LEGISLATIVE BUDGET REQUEST

Department of Elder Affairs

Tallahassee

October 15, 2009

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

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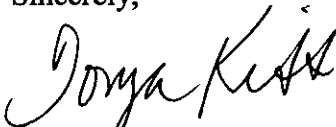221 Capitol
Tallahassee, FL 32399-1300

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

Ms. Cynthia Kelly, Staff Director
Senate Policy & 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 Elder Affairs 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 E. Douglas Beach, Secretary.

Sincerely,

Tonya M. Kidd
Chief Financial Officer

DEPARTMENT OF ELDER AFFAIRS   Comprehensive Eligibility Services – 65100200
Home and Community Services – 65100400
Executive Direction and Support Services – 65100600
Consumer Advocate Services - 65101000

<u>Department Level Exhibits and Schedules</u>

Dept/Agency: **Department of Elder Affairs**

Submitted by: **Edward Neu, Chief Information Officer**

Phone: **414-2136**

Date submitted: **October 15, 2009**

Network Service

This service enables data connectivity and transport using Local Area Network (LAN) and/or Wide Area Network (WAN) technologies. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

	Identify the major commercial hardware and software associated with the LAN Service:		
1	Hewlett Packard and Dell Servers	5	
2	Linux	6	
3	Novell Open Enterprise Server	7	
4	Novell Zenworks	8	

1. IT Service Definition

1.1. Who is the LAN service provider? *(Indicate all that apply)*

- ■ Central IT staff
- ☐ Program staff
- ☐ Another State agency
- ☐ State Primary Data Center
- ☐ Other External service provider

1.2. Who is the WAN service provider? *(Indicate all that apply)*

- ☐ Central IT staff
- ☐ Program staff
- ■ Another State agency
- ■ External service provider

1.3. Who uses the service? *(Indicate all that apply)*

- ■ Agency staff (state employees or contractors)
- ■ Employees or contractors from one or more additional state agencies
- ■ External service providers
- ■ Public (please explain in Question 5.2)

1.4. Please identify the number of users of the Network Service. 1250

1.5. How many locations currently host IT assets and resources used to provide LAN services? 28

1.6. How many locations currently use WAN services? 19

1.7. What types of WAN connections are included in this service? *(Indicate all that apply)*

☐ ATM	☐ Frame Relay	■ Cellular Network
■ SUNCOM RTS	■ Internet	☐ Dedicated Wired connection
☐ Radio	☐ Satellite	■ Dial-up connection
■ Other Virtual Private Networks		

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider?
(Identical, Very Similar, No)   Yes

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

■ Yes   ☐ No

    2.2.1. If yes, what must happen for your agency to use another IT service provider?

Alternative Solution must be more responsive, meet or exceed current performance levels, and availability at reduced cost.

    2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for LAN service?

    ☐ Yes; formal Service Level Agreement(s)

    ☐ Yes; informal agreement(s)

    ■ No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

3.2. Has the agency specified the service level requirements for WAN service?

    ■ Yes; formal Service Level Agreement(s)

    ☐ Yes; informal agreement(s)

    ☐ No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Portfolio Services Agreement with DMS

3.3. Timing and Service Delivery Requirements

    3.3.1. Hours/Days that service is required **(e.g., 0800-1600 M-F, 24/7)** *for*:

        3.3.1.1.   Online availability   24/&

        3.3.1.2.   Offline and availability for maintenance

    3.3.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs **(e.g., 5 min, 15 min, 60 min)**?   10 Minutes

        3.3.2.1.   What are the impacts on the agency's business if this down-time standard is exceeded?

Loss of Productivity, disruption of businesss and service delivery

    3.3.3. Does the agency have a standard for required bandwidth its locations?   ■ Yes ☐ No

If yes, indicate the standard **(e.g. fiber channels for certain locations)**

100MBS from desktop to switches, IGB switches to servers

    3.3.4. Are there any agency-unique service requirements?   ■ Yes   ☐ No

If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

HIPAA, CL430,DD60, Agency mobile device and desktop security policy

3.3.5.   What are security requirements for this IT service? *(Indicate all that apply)*

■ User ID/Password   ■ Access through Internet or external network

■ Access through internal network only   ■ Access through Internet with secure encryption

■ Other __VPN and Linux Access Gateway_____

3.3.6.   Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

■ Yes   ☐ No

3.3.6.1.   If yes, please specify and describe:

HIPAA privacy and Security

4. User/customer satisfaction

4.1.   Are service level metrics reported to business stakeholders or agency management?
☐ Yes   ■ No

If yes, briefly describe the frequency of reports and how they are provided:

4.2. Are currently defined IT service levels adequate to support the business needs?

■ Yes ☐ No

4.2.1.   If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2.   List any significant projects (e.g., total cost greater than $500,000) that are underway or planned to upgrade or enhance any resources or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue and Federal Funds

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

Dept/Agency: **Department of Elder Affairs**

Submitted by: **Edward Neu, Chief Information Officer**

Phone: **414-2136**

Date submitted: **October 15, 2009**

E-Mail, Messaging, and Calendaring Service

This service enables users to send and receive e-mail and attachments, perform departmental calendaring, manage address lists, create and maintain shared or private folders, and store message data provided through the e-mail service. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major commercial hardware and software associated with the E-Mail Service:			
1	Hewlett Packard and Dell Servers	5	
2	Blackberry devices (RIM)	6	
3	Novell Groupwise 7.0	7	
4	Notify Link	8	

1. **IT Service Definition**

    1.1. Who is the service provider? *(Indicate all that apply)*

    - ■ Central IT staff
    - ☐ Program staff
    - ☐ Another State agency
    - ☐ External service provider

    1.2. Who uses the service? *(Indicate all that apply)*

    - ■ Agency staff (state employees or contractors)
    - ■ Employees or contractors from one or more additional state agencies
    - ■ External service providers
    - ☐ Public

    1.3. Please identify the number of users of this service. 1250

    1.4. How many locations currently host IT assets and resources used to provide e-mail, messaging, and calendaring services? 12

2. **Service Unique to Agency**

    2.1. Is a similar or identical IT service provided by another agency or external service provider? *(Identical, Very Similar, No)* Very Similar

    2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

    - ■ Yes ☐ No

        2.2.1. If yes, what must happen for your agency to use another IT service provider?

        Require Lower cost, improved Security and encryption and enhanced interoperability.

        2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

☐   Yes; formal Service Level Agreement(s)

☐   Yes; informal agreement(s)

■   No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

3.2.   Timing and Service Delivery Requirements

3.2.1.   Hours/Days that service is required *(e.g., 0600-2100 M-F, 24/7)*:   24/7

3.2.2.   What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs *(e.g., 5 min, 15 min, 60 min)*?   5 minutes

3.2.2.1.   What are the impacts on the agency's business if this down-time standard is exceeded?

Disruption of Business, email is a critical service.

3.2.3.   Are there any agency-unique service requirements?   ☐ Yes   ☐ No

If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

3.2.4.   What are security requirements for this IT service? *(Indicate all that apply)*

■ User ID/Password   ■ Access through Internet or external network

■ Access through internal network only   ■ Access through Internet with secure encryption

■ Other __Enycyption_____

3.2.5.   Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

■ Yes   ☐ No

3.2.5.1.   If yes, please specify and describe:

FAC DD60, HIPAA Privacy and Security Standards

4. User/customer satisfaction

4.1.   Are service level metrics reported to business stakeholders or agency management?

☐ Yes   ■ No

If yes, briefly describe the frequency of reports and how they are provided:

4.2. Are currently defined IT service levels adequate to support the business needs?

■ Yes   ☐ No

4.2.1.   If no, what changes need to be made to the current IT service?   *(Briefly explain)*

<div style="border: 2px solid green; background: yellow;"> </div>

4.2.2.   List any significant projects (e.g., total cost greater than $500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
None				

5. Additional Information

5.1.   Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2008-09. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue, Medicaid, and Older Americans Act Grant

5.2. Other comments

Dept/Agency: **Department of Elder Affairs**

Submitted by: **Edward Neu, Chief Information Officer**

Phone: **414-2136**

Date submitted: **October 15, 2009**

Desktop Computing Service

This service enables use of standard office automation functions, as well as access to other applications that require standard desktop functionality. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

	Identify the major commercial hardware and software associated with the Desktop Computer Service:		
1	Dell and Hewlett-Packard Workstations	5	Microsoft Office 2000
2	Various Monitors	6	Drive Image 8.0
3	Sophos Virus Protection Software	7	Safeboot on Laptops
4	Open Office 2.0	8	

1. **IT Service Definition**

   1.1. Who is the service provider? *(Indicate all that apply)*

      ■ Central IT staff
      ☐ Program staff
      ☐ Another State agency
      ☐ External service provider

   1.2. Who uses the service? *(Indicate all that apply)*

      ■ Agency staff (state employees or contractors)
      ☐ Employees or contractors from one or more additional state agencies
      ☐ External service providers
      ☐ Public

   1.3. Please identify the number of users of this service.   780

   1.4. How many locations currently use desktop computing services?   28

2. **Service Unique to Agency**

   2.1. Is a similar or identical IT service provided by another agency or external service provider?
   (Identical, Very Similar, No, Unknown)   Very Similar

   2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

      ■ Yes   ☐ No

      2.2.1. If yes, what must happen for your agency to use another IT service provider?

      New solution must be cost effective and improve user satisfaction

      2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

- ■ Yes; formal Service Level Agreement(s)
- ☐ Yes; informal agreement(s)
- ☐ No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Service Level Requirements are specified in Department Information System Policies

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required *(e.g., 0800-1600 M-F, 24/7)*   M-F 0700-1730

3.2.2. What are the impacts on the agency's business if the Desktop Service is not available?

Loss of Productivity

3.2.3. Are there any agency-unique service requirements?   ■ Yes   ☐ No

If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

We are a HIPAA covered entity, we treat all workstations as if they contained PHI

3.2.4. What are security requirements for this IT service? *(Indicate all that apply)*

- ■ User ID/Password
- ☐ Access through internal network only
- ■ Other ___HIPAA _Certified_____
- ☐ Access through Internet or external network
- ☐ Access through Internet with secure encryption

3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

- ■ Yes   ☐ No

3.2.5.1. If yes, please specify and describe:

HIPAA

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management

- ■ Yes   ☐ No

If yes, briefly describe the frequency of reports and how they are provided:

Helpdesk and Desktop support metrics are reviewed monthly by CIO

4.2. Are currently defined IT service levels adequate to support the business needs?

- ■ Yes   ☐ No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2.   List any significant projects (e.g., total cost more than $500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete
None				

5. Additional Information

5.1.   Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2008-09. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue, Medicaid, and Older Americans Act Grant

5.2. Other comments

Dept/Agency:	**Department of Elder Affairs**
Submitted by:	**Edward Neu, Chief Information Officer**
Phone:	**414-2136**
Date submitted:	**October 15, 2009**

Helpdesk Service

This service involves the centralized or consolidated intake and resolution of IT system problems for users and stakeholders throughout the department. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify any major commercial hardware and software associated with the Helpdesk Service:			
1	Helpdesk Pro	5	
2		6	
3		7	
4		8	

1. IT Service Definition

1.1. Who is the service provider? *(Indicate all that apply)*

- ■ Central IT staff
- ☐ Program staff
- ☐ Another State agency
- ☐ State Primary Data Center
- ☐ Other External service provider

1.2. Who uses the service? *(Indicate all that apply)*

- ■ Agency staff (state employees or contractors)
- ☐ Employees or contractors from one or more additional state agencies
- ■ External service providers
- ☐ Public (please explain in Question 5.2)

1.3. Please identify the number of users of this service: **1250**

1.4. How many locations currently host IT assets and resources used to provide helpdesk services? **1**

1.5. What communication channels are used for the service? *(Indicate all that apply)*

- ■ On-line self-serve
- ■ Telephone/IVR
- ■ Remote desktop (e.g., PC Anywhere)
- ☐ Other
- ☐ On-line interactive
- ■ Face-to-face

1.6. What is the scope of the service provided by the Help Desk: *(Check all boxes that apply)*

Help Desk Action	Simple problems	Moderately complex problems	Complex problems
Accepting and logging	■	■	■
Referring/escalating	■	■	■
Tracking and reporting	■	■	■
Resolving/closing	■	■	■

1.7. Please identify the major IT systems or services for which the Help Desk must provide assistance:

1	**Desktop connectivity**	5	**User Training**
2	**Email**	6	**Strategic Applications**
3	**Desktop "office" applications**	7	
4	**System Configuration**	8	

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider?
(Identical, Very Similar, No, Unknown) <u>Somewhat Similar</u>

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

☐ Yes   ■   No

2.2.1. If yes, what must happen for your agency to use another IT service provider?

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

Since transitioning from the ESTD to an in-house helpdesk, the cost of serving our users has been dramatically reduced and user satisfaction has greatly improved.

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

■   Yes; formal Service Level Agreement(s)

☐   Yes; informal agreement(s)

☐   No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Agency Help Desk Policy,

Problem type, Response time, Resolution Time

Mission Critical, 15 Minutes, 2 Hours

Single user or group outage that is preventing the affected user(s) from working, 30 Minutes, 4 hours

Single user or group outage that can be permanently or temporarily solved with a workaround, 45 Minutes, same day

Scheduled work, 1 hour, 1-4 days

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days the Help Desk service is required *(e.g., 0800-1600 M-F, 24/7)*

24/7 Online reporting, Buniness hours otherwise.

