other Cash (See Instructions)	0.00	(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	3,908,694.90	(D)	0.00		3,908,694.90
ADD: Anticipated Grant Receivable	637,281.41	(E)			637,281.41
Total Cash plus Accounts Receivable	4,561,978.38	(F)	0.00		4,561,978.38
LESS: Allowances for Uncollectibles		(G)			0.00
LESS: Approved "A" Certified Forwards	-3,794,744.44	(H)			-3,794,744.44
Approved "B" Certified Forwards	-749,517.58	(H)			-749,517.58
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	-17,585.54	(I)			-17,585.54
LESS: Current Deferred Revenue GLC 388XX	-130.82	(J)			-130.82
Unreserved Fund Balance, 07/01/09	0.00	(K)	0.00		0.00**

Notes:

*SWFS = Statewide Financial Statement

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: Federal Grants Trust Fund
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(33,488.39) (A)]

Add/Subtract:

[(B)]

Other Adjustment(s):

Accounts Payable Not Certified Forward [0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

[0.00 (C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(33,488.39) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [33,488.39 (E)]

DIFFERENCE: [0.00 (F)*]

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title: DEPARTMENT OF HEALTH
Trust Fund Title: United States Trust Fund
LAS/PBS Fund Number: 20-2-738002

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 [(36,597.02) (A)]

Add/Subtract:

Anticipated Grant Receivables [(637,281.41) (B)]

Other Adjustment(s):

Accounts Payable - Not Certified Forward [(75,639.15) (C)]

Certified Forward Encumbrances Not Reserved [749,517.58 (C)]

[0.00 (C)]

[(C)]

ADJUSTED BEGINNING TRIAL BALANCE: [(0.00) (D)]

UNRESERVED FUND BALANCE, SCHEDULE IC [0.00 (E)]

DIFFERENCE: [(0.00) (F)*]

***SHOULD EQUAL ZERO.**

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Disability Determination

Agency Budget Officer/OPB Analyst Name: Terry Walter / Kate West

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)			
			64500100	

1. GENERAL

1.1 Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)			Y	
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)			Y	

AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)			Y	
1.4 Has security been set correctly? (CSDR, CSA)			Y	
TIP The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?			Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?			Y	
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?			Y	
2.4 Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?			Y	

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.			Y	
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")			Y	
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")			Y	

		Program or Service (Budget Entity Codes)			
Action				64500100	
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)					
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?			Y	
4.2	Is the program component code and title used correct?			Y	
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
5. EXHIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)			Y	
AUDITS:					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")			Y	
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.) <i>Please note that the LBR Instructions reference the wrong B column.</i>			Y	
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget. Amounts should be positive.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.				

		Program or Service (Budget Entity Codes)		
Action				64500100
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)				
6.1	Are issues appropriately aligned with appropriation categories?			Y
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.			
7. EXHIBIT D-3A (EADR, ED3A)				
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)			Y
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)			Y
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?			Y
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?			Y
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)			Y
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.			Y
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.			Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?			Y
7.9	Does the issue narrative reference the specific county(ies) where applicable?			Y
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?			Y
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)			N/A
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?			Y
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?			N/A
7.14	Do the amounts reflect appropriate FSI assignments?			Y

Action		Program or Service (Budget Entity Codes)			
				64500100	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)			Y	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?			Y	
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?			N/A	
AUDIT:					
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")			Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)			Y	
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)			N/A	
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)			N/A	
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))			Y	
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

Action		Program or Service (Budget Entity Codes)		
				64500100
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)				
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?			Y
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?			Y
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?			Y
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?			Y
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?			Y
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?			Y
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?			N/A
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?			N/A
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?			Y
8.10	Are the statutory authority references correct?			Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)			Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?			Y
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?			Y
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?			Y
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?			Y
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?			Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?			Y
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?			Y
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?			Y

Action		Program or Service (Budget Entity Codes)			
				64500100	
8.20	Are appropriate service charge nonoperating amounts included in Section II?			Y	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?			Y	
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)			Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?			Y	
8.24	Are prior year September operating reversions appropriately shown in column A01?			Y	
8.25	Are current year September operating reversions appropriately shown in column A02?			Y	
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?			Y	
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?			Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?			Y	
AUDITS:					
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).			Y	
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")			Y	
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)			Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)			Y	
10. SCHEDULE III (PSCR, SC3)					

		Program or Service (Budget Entity Codes)			
Action				64500100	
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)			Y	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.			Y	
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?			Y	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?			Y	
13. SCHEDULE VIIIB-1					
13.1	This schedule is not required in the October 15, 2009 LBR submittal.				
14. SCHEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?			Y	
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)					
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)(b), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)			Y	
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?			Y	
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)			Y	
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			Y	
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")			Y	
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)			Y	
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")			Y	

		Program or Service (Budget Entity Codes)			
Action				64500100	
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
16. MANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?			Y	
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?			Y	
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?			Y	
AUDITS - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.				
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?			Y	
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?			Y	
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?			Y	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?			Y	
17.5	Are the appropriate counties identified in the narrative?			Y	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLORIDA FISCAL PORTAL					
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?			Y	