3.2.2. What are the impacts on the agency's business if the Help Desk service is not available?

Disruption of operations, decreased customer satisfaction

3.2.3. What is the average monthly volume of calls/cases/tickets?   245 /

3.2.4. Are there any agency-unique service requirements?   ■ Yes ☐ No

If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

The help desk support agency specific application especially the CIRTS application.

3.2.5. What are security requirements for this IT service? *(Indicate all that apply)*

■ User ID/Password   ■ Access through Internet or external network

☐ Access through internal network only   ■ Access through Internet with secure encryption

☐ Other _____

3.2.6. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

          ■ Yes   ☐ No

3.2.6.1. If yes, please specify and describe:

There are situation where HIPAA privacy and security issues arise

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management?

          ■ Yes ☐ No

If yes, briefly describe the frequency of reports and how they are provided:

CIO reviews call resolution reports, and monitors support trends with IT management

4.2. Are currently defined IT service levels adequate to support the business needs?

          ■ Yes   ☐ No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2. List any significant projects (e.g., total cost greater than $500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2008-09. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue, Medicaid, and Older Americans Act Grant

5.2. Other comments

Dept/Agency: **Department of Elder Affairs**

Submitted by: **Edward Neu, Chief Information Officer**

Phone: **414-2136**

Date submitted: **October 15, 2009**

IT Security/Risk Mitigation Service

This service involves the implementation of measures to reduce risk and ensure continuity of the IT Services supporting the agency. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

1. **IT Service Definition**

   1.1. Who is the service provider? *(Indicate all that apply)*

      - ■ Central IT staff
      - ☐ Program staff
      - ☐ Another State agency
      - ☐ External service provider

   1.2. Who uses the service? *(Indicate all that apply)*

      - ■ Agency staff (state employees or contractors)
      - ■ Employees or contractors from one or more additional state agencies
      - ■ External service providers
      - ☐ Public

2. **Service Unique to Agency**

   2.1. Is a similar or identical IT service provided by another agency or external service provider? *(Identical, Very Similar, No)*   Very Similar

   2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

      ■ Yes   ☐ No

      2.2.1. If yes, what must happen for your agency to use another IT service provider?

      Meet or exceed our functional requirements at reduced cost, with minimal disruptions, and improve user and customer satisfaction

      2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

3. **IT Service Levels Required to Support Business Functions**

   3.1. Has the agency specified the service level requirements for this IT Service?

      - ☐ Yes; formal Service Level Agreement(s)
      - ☐ Yes; informal agreement(s)
      - ■ No; specific requirements have not been determined and approved by the department

      If you answered "Yes," identify major (formal or informal) service level requirements:

File: DOEA LBR 2010-11 IT Security-Risk Mitigation Service   **FY 2010-11**
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3.2.   Timing and Service Delivery Requirements

3.2.1.   Hours/Days that service is required *(e.g., 0800-1600 M-F, 24/7)*:   24/7

3.2.2.   In the event of an emergency, how quickly must essential services be restored to maintain the agency's continuity of operations?   Less then 8 hours

3.2.3.   How frequently must the IT disaster recovery plan be tested?   At least once per year

3.2.4.   In the event of a security breach, what is the agency's tolerance for down time of security IT services during peak periods, i.e., time before management-level intervention occurs *(e.g., 10 min, 60 min, 4 hours)?*   10 minutes

3.2.5.   Are there any agency-unique service requirements?   ☐ Yes   ■ No

If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

3.2.6.   What are security requirements for this IT service? *(Indicate all that apply)*

■ User ID/Password   ■ Access through Internet or external network

■ Access through internal network only   ■ Access through Internet with secure encryption

■ Other ___VPN_____

3.2.7.   Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

■ Yes   ☐ No

If yes, please specify and describe:

HIPAA Privacy, Security and EDI

4. User/customer satisfaction

4.1.   Are service level metrics reported regularly to business stakeholders or agency management?
■ Yes   ☐ No

If yes, briefly describe the frequency of reports and how they are provided:

CIO monitors security testing and incident results

4.2. Are currently defined IT service levels adequate to support the business needs?

■ Yes ☐ No

4.2.1.   If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2.   List any significant projects (e.g., total cost greater than $500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2008-09. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue, Federal Older Americans Act Funding for State Unit on Aging Administration

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

Dept/Agency:	**Department of Elder Affairs**
Submitted by:	**Edward Neu, Chief Information Officer**
Phone:	**414-2136**
Date submitted:	**October 15, 2009**

IT Support Service for Agency Financial and Administrative Systems

This service enables users in the agency's administrative and support areas to operate and maintain the non-strategic applications that support agency administrative. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify major IT Systems (applications) that are included (in whole or part) in this IT Service:				
1	Automated Contract Management	5	Contracted Provider System
2	Correspondence Tracking	6	
3	Document Control	7	
4	Contracted Unit Rate System	8	

1. **IT Service Definition**

    1.1. Who is the service provider? *(Indicate all that apply)*

      ■ Central IT staff
      ☐ Program staff
      ☐ Another State agency
      ☐ External service provider

    1.2. Who uses the service? *(Indicate all that apply)*

      ■ Agency staff (state employees or contractors)
      ■ Employees or contractors from one or more additional state agencies
      ■ External service providers
      ☐ Public

    1.3. Please identify the number of users of this service. | 120

    1.4. How many locations currently host agency financial/ administrative systems? | 2

2. **Service Unique to Agency**

    2.1. Is a similar or identical IT service provided by another agency or external service provider? *(Identical, Very Similar, No)* | No

    2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

      ■ Yes   ☐ No

      2.2.1. If yes, what must happen for your agency to use another IT service provider?

      Better functionality, highly flexible solutions, higher customer satisfaction at lower cost

      2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

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3. IT Service Levels Required to Support Business Functions

Answer the following questions for the primary or dominant IT system within this IT Service.

3.1. Has the agency specified the service level requirements for this IT Service?

- ☐ Yes; formal Service Level Agreement(s)
- ☐ Yes; informal agreement(s)
- ■ No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required ***(e.g., 0700-1800 M-F, 24/7)*** *for*:

3.2.1.1. User-facing components of this IT service (online)   0700-1800

3.2.1.2. Back-office-facing components of this IT service (batch and maintenance)   NA

3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs ***(e.g., 15 min, 30 min, 60 min)***?   1 hour

3.2.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?

Impede administrative operations

3.2.3. Are there any agency-unique service requirements?   ■ Yes   ☐ No

If yes, specify ***(include any applicable constitutional, statutory, or rule requirements)***

DOEA is 90% privatized, contract and subcontract management as well as provider payment information management is critical. DOEA has thousands of program-service-location-provider rates and limits that must be managed and applied in the payment system.

3.2.4. What are security requirements for this IT service? ***(Indicate all that apply)***

- ■ User ID/Password
- ■ Access through internal network only
- ■ Other ___Intranet / VPN_____
- ☐ Access through Internet or external network
- ☐ Access through Internet with secure encryption

3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

- ■ Yes   ☐ No

3.2.5.1. If yes, please specify and describe:

Some of this information is protected under HIPAA privacy guidelines

4. User/customer satisfaction

IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

4.1.   Are service level metrics reported to business stakeholders or agency management

■ Yes   ☐ No

If yes, briefly describe the frequency of reports and how they are provided:

CIO monitors and reports excessive interruptions to Deputy Secretary

4.2. Are currently defined IT service levels adequate to support the business needs?

■ Yes   ☐ No

4.2.1.   If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2.   List any significant projects that are underway or planned to upgrade or enhance any system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2008-09. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue and Federal Funding is used to support this function

Other comments

None

Dept/Agency: **Department of Elder Affairs**

Submitted by: **Edward Neu, Chief Information Officer**

Phone: **414-2136**

Date submitted: **October 15, 2009**

IT Administration and Management Service

This service enables the management and administration of the agency's central IT program or unit. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify major IT Systems (applications) that are included (in whole or part) in this IT Service:		
1	5	
2	6	
3	7	
4	8	

1. IT Service Definition

1.1. Who is the service provider? *(Indicate all that apply)*

■ Central IT staff

☐ Program staff

☐ Another State agency

☐ External service provider

1.2. How many locations currently host assets and resources used to provide IT administration and management services? _____

2. Service Unique to Agency

2.1. If the same level of service could be provided through another agency or external source for less than the current cost of the IT service, could your agency change to another service provider?

☐ Yes   ■ No

2.1.1.   If yes, what must happen for your agency to use another IT service provider?

2.1.2.   If not, why does your agency need to maintain the current provider for this IT service?

Information technology management is deeply integrated into the program management areas of this department.   Outside management of this function would cause operational and customer service problems.

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

☐ Yes; formal Service Level Agreement(s)

☐ Yes; informal agreement(s)

■ No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

> [highlighted box]

3.2.   Timing and Service Delivery Requirements

    3.2.1.   Hours/Days that service is required *(e.g., 0800-1600 M-F, 24/7)* for the systems included in this service: Not Applicable

    3.2.2.   What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs *(e.g., 5 min, 15 min, 60 min)?*   Not Applicable

    3.2.3.   Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

        ☐ Yes   ■ No

    If yes, please specify and describe:

> [highlighted box]

    3.2.4.   Are there any agency-unique service requirements?   ☐ Yes   ■ No

    If yes, specify *(include any applicable constitutional, statutory, or rule requirements)*

> [highlighted box]

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management?

    ■ Yes   ☐ No

If yes, briefly describe the frequency of reports and how they are provided:

> Service levels and operational issues are monitored closely. The Secretary is apprised of major interruptions or other issues.

4.2. Are currently defined IT service levels adequate to support the business needs of the agency?

    ■ Yes   ☐ No

If no, what changes need to be made to the current IT service? *(Briefly explain)*

> [highlighted box]

4.3. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost of Completion

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2008-09. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

File: DOEA LBR 2010-11 IT Admin Service   **FY 2010-11**
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Primarily General Revenue funding and Administration on Aging grant for State Unit on Aging operations.

5.2. Other comments

Dept/Agency: **Department of Elder Affairs**

Submitted by: **Edward Neu, Chief Information Officer**

Phone: **414-2136**

Date submitted: **October 15, 2009**

Portal/Web Management Service

The Portal/Web Management service enables the publishing of the agency's standard, mission-critical information with its employees and the public. Please consult the Guidelines for Schedule IV-C: IT Costs and Service Requirements for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major commercial hardware and software associated with this service:			
1	Linux Operating System	5	
2	Oracle Database Software	6	
3	Hewlett Packard Servers	7	
4		8	

1. **IT Service Definition**

   1.1. Who is the service provider? *(Indicate all that apply)*

   - ■ Central IT staff
   - ☐ Program staff
   - ☐ Another State agency
   - ☐ External service provider

   1.2. Who uses the service? *(Indicate all that apply)*

   - ■ Agency staff (state employees or contractors)
   - ■ Employees or contractors from one or more additional state agencies
   - ■ External service providers
   - ■ Public

   1.3. Please identify the number of Internet users of this service.   325,000

   1.4. Please identify the number of intranet users of this service.   635

   1.5. How many locations currently host IT assets and resources used to provide this service?   2

2. **Service Unique to Agency**

   2.1. Is a similar or identical IT service provided by another agency or external service provider? *(Identical, Very Similar, No)*   Similar

   2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

   ☐ Yes   ■ No

   2.2.1. If yes, what must happen for your agency to use another IT service provider?

   2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

While the web page host and database infrastructure could be supported by an external entity, the application support could not.

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

- ■ Yes; formal Service Level Agreement(s)
- ☐ Yes; informal agreement(s)
- ☐ No; specific requirements have not been determined and approved by the department

If you answered "Yes," identify major (formal or informal) service level requirements:

Service Level Agreement with DMS who hosts the Internet website

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required **(e.g., 0600-2100 M-F, 24/7)**: <u>24/7</u>

3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs **(e.g., 5 min, 15 min, 60 min)**? <u>30 minutes</u>

3.2.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?

Decrease customer satisfaction, reduced public access

3.2.3. Are there any agency-unique service requirements?   ■ Yes   ☐ No

If yes, specify **(include any applicable constitutional, statutory, or rule requirements)**

HIPAA privacy and security protections of Personal health information

3.2.4. What are security requirements for this IT service? **(Indicate all that apply)**

- ■ User ID/Password
- ■ Access through internal network only
- ■ Other _____VPN_____
- ☐ Access through Internet or external network
- ■ Access through Internet with secure encryption

3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

- ■ Yes   ☐ No

3.2.5.1. If yes, please specify and describe:

HIPAA

4. User/customer satisfaction

4.1. Are service level metrics reported to business stakeholders or agency management?

- ■ Yes   ☐ No

4.1.1. If yes, briefly describe the frequency of reports and how they are provided:

Customer surveys and polling are performed frequently, CIO monitors customer comments and complaints

4.2. Are currently defined IT service levels adequate to support the business needs?

■ Yes   ☐ No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

4.2.2. List any significant projects (e.g., total cost greater than $500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2009-10. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

This function is primarily supported by Federal Administration on Aging funding as well as general revenue funds.

5.2. Other comments

Non- Strategic IT Service:	**Network Service**								
Dept/Agency:	**Department of Elder Affairs**					Form: FY 2010-11 Schedule IV-C –Non-Strategics; Ver 1			
Prepared by:	**Edward Neu**				# of Assets & Resources Apportioned to this IT Service in FY 2010- 11		Estimated IT Service Costs		
Phone:	**414- 2136**								
						A	*B*	*C*	*D*
							Estimated FY 2009- 10 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	Estimated FY 2010- 11 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	Planned Increase/Decrease Use of Recurring Base Funding *(Columns C - B)*
	Service Provisioning - - Assets & Resources *(Cost Elements)*		*Footnote Number*	*Number used for this service*	*Number w/ costs in FY 2010- 11*	Initial Estimate for Fiscal Year 2009- 10			
	A. Personnel			1.00		$73,104	$73,104	$76,028	$2,924
A–1.1	**State FTE**		1	0.60		$50,297	$50,297	$52,309	$2,012
A–2.1	**OPS FTE**		1	0.40		$22,807	$22,807	$23,719	$912
A–3.1	**Contractor Positions** (Staff Augmentation)			0.00		$0	$0	$0	$0
	B. Hardware			5	0	$4,354	$4,354	$16,928	$12,574
B–1	**Servers**		2	5	0	$0	$0	$12,400	$12,400
B–2	**Server Maintenance & Support**			0	0	$4,354	$4,354	$4,528	$174
B–3.1	**Network Devices & Hardware** (e.g., routers, switches, hubs, cabling, etc.)			0	0	$0	$0	$0	$0
B–3.2	**Other Hardware Assets** (e.g., system mgt workstation, printers, UPS, etc)			0	0	$0	$0	$0	$0
	C. Software					$73,981	$73,981	$76,940	$2,959
	D. External Service Provider(s)					$19,947	$19,947	$20,745	$798
D–1	**LAN External Service Provider**			0	0	$0	$0	$0	$0
D–2	**WAN External Service Provider**		4	0	0	$19,947	$19,947	$20,745	$798
	E. Plant & Facility for LAN/WAN Service		3	0	0	$5,841	$5,841	$5,841	$0
	F. Other *(Please describe in Footnotes Section below)*					$0	$0	$0	$0
	H. Total for IT Service					$177,227	$177,227	$196,482	$19,255

	Footnotes - *Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.*
1	These personnel cost are fully loaded with actual hours worked (including overtime when applicable) and actual benefits cost
2	Expected Replacement of Network Server
3	Includes LAN room and Office space for IT staff involved in Network Services
4	Includes mesh tunnel router service for secure connection to Area Agencies on Aging and VPNs
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| Non- Strategic IT Service: | **E- Mail, Messaging, and Calendaring Service** | | | | | | | |

Agency: Department of Elder Affairs

Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1

Prepared by: Edward Neu

Phone: 414- 2136

Service Provisioning - - Assets & Resources *(Cost Elements)*	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2009- 10		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2010- 11	**A** Initial Estimate for Fiscal Year 2009- 10	**B** Estimated FY 2009- 10 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	**C** Estimated FY 2010- 11 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	**D** Planned Increase/Decrease Use of Recurring Base Funding *(Columns C - B)*
A. Personnel		0.65		$46,933	$46,933	$48,810	$1,877
A-1 **State FTE**	1	0.65		$46,933	$46,933	$48,810	$1,877
A-2 **OPS FTE**		0.00		$0	$0	$0	$0
A-3 **Contractor Positions** (Staff Augmentation)		0.00		$0	$0	$0	$0
B. Hardware		0	0	$0	$0	$0	$0
B-1 **Servers**		0	0	$0	$0	$0	$0
B-2 **Server Maintenance & Support**		0	0	$0	$0	$0	$0
B-3.1 **Wireless Communication Devices & Related Hardware**		0	0	$0	$0	$0	$0
B-3.2 **Other Hardware Assets** (e.g., system mgt workstation, printers, etc)		0	0	$0	$0	$0	$0
C. Software	2			$28,272	$28,272	$29,403	$1,131
D. External Service Provider(s)		0	0	$0	$0	$0	$0
E. Plant & Facility	6	0	0	$1,492	$1,492	$1,552	$60
F. Other *(Please describe in Footnotes Section below)*	4,5			$0	$0	$0	$0
G. Total for IT Service				$76,697	$76,697	$79,765	$3,068

Administrative Overhead - Percentage of Other Non- Strategic IT Service Costs Supporting Email Service

Non- Strategic Service	Footnote	%	Cost	
OT-1 Network				To determine the fully-loaded cost of the e-mail service, agencies must estimate the amount (percentage) of the other non-strategic IT services that are "consumed" by the e-mail service. For example, desktop support personnel install and configure the e-mail software on the desktop, which is used in the e-mail service, so to obtain a fully-loaded cost for the e-mail service, it is important to include the indirect workload and associated costs of the desktop service expended in support of the e-mail service. The portion of Network, IT Security & Risk Mitigation, and IT Administration & Management services will be estimated by the AEIT based on the agency Schedule IV-C submissions for these IT services. **For the purposes of the Schedule IV- C analysis, the data submitted in this section will NOT be added to the cost of the e- mail service.**
OT-2 Desktop IT Service		15.00%	$ 23,070	
OT-3 Help Desk	3	12.00%	$ 31,510	
OT-4 IT Security & Risk Mitigation				
OT-5 IT Administration & Management				
SUBTOTAL			$ 54,580	
Fully- loaded IT Service Cost		**$**	**134,345**	

Footnotes - *Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.*

1	These personnel cost are fully loaded with actual hours worked (including overtime when applicable) and actual benefits cost
2	Software costs inlcude the Operating System software for the Email Servers, Web Email Access, Spam and Virus Filtering, as well as the email server software license to support 1032 users
3	This analysis assumes email operations under the current configuration, we cannot estimate at this time the changes in cost resulting form the planned state ernterprise email consolidation project
4	DOEA provides email services to contracted area agencies and providers, this cost estimate includes helpdesk resources at those agencies used to support email
5	DOEA anticipates no longer providing the 420 licenses to area agencies and providers under the enterprise email solution, reducing the DOEA email user load by 40%
6	Includes Office space for IT staff involved in this activity
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Non- Strategic IT Service:	**Desktop Computing Service**							

Agency: **Department of Elder Affairs**

Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1

Prepared by: **Edward Neu**

Phone: **414- 2136**

Service Provisioning - - Assets & Resources *(Cost Elements)*	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010- 11		Estimated IT Service Costs			
		Number used for this service	*Number w/ costs in FY 2010- 11*	*A* Initial Estimate for Fiscal Year 2009- 10	*B* Estimated FY 2009- 10 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	*C* Estimated FY 2010- 11 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	*D* Planned Increase/Decrease Use of Recurring Base Funding *(Columns C - B)*
A. Personnel		1.25		$68,104	$68,104	$70,828	$2,724
A-1 **State FTE**	1	0.65		$39,614	$39,614	$41,199	$1,585
A-2 **OPS FTE**	1	0.60		$28,490	$28,490	$29,630	$1,140
A-3 **Contractor Positions** (Staff Augmentation)		0.00		$0	$0	$0	$0
B. Hardware		0	0	$47,474	$47,474	$47,474	$0
B-1 **Servers**		0	0	$0	$0		$0
B-2 **Server Maintenance & Support**		0	0	$0	$0	$0	$0
B-3.1 **Desktop Computers**	2	0	0	$21,363	$21,363	$21,363	$0
B-3.2 **Mobile Computers** (e.g., Laptop, Notebook, Handheld, Wireless Computer)	2	0	0	$26,111	$26,111	$26,111	$0
B-3.3 **Other Hardware Assets** (e.g., system mgt workstation, printers, scanners, etc)		0	0	$0	$0	$0	$0
C. Software	3			$36,077	$36,077	$9,019	–$27,058
D. External Service		0	0	$0	$0	$0	$0
E. Plant & Facility		0	0	$2,148	$2,148	$2,148	$0
F. Other *(Please describe in Footnotes Section below)*				$0	$0	$0	$0
G. Total for IT Service				$153,803	$153,803	$129,469	- $24,334

Footnotes - *Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.*

1	These personnel cost are fully loaded with actual hours worked (including overtime when applicable) and actual benefits cost
2	Proportion of Desktop and Laptop Computers are estimated
3	Includes upgrade to Microsoft Office 2007 for DOEA Tallahassee staff during 2008-09
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Non-Strategic IT Service:	**Helpdesk Service**							

Agency:	**Department of Elder Affairs**					Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1		
Prepared by:	**Edward Neu**							
Phone:	**414- 2136**							

		Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010-11		*A*	*B*	*C*	*D*
							Estimated IT Service Costs	
Service Provisioning -- Assets & Resources *(Cost Elements)*			*Number used for this service*	*Number w/ costs in FY 2010-11*	**Initial Estimate for Fiscal Year 2009-10**	**Estimated FY 2009-10 Allocation of Recurring Base Budget** *(based on Column G64 minus G65)*	**Estimated FY 2010-11 Allocation of Recurring Base Budget** *(based on Column G64 minus G65)*	**Planned Increase/Decrease Use of Recurring Base Funding** *(Columns C - B)*
A. Personnel			5.05		$248,091	$248,091	$258,015	$9,924
A-1	**State FTE**	1	2.95	▓▓▓	$151,237	$151,237	$157,286	$6,049
A-2	**OPS FTE**	1	2.10	▓▓▓	$96,854	$96,854	$100,728	$3,874
A-3	**Contractor Positions** (Staff Augmentation)		0.00	▓▓▓	$0	$0	$0	$0
B. Hardware			0	0	$31,067	$31,067	$32,310	$1,243
B-1	**Servers**		0	0	$31,067	$31,067	$32,310	$1,243
B-2	**Server Maintenance & Support**		0	0	$0	$0	$0	$0
B-3	**Other Hardware Assets** (e.g., system mgt workstation, printers, etc)		0	0	$0	$0	$0	$0
C. Software			▓▓▓	▓▓▓	$4,124	$4,124	$4,289	$165
D. External Service Provider(s)			0	0	$0	$0	$0	$0
E. Plant & Facility		2	0	0	$10,050	$10,050	$10,050	$0
F. Other *(Please describe in Footnotes Section below)*			▓▓▓	▓▓▓	$0	$0	$0	$0
G. Total for IT Service					$293,332	$293,332	$304,663	$11,331

Footnotes - *Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.*

1	These personnel cost are fully loaded with actual hours worked (including overtime when applicable) and actual benefits cost
2	Includes Helpdesk workroom and office space for IT helpdesk staff
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Non- Strategic IT Service:	**IT Security/Risk Mitigation Service**							
Agency: **Department of Elder Affairs**						Form: FY 2010-11 Schedule IV-C –Non-Strategics; Ver 1		
Prepared by: **Edward Neu**				# of Assets & Resources Apportioned to this IT Service in FY 2010- 11		Estimated IT Service Costs		
Phone: **414- 2136**						*A*	*B*	*C*	*D*

Service Provisioning - - Assets & Resources *(Cost Elements)*	Footnote Number	Number used for this service	Number w/ costs in FY 2010- 11	Initial Estimate for Fiscal Year 2009- 10	Estimated FY 2009- 10 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	Estimated FY 2010- 11 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	Planned Increase/Decrease Use of Recurring Base Funding *(Columns C - B)*
A. Personnel		**0.70**		**$52,819**	**$52,819**	**$54,932**	**$2,113**
A–1 State FTE	1	0.30		$30,012	$30,012	$31,212	$1,200
A–2 OPS FTE	1	0.40		$22,807	$22,807	$23,719	$912
A–3 Contractor Positions (Staff Augmentation)		0.00		$0	$0	$0	$0
B. Hardware		**0**	**0**	**$31,067**	**$31,067**	**$32,310**	**$1,243**
B–1 Servers		0	0	$0	$0	$0	$0
B–2 Server Maintenance & Support		0	0	$31,067	$31,067	$32,310	$1,243
B–3 Other Hardware Assets (e.g., system mgt workstation, printers, UPS, etc)		0	0	$0	$0	$0	$0
C. Software				**$32,378**	**$32,378**	**$33,673**	**$1,295**
D. External Service Provider(s)		0	0	**$0**	**$0**	**$0**	**$0**
E. Plant & Facility	2	0	0	**$1,203**	**$1,203**	**$1,203**	**$0**
F. Other *(Please describe in Footnotes Section below)*				**$0**	**$0**	**$0**	**$0**
G. Total for IT Service				**$117,467**	**$117,467**	**$122,118**	**$4,651**

Footnotes - *Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.*

1	These personnel cost are fully loaded with actual hours worked (including overtime when applicable) and actual benefits cost
2	Includes office space for indicated staff
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Non- Strategic IT Service:	**IT Support Service for Agency Financial and Administrative Systems**

Agency: **Department of Elder Affairs**

Form: FY 2010-11 Schedule IV-C –Non-Strategics; Ver 1

Prepared by: **Edward Neu**

Phone: **414- 2136**

Service Provisioning - - Assets & Resources *(Cost Elements)*	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010- 11		Estimated IT Service Costs			
		Number used for this service	*Number w/ costs in FY 2010- 11*	*A* Initial Estimate for Fiscal Year 2009- 10	*B* Estimated FY 2009- 10 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	*C* Estimated FY 2010- 11 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	*D* Planned Increase/Decrease Use of Recurring Base Funding *(Columns C - B)*
A. Personnel		0.10		$10,123	$10,123	$10,528	$405
A-1 State FTE	1	0.10		$10,123	$10,123	$10,528	$405
A-2 OPS FTE		0.00		$0	$0	$0	$0
A-3 Contractor Positions (Staff Augmentation)		0.00		$0	$0	$0	$0
B. Hardware		0	0	$0	$0	$0	$0
B-1 Servers		0	0	$0	$0	$0	$0
B-2 Server Maintenance & Support		0	0	$0	$0	$0	$0
B-3 Other Hardware Assets (e.g., system mgt workstation, printers, etc)		0	0	$0	$0	$0	$0
C. Software				$40,745	$40,745	$42,375	$1,630
D. External Service Provider(s)		0	0	$0	$0	$0	$0
E. Plant & Facility	2	0	0	$172	$172	$172	$0
F. Other *(Please describe in Footnotes Section below)*				$0	$0	$0	$0
G. Total for IT Service				$51,040	$51,040	$53,075	$2,035

Footnotes - *Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.*

1	These personnel cost are fully loaded with actual hours worked (including overtime when applicable) and actual benefits cost
2	Includes office space for indicated staff
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Non- Strategic IT Service:	**IT Administration and Management Service**								

Agency: **Department of Elder Affairs**

Form: FY 2010-11 Schedule IV-C –Non-Strategics; Ver 1

Prepared by: **Edward Neu**
Phone: **414- 2136**

Service Provisioning - - Assets & Resources *(Cost Elements)*	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010- 11		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2010- 11	*A* Initial Estimate for Fiscal Year 2009- 10	*B* Estimated FY 2009- 10 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	*C* Estimated FY 2010- 11 Allocation of Recurring Base Budget *(based on Column G64 minus G65)*	*D* Planned Increase/Decrease Use of Recurring Base Funding *(Columns C - B)*
A. Personnel		1.75		$115,030	$115,030	$119,631	$4,601
A-1 State FTE	1	1.75		$115,030	$115,030	$119,631	$4,601
A-2 OPS FTE		0.00		$0	$0	$0	$0
A-3 Contractor Positions (Staff Augmentation)		0.00		$0	$0	$0	$0
B. Hardware		0	0	$2,147	$2,147	$2,233	$86
B-1 Servers		0	0	$0	$0	$0	$0
B-2 Server Maintenance & Support		0	0	$2,147	$2,147	$2,233	$86
B-3 Other Hardware Assets (e.g., system mgt workstation, printers, etc)		0	0	$0	$0	$0	$0
C. Software				$378	$378	$393	$15
D. External Service Provider(s)		0	0	$1,227	$1,227	$1,276	$49
E. Plant & Facility	2	0	0	$3,007	$3,007	$3,127	$120
F. Other *(Please describe in Footnotes Section below)*				$0	$0	$0	$0
G. Total for IT Service				$121,789	$121,789	$126,661	$4,872

Footnotes - *Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.*

1	These personnel cost are fully loaded with actual hours worked (including overtime when applicable) and actual benefits cost
2	Includes office space for indicated staff
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Non-Strategics; Ver 1

Agency: Department of Elder Affairs

Budget Entity Name	BE Code	Program Component Code	Program Component Name	Costs within BE / Funding Identified for IT Service	Network Service	E-Mail, Messaging, and Calendaring Service	Desktop Computing Service	Helpdesk Service	IT Security/Risk Mitigation Service	IT Support Service for Agency Financial and Administrative Systems	IT Administration and Management Service
			Identified Funding as % of Total Cost of Service		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
					$196,482	$79,765	$129,469	$304,663	$122,118	$53,074	$126,661
Comprehensive Eligibility Services	65100200	1303	Long Term Care	$14,112	$8,589	$0	$5,523	$0	$0	$0	$0
Home and Community Based Serv	65100400	1303	Long Term Care	$36,626	$1,179	$0	$20,124	$0	$12,315	$0	$3,007
Executive Direction / Support Ser	65100600	1602	Executive Leadership / Support Serv	$54,424	$0	$0	$1,335	$0	$20,113	$32,976	$0
Executive Direction / Support Ser	65100600	1603	Information Technology	$888,153	$186,572	$79,765	$83,711	$304,663	$89,690	$20,098	$123,654
Consumer Advocacy Services	65101000	1304	Services for Most Vulnerable	$18,918	$142	$0	$18,776	$0	$0	$0	$0

Sum of IT Cost Elements Across IT Services								
Personnel	State FTE (#)	7.00	0.60	0.65	0.65	2.95	0.30	0.10	1.75
	State FTE (Costs)	$460,976	$52,309	$48,810	$41,199	$157,286	$31,212	$10,528	$119,631
Personnel	OPS FTE (#)	3.50	0.40	0.00	0.60	2.10	0.40	0.00	0.00
	OPS FTE (Cost)	$177,796	$23,719	$0	$29,630	$100,728	$23,719	$0	$0
Personnel	Vendor/Staff Augmentation (# Positions)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vendor/Staff Augmentaion (Costs)	$0	$0	$0	$0	$0	$0	$0	$0
Hardware		$131,254	$16,928	$0	$47,474	$32,310	$32,310	$0	$2,233
Software		$196,093	$76,940	$29,403	$9,019	$4,289	$33,673	$42,375	$393
External Services		$22,021	$20,745	$0	$0	$0	$0	$0	$1,276
Plant & Facility		$24,093	$5,841	$1,552	$2,148	$10,050	$1,203	$172	$3,127
Other		$0	$0	$0	$0	$0	$0	$0	$0
Totals of Costs		$1,012,233	$196,482	$79,765	$129,469	$304,663	$122,118	$53,075	$126,661
Totals of FTE		10.50	1.00	0.65	1.25	5.05	0.70	0.10	1.75

IT Cost Element Data as entered on IT Service Worksheets

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Non-Strategic Services Actual Expenditure 2008-2009

	Network Services		Email, Messaging and Calendar		Desktop Computing		Helpdesk		IT Security and Risk Mitigation		IT Support for Financial and Administrative Systems		IT Administration and Management		Total	
A. Personnel	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost
State FTE	0.60	$50,297	0.65	$46,933	0.65	$39,614	2.95	$151,237	0.30	$30,012	0.10	$10,123	1.75	$115,030	7.00	$443,246
State OPS	0.40	$22,807	0.00	$0	0.60	$28,490	2.10	$96,854	0.40	$22,807	0.00	$0	0.00	$0	3.50	$170,959
Total	1.00	$73,104	0.65	$46,933	1.25	$68,104	5.05	$248,092	0.70	$52,820	0.10	$10,123	1.75	$115,030	10.50	$614,206
B. Hardware		$4,354				$47,474		$325		$31,067				$2,147		$85,366
C. Software		$73,981		$28,272		$36,077		$4,124		$32,378		$40,745		$378		$215,955
D. External Service Providers		$19,947												$1,227		$21,174
E. Plant and Facilities		$5,841		$1,492		$2,148		$10,050		$1,203		$172		$3,007		$23,911
F. Other																
Total Purchases (B,C,D,E,F)		$104,123		$29,764		$85,699		$14,499		$64,647		$40,917		$6,757		$346,406
Total Non Strategic Service Spending (A,B,C,D,E,F)		$177,227		$76,696		$153,803		$262,590		$117,467		$51,040		$121,787		$960,611

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 Elder Affairs
Contact Person:	Dean C. Kowalchyk

Phone Number:	(850) 414-2074

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	<u>William Long, Charles Todd Lee, Rodney Peterson, John Boyd, Clayton L. Griffin, Margaret Washington, and Louise Seymour, on behalf of themselves and all others similarly situated v. Holly Benson, in her official capacity as Secretary, Florida Agency for Health Care Administration, and Douglas Beach, in his official capacity as Secretary, Florida Department of Elder Affairs</u>
Court with Jurisdiction:	United States District Court in and for the Northern District of Florida
Case Number:	4:08-cv-26-RH-WCS
Summary of the Complaint:	Class action lawsuit alleging that Florida is in violation of Americans with Disabilities Act, 42 U.S.C. §12132 and the Rehabilitation Act of 1973, 29 U.S.C. §794(a)(Section 504) by failing to cover services and support in appropriate, integrated community settings. The Plaintiffs seek declaratory and injunctive relief. They ask the Court for injunctive relief requiring Florida to inform Plaintiffs and class members that they may be eligible for publicly-funded community services and that they have a choice of such services; and ensure coverage of, as appropriate, long-term care services and supports in the most integrated setting appropriate for Plaintiffs and class members and refrain from providing unnecessary and unwanted long-term care only in institutional settings. Plaintiffs ask the court to declare that Florida's failure to provide Plaintiffs and class members with services in the most integrated setting appropriate to their needs violates Title II of the American with Disabilities Act and Section 504 of the Rehabilitation Act. Plaintiffs also seek attorneys' fees and costs.
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, according to AHCA, the monetary impact could exceed $25,000,000 annually in additional Medicaid payments if the plaintiffs were successful.
Specific Statutes or Laws (including GAA) Challenged:	American with Disabilities Act
Status of the Case:	The case is currently abated for a period of one year while the Defendants institute the Florida Nursing Home Transition Plan.

Who is representing (of record) the state in this lawsuit? Check all that	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management

apply.	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).	**Class is certified** Jodi Siegel with Southern Legal Counsel, Inc. Neil Chonin with Southern Legal Counsel, Inc. Gabriella Ruiz with Southern Legal Counsel, Inc. Stephen F. Gold, P.A. Stacy Canan, D.C. with AARP Foundation Litigation Bruce Vignery, D.C. with AARP Foundation Litigation Sarah Somers, N.C. with National Health Law Program	

Secretary
E. Douglas Beach, Ph.D.
0001 (950) (8925) 1.00

Advisory Council ADI

Advisory Council DOEA

Personal Secretary II – SES
Vacant
0039 (120) (9714) 1.00

Research Coordinator – DOEA
0031 (520) (8941) 1.00

Deputy Secretary & Chief of Staff
0002 (940) (8926) 1.00

General Counsel
0023 (930) (8914) 1.00

Inspector General
0097 (920) (8868) 1.00

Director of Internal & External Affairs
0025 (930) (8928) 1.00

Chief Financial Officer
0054 (930) (9004) 1.00

Personal Secretary II-SES
0302 (120) (9714) 1.00

Government Efficiency Administrator
OPS 65650333 1.00

Senior Attorney- SES
0125 (230) (7738)1.00

Senior Legal Assist.
OPS 65650321 .50

Senior Attorney – SES
0076 (230) (7738) 1.00

Administrative Assist. II-SES
0085 (418) (0712) 1.00

Senior Management Analyst II – SES
0005 (426) (2225) 1.00

Operations Analyst II
OPS 65650199 1.00

General Services/ Human Resources
See Page 4

Legislative Affairs
See Page 3

Accounting
See Page 2

Senior Management Analyst II - SES
0148 (426) (2225) 1.00

Administrative Assist. I
OPS 65650004 1.00

Information Systems
See Page 4

Communications
See Page 3

Revenue Management
See Page 2

Senior Management Analyst II
OPS 65650005 .50

Director of Statewide Community Based Services
0030 (930) (8765) 1.00

Planning & Evaluation
See Page 3

Long-Term Care Ombudsman Program
See Page 18-21

Budget
See Page 2

Director of Statewide Public Guardianship
0375 (940) (7806) 1.00

Training Manager - SES
0378 (419) (1330) 1.00

Elder Rights
See Page 5

Contract Administration & Purchasing
See Page 2

Senior Management Analyst II - SES
0347 (426) (2225) 1.00

Administrative Assistant II- SES
0122 (418) (0712) 1.00

Program Manager
OPS 65650323 1.00

Administrative Assist. II – SES
0078 (418) (0712) 1.00

Operations & Management Consultant I-SES
0379 (421) (2234) 1.00

Government Analyst I
OPS 65650331 1.00

CARES
See Pages 7, 9-18

Long-Term Care And Support
See Page 7

Clerk
0333 (004) (0001) 1.00
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Senior Management Analyst II - SES
0024 (426) (2225) 1.00

Administrative Assist. II
0395 (18) (0712) 1.00

Community & Support Services
See Page 8

Senior Clerk
OPS 65650019 .50

Chief Financial Officer
0054 (930) (9095) 1.00

Administrative Assist. I
OPS 65650062 1.00

Senior Management
Analyst II -SES
0042 (426) (2225) 1.00
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Chief of Contract Administration &
Purchasing – SES
0027 (530) (8940) 1.00

Revenue Management Manager-
SES
0062 (426) (2227) 1.00

Senior Management Analyst Supv-
SES
0045 (426) (2228) 1.00

Senior Management Analyst Supv-
SES
0143 (426) (2228) 1.00

Purchasing Specialist
Supervisor - SES
0052 (424) (0819) 1.00

Contract Administration
Analyst
OPS 65650160 1.00

Operations Management
Consultant II – SES
0099 (423) (2236) 1.00

Senior Management
Analyst II – SES
0026 (426) (2225) 1.00

Operations Management
Consultant II – SES
0093 (423) (2236) 1.00

Purchasing Agent III
0140 (18) (0815) 1.00

Operations Management
Consultant I – SES
0142 (421) (2234) 1.00

Operations Management
Consultant II – SES
0041 (423) (2236) 1.00

Operations Management
Consultant Mgr. – SES
0077 (425) (2238) 1.00

Accountant II
0100 (16) (1430) 1.00

Government Operations
Consultant III – SES
0033 (425) (2235) 1.00

Operations Management
Consultant II- SES
0092 (423) (2236) 1.00

Operations Management
Consultant II – SES
0047 (423) (2236) 1.00

Government Analyst I
0034 (22) (2224) 1.00

Accountant II
0006 (16) (1430) 1.00

Government Operations
Consultant III – SES
0144 (425) (2235) 1.00

Government Operations
Consultant I
OPS 65650067 1.00
Reserve

Government Analyst I
0048 (22) (2224) 1.00

Accountant I
OPS 65650137 .50
Reserve

Director of Internal & External Affairs
0025 (930) (8928) 1.00

LEGISLATIVE AFFAIRS

OFFICE OF COMMUNICATIONS

Planning & Evaluation

Legislative Affairs
Administrator DOEA
0147 (150) (8698) 1.00

Communications
Coordinator - SES
0117 (520) (8999) 1.00

Government Analyst II
OPS 65650308 1.00

Chief of Planning & Evaluation
0145 (530) (8219) 1.00 (SES)

Senior Management
Analyst II-SES
0116 (426) (2225) 1.00

Community Relations
Coord – SES
0064 (150) (8697) 1.00

Graphic Consultant
OPS 65650204 1.00

Government Analyst II
0035 (26) (2225) 1.00

Senior Management
Analyst II - SES
0080 (426) (2225) 1.00

Switchboard Operator II
0086 (07) (0255) 1.00

Operations &
Management Consultant
II – SES
0414(423) (2236) 1.00

Management Analyst II-SES
0415 (419) (2212) .50
Management Analyst II
OPS 65650298 .50

Government Analyst II
OPS 65650142 .50

Government Analyst II
0066 (26) (2225) 1.00

Research Assist.
OPS 65650012 .50

Switchboard Operator I
OPS 65650177 1.00

Public Relations
Manager- SES
0104 (140) (7760) 1.00

Administrative Assist.
OPS 65650296 1.00

Government Analyst II
OPS 65650999 .50

Government Analyst II
OPS 65650186 1.00

Switchboard Operator I
OPS 65650163 1.00

Government Operations
Consultant II
OPS 65650110 1.00

Planning & Evaluation
Specialist
OPS 65650313 1.00

Planning & Evaluation
Specialist
OPS 65650312 1.00

Government Operations
Consultant I
0337 (21) (2234) .50
OPS 65650315 .50

Switchboard Operator I
OPS 65650178 1.00

Government Operations
Consultant
OPS 65650064 1.00
Reserve

Planning & Evaluation
Specialist
OPS 65650311 1.00

Planning & Evaluation
Specialist
OPS 65650310 1.00

Senior Management
Analyst II
OPS 65650322 1.00

Administrative Assist. II
OPS 65650190 1.00

Planning & Evaluation
Specialist
OPS 65650309 1.00

Planning & Evaluation
Specialist
OPS 65650316 1.00

Government Operations
Consultant II
0329 (23) (2236) .50
OPS 65650141 .50

Public Information Spec
0342 (19) (3738) 1.00
Deleted 01/30/2009

Government Analyst II
OPS 65650332 1.00

Director of Internal & External Affairs
0025 (930) (8928) 1.00

General Services/Human Resources/Emergency Operations and Disaster Preparedness

Chief of Human Resources Management – SES
0108 (530) (7780) 1.00
Emergency Operations and Disaster Preparedness Officer

Administrative Assist. II-SES
0068 (418) (0712) 1.00

Operations Management Consultant II – SES
0103 (423) (2236) 1.00

Senior Clerk
0345 (11) (0004) 1.00

Government Operations Consultant I
0040 (21) (2234) 1.00

Property Analyst
0301 (16) (0942) 1.00

Administrative Assist. I
OPS 65650206 1.00

Human Resources Specialist - SES
0046 (423) (2282) 1.00

Human Resources Specialist - SES
0139 (423) (2282) 1.00

Personnel Services Specialist - SES
0300 (421) (1015) 1.00

Operations & Management Consultant I – SES
0141 (421) (2234) 1.00

Administrative Assist. II
OPS 65650143 1.00
Reserve

Information Systems

Chief Information Officer
0326 (540) (8738) 1.00

Administrative Assistant II
0059 (18) (0712) 1.00

Senior Management Analyst II – SES
0036 (426) (2225) 1.00

Technical Support Systems Programming Administrator – SES
0037 (427) (2117) 1.00

Systems Programmer III
0305 (025) (2115) 1.00

Senior Data Base Analyst
0110 (25) (2122) 1.00

Systems Programmer
OPS 65650294 1.00

Distributed Computer Systems Analyst
0101 (22) (2052) 1.00

Enterprise Support Systems Project Analyst – SES
0044 (424) (2107) 1.00

Distributed Computer Systems Analyst
0038 (20) (2050) 1.00

Office Automation Specialist II
0338 (17) (2043) 1.00

Distributed Computer Systems Specialist
OPS 65650016 1.00

Computer Operator II
OPS 65650176 1.00

Computer Operator II
0324 (13) (2022) .50
OPS 65650170 .50

Applications Support Group Sys Proj Analyst – SES
0280 (424) (2107) 1.00

Systems Project Analyst-SES
0115 (424) (2107) 1.00

ARC, CIRTS Computer Programmer Analyst II
0322 (22) (2103) 1.00

Data Processing Consultant
OPS 65650209 1.00

Systems Programmer III
OPS 65650299 1.00

Distributed Computer Systems Analyst
OPS 65650018 1.00

Other Systems Computer Programmer Analyst I
0061 (20) (2102) 1.00

Sr. Webpage Design Specialist Government Operations Consultant I
0094 (21) (2234) 1.00

Data Processing Consultant
OPS 65650195 1.00

ARC, CMS, I&R Systems Programmer III
0306 (25) (2115) 1.00

Data Processing Consultant
OPS 65650046 1.00

```
                        Director of Internal & External Affairs
                              0025 (930) (8928) 1.00

                                 ELDER RIGHTS

Administrative Assistant II      Chief of Elder Rights-DOEA    Abuse Prevention    Government  Analyst II
OPS  65650140 1.00               0004 (530) (8744) 1.00                            0075 (26) (225) 1.00
```

Communities for a Lifetime

Volunteer & Community Services

Community Program Manager
0056 (530) (6808) 1.00

SHINE
Health Insurance & Education

Wellness & Public Safety	Title V Employment	Community Relations	Housing	Transportation
Senior Management Analyst Supervisor – SES 0339 (426) (2228) 1.00	Senior Management Analyst II – SES 0123 (426) (2225) 1.00	Government Operations Consultant I OPS 65650145 1.00	Senior Management Analyst II – SES 0335 (426) (2225) 1.00	Government Operations Consultant III OPS 65650320 1.00
Government Operations Consultant II 0090 (23) (2236) 1.00	Administrative Assist. I 0096 (15) (0709) .50		Administrative Assist. I OPS 65650314 1.00	
Office Automation Specialist OPS 65650169 1.00	Government Operations Consultant II OPS 65650069 1.00		Government Operations Consultant III OPS 65650133 1.00	
PUBLIC SAFETY/FLIPS Human Services Program Consultant I 0043 (21) (5918) 1.00 Deleted 01/30/2009	Government Operations Consultant II OPS 65650202 1.00		Government Operations Consultant III 0082 (25) (2238) 1.00 Deleted 01/30/2009	
	Sunshine for Seniors Government Operations Consultant II OPS 65650182 1.00			

Government Operations Consultant I
OPS 65650188 1.00

Senior Management Analyst Supervisor – SES
0081 (426) (2228) 1.00

Administrative Assist. I
0087 (15) (0709) 1.00

SHINE VOLUNTEERS

Senior Management Analyst II-SES
0489 (426) (2225) 1.00

Operations & Management Consultant II-SES
0497 (423) (2236)

Government Operations Consultant III-SES
0490 (425) (2235) 1.00

Government Operations Consultant III 0491 (025) (2238) 1.00	Government Operations Consultant III 0083 (25) (2238) 1.00
Human Services Program Consultant II 0495 (22) (5919) 1.00	Training & Research Consultant 0053 (26) (6004) 1.00
Government Operations Consultant III 0492 (025) (2238) 1.00	Public Information Specialist 0493 (019) (3738) 1.00

Grants Specialist III
0088 (17) (2406) 1.00

Data Processing Control Specialist
0494 (13) (2013) 1.00

Administrative Assist. II
0496 (018) (0712) 1.00

Administrative Assist. I
OPS 65650208 1.00
Reserve 12/31/2009

Public Information Specialist II
OPS 65650334 1.00
Reserve 07/01/2009

Operations & Management Consultant I-SES
0102 (21) (2234) 1.00

Administrative Assist. I
OPS 65650184 .50
Reserve 08/31/2009

OPS Public Information Specialist
OPS 65650159 1.00

Data Processing Control Specialist
OPS 65650212 .5

Division of Statewide Community Based Services
Division Director
0030 (930) (8765) 1.00

Long-Term Care & Support

Chief of Long-Term Care and Support
0111 (530) (9133) 1.00

Systems Programming Consultant
0417 (24) (5875) 1.00

Administrative Assist. II
0385 (018) (0712) 1.00

Senior Management Analyst II – SES
0327 (426) (2225) 1.00

Medical/Health Care Program Analyst
0416 (24) (5875) 1.00

Medical/Health Care Program Analyst
0138 (24) (5875) 1.00

Medical/Health Care Program Analyst
0418 (24) (5875) 1.00

Government Analyst II
0146 (26) (2225) 1.00

Medical/Health Care Program Analyst
0419 (24) (5875) 1.00

Research Assist.
OPS 65650167 1.00

Medical/Health Care Program Analyst
0421 (24) (5875) 1.00

Medical/Health Care Program Analyst
OPS 65650151 1.00

Consumer Directed Care
Senior Management Analyst II – SES
0328 (426) (2225) 1.00

Government Operations Consultant II
0336 (23) (2236) 1.00

Government Operations Consultant II
0472 (23) (2236) 1.00

Operations Analyst II
0079 (19) (2212) 1.00

Administrative Assist. II-SES
0471 (418) (0712) 1.00

Government Operations Consultant I
OPS 65650146 1.00

Operations Analyst II
OPS 65650131 1.00

Administrative Assistant I
OPS 65650149 1.00

Medical/Health Care Program Analyst
0420 (24) (5875) 1.00

Medical/Health Care Program Analyst
0118 (24) (5875) 1.00

CARES

Chief of Comprehensive Assessment and Review for Long-Term Care Services (CARES)
0303 (530) (8950) 1.00

Administrative Assist. II
0264 (18) (0712)   1.0

Senior Management Analyst Supv - SES
0294 (426) (2228) 1.00

RN Consultant
0184 (79) (5312) 1.00

Government Analyst II
0135 (26) (2225) 1.00

Government Analyst II
0282 (26) (2225) 1.00

Regional Program Supervisor - SES
0157 (425) (5910) 1.00

Regional Program Supervisor-SES
0256 (425) (5910) 1.00

CARES UNITS 1-6 (SEE PAGES 9-13)

CARES UNITS 7-11 (SEE PAGES 14-18)

Community & Support Services

Chief of Community and Support Services
0029 (530) (9205) 1.00

Administrative Assist. II
0028 (18) (0712) 1.00 FTE

Monitoring & Quality Assurance

Senior Management Analyst Supervisor-SES
0063 (426) (2228) 1.00

Senior Management Analyst II - SES
0321 (426) (2225) 1.00

Senior Management Analyst II – SES
0051 (426) (2225) 1.00

Operations Management Consultant II – SES
0071 (423) (2236) 1.00

Senior Management Analyst II - SES
0297 (426) (2225) 1.00

Operations Management Consultant II - SES
0069 (423) (2236) 1.00

Research Assist.
OPS 65650165 1.00

Administrative Assist. I
0084 (15) (0709) 1.00

Government Analyst II
0334 (26) (2225) 1.00

RN Specialist
0298 (75) (5294) 1.00

ARC IMPLEMENTATION, CONTRACT MANAGEMENT, TECHNICAL ASSISTANCE

Senior Management Analyst Supervisor-SES ARC Project Manager
0098 (426) (2228) 1.00

Government Operations Consultant III - SES
0073 (425) (2235) 1.00

Government Operations Consultant III - SES
0070 (425) (2235) 1.00

Government Operations Consultant III - SES
0114 (425) (2235) 1.00

Government Operations Consultant III - SES
0067 (425) (2235) 1.00

Information & Referral Government Operations Consultant II
0058 (23) (2236) 1.00

Government Operations Consultant II
0072 (23) (2236) 1.00

Administrative Assist. II
0304 (18) (0712) 1.00

NUTRITION

Operations Management Consultant Mgr – SES
0340 (425) (2238) 1.00

Administrative Assistant I
OPS 65650070 .50

Government Operations Consultant II
0299 (23) (2236) 1.00

Government Operations Consultant II
0065 (23) (2236) 1.00

Government Analyst I
OPS 65650335 .75

CAREGIVER SUPPORT

Americorps/NFCSP/Relief Operations Management Consultant Manager - SES
00343 (425) (2238) 1.00

Senior Companion RELIEF/NFCSP Grants Specialist V
0113 (20) (2415) 1.00

Administrative Assist. II
0055 (18) (0712) 1.00

Government Operations Consultant I
OPS 65650072 1.00

Government Operations Consultant II
OPS 65650292 1.00

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                          │ CARES Regional Program      │
                          │ Supervisor                  │
                          │ 0157 (425) (5910) 1.00      │
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CARES PSA 1 Program Operations Administrator- SES 0151 (424) (5912) 1.00 Escambia, Okaloosa, Walton, Santa Rosa	CARES PSA 2A Program Operations Administrator- SES 0252 (424) (5912) 1.00 Bay, Calhoun, Gulf, Jackson, Washington, Holmes	CARES PSA 2B Program Operations Administrator- SES 0167 (424) (5912) 1.00 Leon, Franklin, Gadsden, Madison, Taylor, Wakulla, Liberty, Jeffferson

CARES PSA 1

Staff Assist. 0152 (13) (0120) 1.00	Senior CARES Assessor 0154 (20) (5755) 1.00
RN Specialist 0156 (75) (5294) 1.00	CARES Assessor OPS 65650275 1.00
Staff Assist. 0389 (13) (0120) 1.00	CARES Assessor 0388 (19) (5754) 1.00
Physician Consultant OPS 65650075 .50	CARES Assesssor 0153 (19) (5754) 1.00
CARES Assessor 0453 (19) (5754) 1.00	RN Specialist 0155 (75) (5294) 1.00

CARES PSA 2A

Staff Assist. 0296 (13) (0120) 1.00	CARES Assessor 0158 (19) (5754) 1.00
Senior CARES Assessor 0159 (20) (5755) 1.00	RN Specialist 0160 (75) (5294) 1.00
Senior Physician OPS 65650076 .50	CARES Assessor 0386 (19) (5754) 1.00
Staff Assist. 0387 (13) (0120) 1.00	RN Specialist 0162 (75) (5294) 1.00
CARES Assessor 0454 (19) (5754) 1.00	

CARES PSA 2B

Staff Assist. 0164 (13) (0120) 1.00	Staff Assist. OPS 65650103 1.00
RN Specialist 0163 (75) (5294) 1.00	CARES Assessor 0165 (19) (5754) 1.00
Senior CARES Assessor 0166 (20) (5755) 1.00	CARES Assessor 0169 (19)(5754) 1.00
RN Specialist 0353 (75) (5294) 1.00	Senior Physician OPS 65650102 .50
Senior Physician OPS 65650104 .50	CARES Assessor 0455 (19) (5754) 1.00

CARES Regional Program Supervisor
0157 (425) (5910) 1.00

CARES PSA 3A
Program Operations Administrator- SES
0170 (424) (5912) 1.00
Alachua, Bradford, Columbia, Dixie, Gilchrist,
Hamilton, Lafayette, Levy, Putnam, Suwannee,
Union

CARES PSA 3B
Program Operations Administrator- SES
0176 (424) (5912) 1.00
Citrus, Hernando, Lake, Marion, Sumter

CARES Assessor
0172 (19) (5754) 1.00

Senior CARES Assessor
0173 (20) (5755) 1.00

RN Specialist
0174 (75) (5294) 1.00

RN Specialist
0175 (75) (5294) 1.00

Senior CARES Assessor
0394 (20) (5755) 1.00

Physician Consultant
OPS 65650179 .50

Staff Assist.
0171 (13) (0120) 1.00

Physician Consultant
OPS 65650185 1.00
(Backup)

OPS Senior Clerk
OPS 65650301 1.00

CARES Assessor
0456 (19) (5754) 1.00

CARES Assessor
0457 (19) (5754) 1.00

CARES Assessor
0179 (19) (5754) 1.00

Senior CARES Assessor
0180 (20) (5755) 1.00

CARES Assessor
0404 (19) (5754) 1.00

RN Specialist
0181 (75) (5294) 1.00

RN Specialist
0182 (75) (5294) 1.00

Staff Assist.
0295 (13) (0120) 1.00

RN Specialist
0183 (75) (5294) 1.00

CARES Assessor
0382 (19) (5754) 1.00

Physician Consultant
OPS 65650105 1.00

CARES Assessor
0381 (19) (5754) 1.00

Staff Assist.
0178 (13) (0120) 1.00

CARES Assessor
0422 (19) (5754) 1.00

CARES Assessor
0458 (19) (5754) 1.00

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                    │  CARES Regional Program Supervisor │
                    │     0157 (425) (5910) 1.00         │
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CARES PSA 4A	CARES PSA 4B
Program Operations Administrator- SES	Program Operations Administrator- SES
0190 (424) (5912) 1.00	00197 (424) (5912) 1.00
Baker, Clay, Duval, Nassau, St. Johns	Flagler, Volusia

CARES Assessor	CARES Assessor	RN Specialist
0186 (19) (5754) 1.00	0189 (19) (5754) 1.00	0192 (75) (5294) 1.00

Senior CARES Assessor	CARES Assesssor	RN Specialist
0187 (20) (5755) 1.00	0368 (19) (5754) 1.00	0191 (75) (5294) 1.00

Staff Assist.	RN Specialist	Staff Assist.
0370 (13) (0120) 1.00	OPS 65650079 1.00	0185 (13) (0120) 1.00

Physician Consultant	CARES Assessor	Physician Consultant
OPS 65650080 1.00	OPS 65650279 1.00	OPS 65650081 1.00

RN Specialist	CARES Assessor	CARES Assessor
0445 (75) (5294) 1.00	0424 (19) (5754) 1.00	0423 (19) (5754) 1.00

RN Specialist	CARES Assessor
OPS 65650092 1.00	0215 (19) (5754) 1.00

CARES Assessor	CARES Assessor
0196 (19) (5754) 1.00	0188 (19) (5754) 1.00

RN Specialist	Senior CARES Assessor
0198 (75) (5294) 1.00	0195 (20) (5755) 1.00

Staff Assist.	RN Specialist
0194 (13) (0120) 1.00	0161 (75)(5294).50

Physician Consultant	RN Specialist
OPS 65650107 .50	0425 (75) (5294) 1.00

CARES Assessor	RN Specialist
0459 (19) (5754) 1.00	OPS 65650106 .50

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                         │  CARES Regional Program Supervisor │
                         │     0157 (425) (5910) 1.00         │
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│          CARES PSA 5A             │   │          CARES PSA 5B             │
│  Program Operations Administrator-SES │ │ Program Operations Administrator – SES │
│     0199 (424) (5912) 1.00        │   │     0446 (424) (5912) 1.00        │
│    Central and Southern Pinellas  │   │    North Pinellas and Pasco       │
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CARES PSA 5A

Staff Assistant 0202 (13) (0120) 1.00	CARES Assessor 0405 (19) (5754) 1.00	CARES Assessor 0460 (19) (5754) 1.00
Senior Clerk 0201 (11) (0004) 1.00	CARES Assessor 0426 (19) (5754) 1.00	CARES Assessor 0406 (19) (5754) 1.00
Administrative Secretary OPS 65650164 .50	CARES Assessor 0208 (19) (5754) 1.00	RN Specialist 0211 (75) (5294) 1.00
Senior CARES Assessor 0207 (19) (5755) 1.00	CARES Assessor OPS 65650281 1.00	RN Specialist 0212 (75) (5294) 1.00
CARES Assessor 0204 (19) (5754) 1.00	CARES Assessor 0371 (19) (5754) 1.00	
CARES Assessor 0206 (19) (5754) 1.00	Physician Consultant OPS 65650083 .50	

CARES PSA 5B

Staff Assist. 0373 (13) (0120) 1.00	CARES Assessor 0428 (19) (5754) 1.00
Senior Clerk 0200 (11) (0004) 1.00	RN Specialist 0210 (75) (5294) 1.00
Senior CARES Assessor 0205 (20) (5755) 1.00	Physician Consultant OPS 65650317 1.00
CARES Assessor 0203 (19) (5754) 1.00	CARES Assessor 0427 (19) (5754) 1.00
CARES Assessor 0213 (19) (5754) 1.00	CARES Assessor 0461 (19) (5754) 1.00
CARES Assessor 0372 (19) (5754) 1.00	RN Specialist 0209 (75) (5294) 1.00

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                          │  CARES Regional Program Supervisor │
                          │     0157 (425) (5910) 1.00         │
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CARES PSA 6A
Program Operations Administrator- SES
0214 (424) (5912) 1.00
Hillsborough, Manatee

CARES PSA 6B
Program Operations Administrator- SES
0319 (424) (5912) 1.00
Hardee, Highlands, Polk

CARES Assessor 0217 (19) (5754) 1.00	CARES Assessor 0219 (19) (5754) 1.00
RN Specialist 0221 (75) (5294) 1.00	CARES Assessor 0222 (79) (5754) 1.00
CARES Assessor 0225 (19) (5754) 1.00	CARES Assessor 0369 (19) (5754) 1.00
Physician Consultant OPS 65650085 .50	CARES Assessor 0367 (19) (5754) 1.00
CARES Assessor 0429 (19) (5754) 1.00	CARES Assessor 0430 (19) (5754) 1.00

Senior CARES Assessor 0218 (20) (5755) 1.00	CARES Assessor 0220 (19) (5754) 1.00
RN Specialist 0223 (75) (5294) 1.00	RN Specialist 0224 (75) (5294) 1.00
Staff Assist. 0216 (13) (0120) 1.00	Staff Assist. 0361 (13) (0120) 1.00
CARES Assessor 0360 (19) (5754) 1.00	Staff Assist. OPS 65650304 1.00
RN Specialist 0447 (75) (5294) 1.00	

Senior CARES Assessor 0227 (20) (5755) 1.00	RN Specialist 0228 (75) (5294) 1.00
RN Specialist 0229 (75) (5294) 1.00	RN Specialist 0230 (75) (5294) 1.00
Staff Assist. 0226 (13) (0120) 1.00	Physician Consultant OPS 65650108 .50
CARES Assessor 0407 (19) (5754) 1.00	CARES Assessor 0462 (19) (5754) 1.00
CARES Assessor 0431 (19) (5754) 1.00	Staff Assist. OPS 65650318 1.00

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                              CARES Regional Program Supervisor
                                  0256 (425) (5910) 1.00


            CARES PSA 7A                                              CARES PSA 7B
   Program Operations Administrator- SES                     Program Operations Administrator- SES
            0231 (424) (5912) 1.00                                  0241 (424) (5912) 1.00
          Orange, Osceola, Seminole                                      Brevard
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CARES Assessor	Senior CARES Assessor	CARES Assessor	CARES Assessor
0308 (19) (5754) 1.00	0234 (20) (5755) 1.00	0233 (19) (5754) 1.00	0309 (19) (5754) 1.00

CARES Assessor	CARES Assessor	CARES Assessor	RN Specialist
0235 (19) (5754) 1.00	0310 (19) (5754) 1.00	0236 (19) (5754) 1.00	0237 (75) (5294) 1.00

RN Specialist	RN Specialist	RN Specialist	CARES Assessor
0238 (75) (5294) 1.00	0244 (75) (5294) 1.00	0239 (75) (5294) 1.00 Deleted 01/30/2009	0311 (19) (5754) 1.00

Staff Assist.	Senior Clerk	CARES Assessor	Family Support Worker
0232 (13) (0120) 1.00	0240 (11) (0004) 0.50 OPS 65650200 0.50	OPS 65650110 1.00	OPS 65650157 1.00

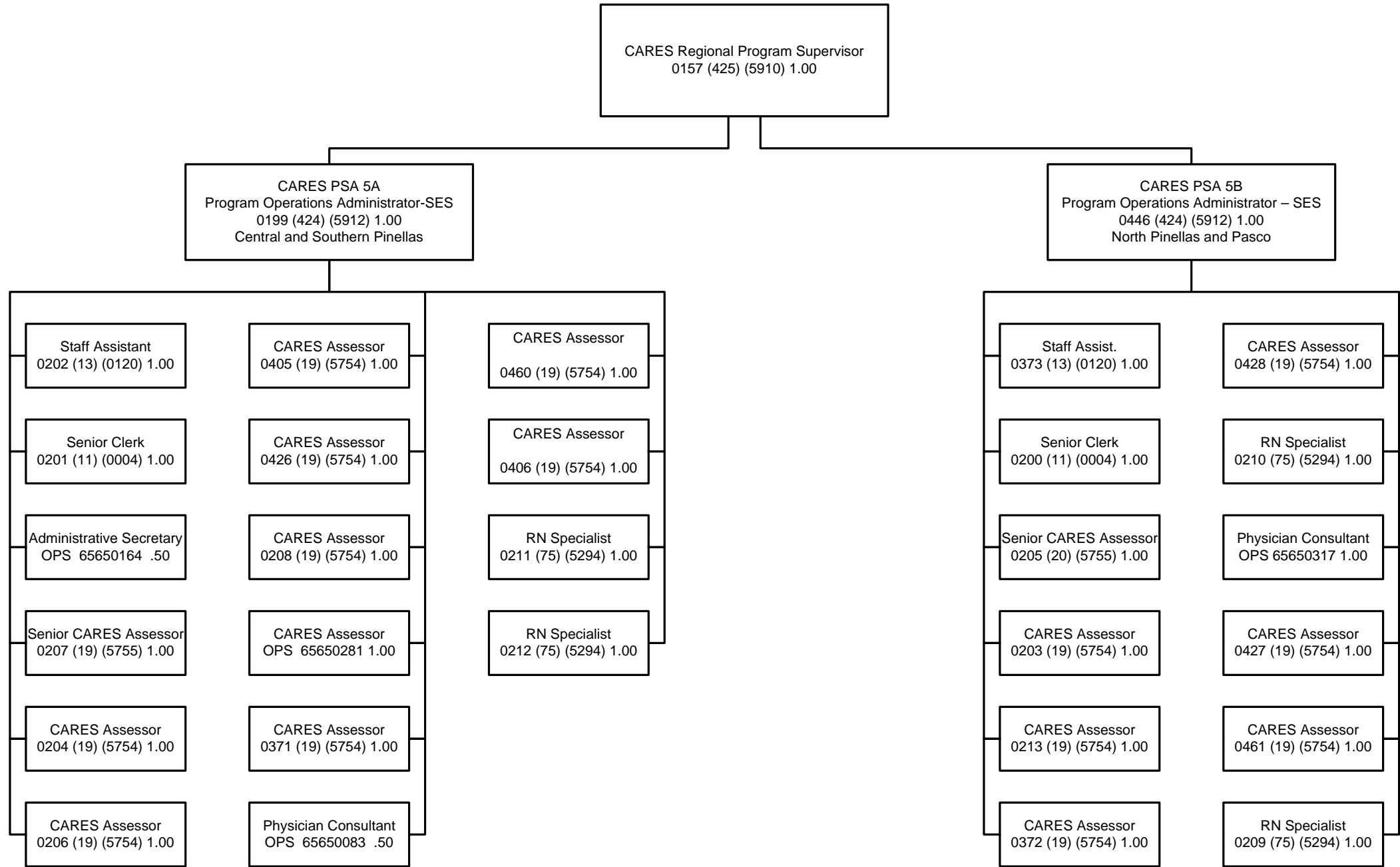| Senior Physician Consultant	Senior Physician Consultant	CARES Assessor	RN Specialist
OPS 65650087 .10	OPS 65650086 .10	0434 (19) (5754) 1.00	0307 (75) (5294) 1.00

CARES Assessor	CARES Assessor
0432 (19) (5754) 1.00	0433 (19) (5754) 1.00

PSA 7B:

RN Specialist	RN Specialist
00242 (75) (5294) 1.00	0243 (75) (5294) 1.00

CARES Assessor	Senior CARES Assessor
0383 (19) (5754) 1.00	0384 (20) (5755) 1.00

Physician Consultant	Staff Assist.
OPS 65650109 .50	0393 (13) (0120) 1.00

CARES Assessor	CARES Assessor
OPS 65650172 1.00	0435 (19) (5754) 1.00

CARES Assessor
0463 (19) (5754) 1.00

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                    │   CARES Regional Program    │
                    │         Supervisor          │
                    │   0256 (425) (5910) 1.00    │
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              ┌────────────────────────────────────────┐
              │            CARES PSA 8                  │
              │ Program Operations Administrator- SES   │
              │        0245 (424) (5912) 1.00           │
              │ Charlotte, Collier, DeSoto, Glades,     │
              │        Henry, Lee, Sarasota             │
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CARES Assessor 0248 (19) (5754) 1.00	CARES Assessor 0250 (19) (5754) 1.00	CARES Assessor 0249 (19) (5754) 1.00	CARES Assessor 0251 (19) (5754) 1.00
CARES Assessor 0363 (19) (5754) 1.00	Senior CARES Assessor 0362 (20) (5755) 1.00	CARES Assessor 0254 (19) (5754) 1.00	Senior Clerk 0246 (11) (0004) 1.00
Staff Assist. 0247 (13) (0120) 1.00	RN Specialist 0255 (75) (5294) 1.00	RN Specialist 00253 (75) (5294) 1.00	RN Specialist 0449 (75) (5294) 1.00
Physician Consultant OPS 65650090 .50	Staff Assist. 0364 (13) (0120) 1.00	CARES Assessor 0436 (19) (5754) 1.00	CARES Assessor 0437 (19) (5754) 1.00
	Physician Consultant OPS 65650089 .50		

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                              CARES Regional Program
                                    Supervisor
                              0256 (425) 5910) 1.00


        CARES PSA 9A                                          CARES PSA 9B
  Program Operations Administrator- SES              Program Operations Administrator- SES
        0263 (424) (5912) 1.00                              0266 (424) (5912) 1.00
           Palm Beach                             Indian River, Martin, Okeechobee, St. Lucie


 CARES Assessor      CARES Assessor      CARES Assessor      CARES Assessor      CARES Assessor        Staff Assist.
0314 (19) (5754) 1.00 0312 (19) (5754) 1.00 0315 (19) (5754) 1.00 0317 (19) (5754) 1.00 0265 (19) (5754) 1.00  0380 (13) (0120) 1.00


 CARES Assessor      CARES Assessor      CARES Assessor   Senior CARES Assessor  CARES Assessor        RN Specialist
0259 (19) (5754) 1.00 0390 (19) (5754) 1.00 0258 (19) (5754) 1.00 0260 (20) (5755) 1.00 OPS  65650205 1.00  OPS  65650213 1.00


                      CARES Assessor      CARES Assessor      RN Specialist      CARES Assessor       CARES Assessor
                     0391 (19) (5754) 1.00 0392 (19) (5754) 1.00 0261 (75) (5294) 1.00 0408 (19) (5754) 1.00  0464 (19) (5754) 1.00


Senior CARES Assessor   Staff Assist.    Physician Consultant I  CARES Assessor      RN Specialist     Physician Consultant
0316 (19) (5754) 1.00 0257 (13) (0120) 1.00 OPS  65650093 .10  0439 (19) (5754) 1.00 0448 (75) (5294) 1.00  OPS 65650078 .10


Administrative Secretary   Clerk Typist       RN Specialist        RN Specialist
0318 (12) (0108) 1.00  OPS  65650138 1.00 0288 (75) (5294) 1.00 0450 (75) (5294) 1.00
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                        │  CARES Regional Program │
                        │        Supervisor       │
                        │  0256 (425) (5910) 1.00  │
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                        ┌─────────────────────────┐
                        │       CARES PSA 10       │
                        │ Program Operations       │
                        │ Administrator- SES       │
                        │  0268 (424) (5912) 1.00  │
                        │         Broward          │
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Senior CARES Assessor 0269 (20) (5755) 1.00	CARES Assessor 0270 (19) (5754) 1.00	Senior CARES Assessor 0271 (20) (5755) 1.00	CARES Assessor 0348 (19) (5754) 1.00
CARES Assessor 0349 (19) (5754) 1.00	RN Specialist 0272 (75) (5294) 1.00	RN Specialist 0275 (75) (5294) 1.00	CARES Assessor OPS 65650306 1.00
Staff Assist. 0177 (13) (0120) 1.00	Staff Assist. 0365 (13) (0120) 1.00	Physician Consultant OPS 65650096 .15	RN Specialist 0273 (75) (5294) 1.00
RN Specialist 0274 (75) (5294) 1.00	CARES Assessor 0441 (19) (5754) 1.00	CARES Assessor 0409 (19) (5754) 1.00	CARES Assessor 0410 (19)(5754) 1.00
CARES Assessor 0440 (19) (5754) 1.00	CARES Assessor 0465 (19) (5754) 1.00	CARES Assessor 0442 (19) (5754) 1.00	RN Specialist 0451 (75) (5294) 1.00

Administrative Secretary
0323 (12) (0108) 1.00
Deleted 01/30/2009

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                          │  CARES Regional Program Supervisor │
                          │     0256 (425) (5910) 1.00         │
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CARES PSA 11A
Program Operations Administrator- SES
0413 (424) (5912) 1.00
North and Central Miami-Dade

CARES PSA 11B
Program Operations Administrator- SES
0276 (424) (5912) 1.00
South Miami-Dade and Monroe

CARES PSA 11A			CARES PSA 11B		
Staff Assist. 0278 (13) (0120) 1.00	Staff Assist. 0279 (13) (0120) 1.00	CARES Assessor 0285 (19) (5754) 1.00	Staff Assist. 0277 (13) (0120) 1.00	CARES Assessor 0281 (19) (5754) 1.00	Admin Assist. I 0283 (15) (0709) 1.00
RN Specialist 0287 (75) (5294) 1.00	CARES Assessor 0438 (19) (5754) 1.00	RN Specialist 0292 (75) (5294) 1.00	Senior CARES Assessor 0284 (20) (5755) 1.00	CARES Assessor 0286 (19) (5754) 1.00	CARES Assessor 0289 (75) (5294) 1.00
CARES Assessor 0293 (19) (5754) 1.00	CARES Assessor 0467 (19) (5754) 1.00	Senior CARES Assessor 0320 (20) (5755) 1.00	RN Specialist 0290 (75) (5294) 1.00	CARES Assessor 0291 (19) (5754) 1.00	CARES Assessor 0313 (19) (5754) 1.00
CARES Assessor 0351 (19) (5754) 1.00	CARES Assessor 0352 (19) (5754) 1.00	CARES Assessor 0411 (19) (5754) 1.00	CARES Assessor 0350 (19) (5754) 1.00	Senior Clerk 0366 (11) (0004) 1.00	Physician Consultant OPS 65650100 .50
CARES Assessor 0412 (19) (5754) 1.00	Clerk Typist OPS 65650207 1.00	CARES Assessor OPS 65650286 1.00	Physician Consultant I OPS 65650101 .50	CARES Assessor 0444 (19) (5754) 1.00	Physician Consultant OPS 65650098 .50
Clerk Typist OPS 65650198 1.00	CARES Assessor OPS 65650305 1.00	Physician Consultant OPS 65650099 .20	Physician Consultant OPS 65650097 .50	CARES Assessor 0470 (19) (5754) 1.00	CARES Assessor OPS 65650276 1.00
CARES Assessor 0466 (19) (5754) 1.00	CARES Assessor 0468 (19) (5754) 1.00	CARES Assessor 0193 (19) (5754) 1.00	RN Specialist 0452 (75) (5294) 1.00	Staff Assist. OPS 65650319 1.00	**CARES Assessor** **0262 (20) (5755) 1.00** **Deleted 01/30/2009**

CARES Assessor
0443 (19) (5754) 1.00
Deleted 01/30/2009

CARES Assessor
0469 (19) (5754) 1.00

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                                                          +--------------------+
+---------------------+          +----------------------+ | State Long-Term Care|
| Administrative Assist. I|      |    State Ombudsman   | |  Ombudsman Council  |
| OPS 65650297 1.00   |----------| 0008 (540) (8867) 1.00|--- |    (Volunteer)      |
+---------------------+          +----------------------+ +--------------------+
```

Senior Management Analyst Supervisor- SES	Senior Attorney	Community Program Manager- SES	Senior Management Analyst Supervisor- SES
0007 (426) (2225) 1.00	0009 (230) (7738) 1.00	0482 (426) (2516) 1.00	0473 (426) (2225) 1.00
Deputy State Ombudsman for Operations			Deputy State Ombudsman for Advocacy & Policy

Senior Management Analyst Supervisor- SES branch:

Operations Analyst II	Government Analyst I
0018 (19) (2212) 1.00	0015 (22) (2224) 1.00

Administrative Assist. II
OPS 65650023 1.00

Senior Attorney branch:

Paralegal Specialist
0011 (12) (0108) .50

Administrative Secretary
0012 (12) (0108) 1.00
Deleted 01/30/2009

Administrative Assist. II
0010 (18) (0712) 1.00

Community Program Manager branch:

Operations Analyst II
0016 (19) (2212) 1.00

Operations Analyst II
OPS 65650193
Reserve

Senior Management Analyst Supervisor (Advocacy & Policy) branch:

Government Operations Consultant III-SES	Administrative Secretary
0017 (425) (2235) 1.00	OPS 65650324 1.00

Operations Analyst II	Operations Analyst II
OPS 65650201 1.00	OPS 65650135 1.00
Reserve	Reserve

Government Operations Consultant III- SES	Government Operations Consultant III- SES	Government Operations Consultant III- SES
0474 (425) (2235) 1.00	0475 (425) (2235) 1.00	0476 (425) (2235) 1.00

North Region (See page 21)	Central Region (See page 20)	South Region (See page 22)

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+----------------------+
| DISTRICT COUNCIL     |
|    VOLUNTEERS         |
+----------------------+
```

```
                    ┌─────────────────────────────────────┐
                    │ Senior Management Analyst Supervisor- SES │
                    │         0473 (426) (2225) 1.00         │
                    │ Deputy State Ombudsman for Advocacy & Policy │
                    └─────────────────────────────────────┘
                                      │
                    ┌─────────────────────────────────────┐
                    │            North Region              │
                    │ Government Operations Consultant III- SES │
                    │         0474 (425) (2235) 1.00         │
                    └─────────────────────────────────────┘
```

NORTHWEST	PANHANDLE	NORTH CENTRAL	WITHLACOOCHEE	MID/ SOUTH PINELLAS	PASCO/ NORTH PINELLAS
Senior Management Analyst I-SES 0479 (422) (2224) 1.00 Escambia, Santa Rosa, Okaloosa, Walton	Senior Management Analyst I-SES 0013 (422) (2224) 1.00 Holmes, Jackson, Washington, Bay, Calhoun, Gadsden, Liberty, Gulf, Franklin, Leon, Madison, Taylor, Jefferson, Wakulla	Senior Management Analyst I-SES 0480 (422) (2224) 1.00 Hamilton, Suwannee, Columbia, Lafayette, Dixie, Levy, Union, Putnam, Alachua, Bradford, Gilchrist	Senior Management Analyst I-SES 0014 (422) (2224) 1.00 Marion, Citrus, Hernando, Sumter, Lake	Senior Management Analyst I-SES 0485 (422) (2224) 1.00 Middle & South Pinellas	Senior Management Analyst I-SES 0105 (422) (2224) 1.00 Pasco, North Pinellas
Administrative Secretary OPS 65650293 1.00	Administrative Secretary OPS 65650161 1.00	Administrative Secretary OPS 65650187 1.00	Administrative Secretary *OPS 65650022 1.00*	Administrative Secretary 0107 (12) (0108) 1.00	Administrative Secretary OPS 65650196 1.00
Operations Analyst II OPS 65650150 1.00 Reserve	Administrative Secretary OPS 65650168 1.00	Administrative Secretary OPS 65650045 Reserve	Administrative Secretary OPS 65650325 1.00	Administrative Secretary OPS 65650155 1.00	Administrative Secretary OPS 65650024 1.00

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                    ┌─────────────────────────────────────────────┐
                    │ Senior Management Analyst Supervior- SES     │
                    │ 0473 (426) (2225) 1.00                       │
                    │ Deputy State Ombudsman for Advocacy & Policy │
                    └─────────────────────────────────────────────┘
                                         │
                    ┌─────────────────────────────────────────────┐
                    │ Central Region                               │
                    │ Government Operations Consultant III- SES    │
                    │ 0475 (425) (2235) 1.00                       │
                    └─────────────────────────────────────────────┘
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FIRST COAST	FIRST COAST SOUTH	TREASURE COAST	EAST CENTRAL	WEST CENTRAL	SOUTH CENTRAL
Senior Management Analyst I-SES 0486 (422) (2224) 1.00 Nassau, Baker, Duval, Clay & St. Johns	Senior Management Analyst I-SES 0481 (422) (2224) 1.00 Volusia, Flagler	Senior Management Analyst I-SES 0483 (422) (2224) 1.00 Martin, St. Lucie, Indian River, Okeechobee	Senior Management Analyst I-SES 0488 (422) (2224) 1.00 Orange, Seminole, Brevard, Osceola	Senior Management Analyst I-SES 0019 (422) (2224) 1.00 Hillsborough and Manatee	Senior Management Analyst I-SES 0478 (422) (2224) 1.00 Polk, Highland, Hardee
Administrative Secretary OPS 65650180 1.00	Administrative Secretary OPS 65650174 1.00	Administrative Secretary 0020 (12) (0108) 1.00	Administrative Secretary OPS 65650039 1.00	Administrative Secretary OPS 65650197 1.00	Administrative Secretary OPS 65650166 1.00
Administrative Secretary OPS 65650035 1.00	Administrative Secretary OPS 65650139 1.00	Administrative Secretary OPS 65650033 1.00 Reserve	Administrative Secretary OPS 65650327 1.00	Administrative Secretary OPS 65650328 1.00	Administrative Secretary OPS 65650192 1.00

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                            ┌─────────────────────────────────────────┐
                            │   Senior Management Analyst Supervisor- SES │
                            │         0473 (426) (2225) 1.00            │
                            │ Deputy State Ombudsman for Advocacy & Policy │
                            └─────────────────────────────────────────┘
                                              │
                            ┌─────────────────────────────────────────┐
                            │            South Region                 │
                            │ Government Operations Consultant III- SES │
                            │         0476 (425) (2235) 1.00          │
                            └─────────────────────────────────────────┘
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SOUTH WEST	PALM BEACH	BROWARD	NORTH DADE	SOUTH DADE/KEYS
Senior Management Analyst I-SES 0477 (422) (2224) 1.00 Sarasota, Desoto, Charlotte, Glades, Lee, Hendry, Collier	Senior Management Analyst I-SES 0487 (422) (2224) 1.00 Palm Beach	Senior Management Analyst I-SES 0021 (422) (2224) 1.00 Broward	Senior Management Analyst I-SES 0484 (422) (2224) 1.00 North Miami-Dade	Senior Management Analyst I - SES 0022 (422) (2224) 1.00 South Miami Dade, Monroe
Administrative Secretary OPS 65650181 1.00	Administrative Secretary OPS 65650211 1.00	Administrative Secretary OPS 65650029 1.00	Administrative Secretary OPS 65650048 1.00	Administrative Secretary OPS 65650026 1.00
Administrative Secretary OPS 65650038 1.00	Administrative Secretary OPS 65650034 1.00	Administrative Secretary OPS 65650329 1.00	Administrative Secretary OPS 65650191 1.00	Administrative Secretary OPS 65650123 1.00
			Administrative Secretary OPS 65650326 1.00	Administrative Secretary OPS 65650124 1.00

ELDER AFFAIRS, DEPARTMENT OF	FISCAL YEAR 2008-09		
SECTION I: BUDGET	**OPERATING**		**FIXED CAPITAL OUTLAY**
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		350,379,485	10,000,000
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		1,497,249	0
FINAL BUDGET FOR AGENCY		351,876,734	10,000,000

SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)				0
Long-term Care Ombudsman Council * Number of complaint investigations completed	8,158	511.89	4,175,971	
Public Guardianship Program * Number of judicially approved guardianship plans	2,598	945.83	2,457,264	
Universal Frailty Assessment * Total number of CARES assessments	97,643	214.27	20,922,065	
Meals, Nutrition Education, And Nutrition Counseling * Number of people served	69,636	607.11	42,276,976	
Early Intervention/Prevention * Number of elders served	977,914	20.13	19,682,623	
Caregiver Support * Number of elders served	42,489	1,005.48	42,721,840	
Residential Assisted Living Support And Elder Housing Issues * Number of elders served	3,163	3,818.86	12,079,062	
Supportive Community Care * Number of elders served	47,868	784.24	37,540,209	
Home And Community Services Diversions * Number of elders served	50,871	1,630.19	82,929,295	10,000,000
Long Term Care Initiatives * Number of elders served	18,883	43.12	814,160	
TOTAL			265,599,465	10,000,000

SECTION III: RECONCILIATION TO BUDGET			
PASS THROUGHS			
TRANSFER - STATE AGENCIES			
AID TO LOCAL GOVERNMENTS			
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS			
OTHER		111,679	
REVERSIONS		86,165,601	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)		351,876,745	10,000,000

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
65100400	1303000000	ACT4600	ASSISTED LIVING FACILITIES AND	17,882	
65100400	1303000000	ACT4700	HOUSING, HOSPICE AND END OF LIFE	34,357	
65100600	1208000000	ACT6000	DISASTER PREPAREDNESS AND	59,440	

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	351,876,734	10,000,000
TOTAL BUDGET FOR AGENCY (SECTION III):	351,876,745	10,000,000
	--------------	--------------
DIFFERENCE:	11-	
(MAY NOT EQUAL DUE TO ROUNDING)	==============	===============

NOTES:

ACT4600 - Assisted Living Facility Training - This function has been privatized, and this activity is no longer a part of the Department's approved measures.

ACT4700 - Housing, Hospice and End of Life - This is no longer a part of the Department's approved measures, since the activity is administrative in nature.

ACT6000 - Although Disaster Preparedness and Operations is an Executive Direction and Support Services activity, the assigned code does not fall in the appropriate range ACT0010 through ACT0490 for it to be recognized as such.

SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY BUSINESS CASE

<u>NOT APPLICABLE</u>

Schedule XII Cover Sheet and Agency Project Approval	
Agency: Department of Elder Affairs	**Schedule XII Submission Date: 10/15/09**
Project Name:	**Is this project included in the Agency's LRPP?** ____ Yes ____ No
FY 2010-2011 LBR Issue Code:	**FY 2010-2011 LBR Issue Title:**
Agency Contact for Schedule XII (Name, Phone #, and E-mail address):	
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:**	**Date:**
Agency Chief Information Officer: *(If applicable)* **Printed Name:**	**Date:**
Budget Officer: **Printed Name:**	**Date:**
Planning Officer: **Printed Name:**	**Date:**
Project Sponsor: **Printed Name:**	**Date:**

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.
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?
3.	Provide the legal citation authorizing the agency's performance of the service or activity.
4.	Identify the service's or activity's major stakeholders, including customers, clients, and affected organizations or agencies.
5.	Describe how the service or activity is currently performed and list the resources, including information technology services and personnel resources, and processes used.
6.	Provide the existing or needed legal authorization, if any, for outsourcing or privatizing the service or activity.

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?

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.
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?
3.	List the criteria used to evaluate the options. Include a cost comparison as appropriate.
4.	Based upon the evaluation criteria, identify and describe the advantages and disadvantages of each option.
5.	For each option, describe the anticipated impact on the agency and the stakeholders, including impacts on other state agencies and their operations.

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.

7.	List the major risks for each option and how the risks could be mitigated.

8.	Describe any relevant experience of other agencies, other states, or the private sector in implementing similar options.

III.	**Information on Recommended Option**
1.	Identify the proposed procurement method including the anticipated number of 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.

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.

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?

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.

6. Describe the agency's contract management process for the outsourced or privatization contract, including how the agency will address potential contractor nonperformance.

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.

8. Identify all other Legislative Budget Request issues that are related to this proposal.

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.

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.
11.	Provide verification of vendor(s) agreement to comply with public records law.
12.	If applicable, provide verification of compliance with applicable federal and state law, including sections 282.601-282.606, *Florida Statutes*, regarding accessibility by persons with disabilities.
13.	If applicable, provide a description of potential differences in current agency policies or processes and a plan to standardize or consolidate.

SCHEDULE XIII
PROPOSED CONSOLIDATED FINANCING OF DEFERRED-PAYMENT
COMMODITY CONTRACTS
NOT APPLICABLE

Contact Information
Agency: Department of Elder Affairs
Name:
Phone:
E-mail address:

Deferred-payment commodity contracts are approved by the Department of Financial Services (department). The rules governing these contracts are in Chapter 69I-3, *Florida Administrative Code* **and may be accessed via the following website https://www.flrules.org/gateway/ChapterHome.asp?Chapter=69I-3 . Information on the program and other associated information on the Consolidated Equipment Financing Program and Guaranteed Energy Savings Contracts may be accessed via the following website http://www.fldfs.com/aadir/statewide_financial_reporting/financing.htm.**

For each proposed deferred-payment commodity contract that exceeds the threshold for Category IV as defined in Section 287.017, *Florida Statutes***, complete the following information and submit Department of Financial Services forms Lease Checklist DFS-A1-411 and CEFP Checklist DFS-A1-410 with this schedule.**

1.	**Commodities proposed for purchase.**
2.	**Describe and justify the need for the deferred-payment commodity contract including guaranteed energy performance savings contracts.**
3.	**Summary of one-time payment versus financing analysis including a summary amortization schedule for the financing by fiscal year (amortization schedule and analysis detail may be attached separately).**
4.	**Identify base budget proposed for payment of contract and/or issue code and title of budget request if increased authority is required for payment of the contract.**

Office of Policy and Budget – July 2009

Schedule XIV
Variance from Long Range Financial Outlook

Agency: Department of Elder Affairs _____   **Contact: Tonya Kidd, CFO** _____

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 [X]

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				
b				
c				
d				
e				
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.

* R/B = Revenue or Budget Driver

Office of Policy and Budget - July 2009

INFORMATION MANAGEMENT CENTER **FISCAL YEAR 2010____ - 2011_____**	**LEGISLATIVE BUDGET REQUEST** **DATA CENTER COST ALLOCATION** **BY BUDGET ENTITY AND ISSUE**			**SCHEDULE IV-A**

ISSUE #	**(B/E Code)** **(B/E Title)**	**(B/E Code)** **(B/E Title)**	**(B/E Code)** **(B/E Title)**	**TOTAL**
SALARIES AND BENEFITS	**NOT APPLICABLE**			
TOTAL SALARIES AND BENEFITS	_____	_____	_____	_____
OTHER PERSONAL SERVICES				
TOTAL OTHER PERSONAL SERVICES	_____	_____	_____	_____
EXPENSES				
TOTAL EXPENSES	_____	_____	_____	_____
OPERATING CAPITAL OUTLAY				
TOTAL OPERATING CAPITAL OUTLAY	_____	_____	_____	_____
DATA PROCESSING SERVICE				
TOTAL ALL CATEGORIES	_____	_____	_____	_____
	_____	_____	_____	_____

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Elder Affairs	**Schedule IV-B Submission Date:** **October 15, 2009**
Project Name: <u>NOT APPLICABLE</u>	**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:**
Agency Chief Information Officer: **Printed Name:**	**Date:**
Budget Officer: **Printed Name:**	**Date:**
Planning Officer: **Printed Name:**	**Date:**
Project Sponsor: **Printed Name:**	**Date:**

Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	

SCHEDULE VI: DETAIL OF DEBT SERVICE

Department: Department of Elder Affairs   **Budget Period 2010___ - 11___**
Budget Entity: NOT APPLICABLE

		(2) ACTUAL FY 20___- ___	(3) ESTIMATED FY 20___- ___	(4) REQUEST FY 20___- ___
(1)				
SECTION I				
Interest on Debt	(A)			
Principal	(B)			
Repayment of Loans	(C)			
Fiscal Agent or Other Fees	(D)			
Other Debt Service	(E)			
Total Debt Service	**(F)**			

Explanation: _____

_____

_____

_____

SECTION II
ISSUE: _____

(1) INTEREST RATE	(2) MATURITY DATE	(3) ISSUE AMOUNT	(4) JUNE 30, 20___	(5) JUNE 30, 20___

(6)		(7) ACTUAL FY 20___- ___	(8) ESTIMATED FY 20___- ___	(9) REQUEST FY 20___- ___
Interest on Debt	(G)			
Principal	(H)			
Fiscal Agent or Other Fees	(I)			
Other	(J)			
Total Debt Service	**(K)**			

ISSUE: _____

INTEREST RATE	MATURITY DATE	ISSUE AMOUNT	JUNE 30, 20___	JUNE 30, 20___

		ACTUAL FY 20___- ___	ESTIMATED FY 20___- ___	REQUEST FY 20___- ___
Interest on Debt	(G)			
Principal	(H)			
Fiscal Agent or Other Fees	(I)			
Other	(J)			
Total Debt Service	**(K)**			

Office of Policy and Budget - July 2009

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: <u>2009 - 2010</u>

Department: <u>Elder Affairs</u>

Chief Internal Auditor: Tony Hernandez

Budget Entity: <u>65100200, 65100400, 65100600, 65101000</u>

Phone Number: 414-2117

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
#08-09-A-018	June-09	Long-Term Care Ombudsman Program Complaint Resolution Process	**Finding 1** - Follow-up on LTCOP complaint referrals to external partners is inconsistent or does not occur. We **recommend** the programming of adequate data fields within the LTCOP web-based application system to track final resolution of complaints referred to external partners. We further **recommend** LTCOP procedures be updated to clarify the necessity of tracking external referrals and usage of any new fields created in the system.	The Long-Term Care Ombudsman Program concurs with this recommendation. The Office is collaborating with the Application Support Group to upgrade the Long-Term Care Ombudsman Program's web-based management system to include a new "referral section." Through this new system, program staff will be able to effectively monitor and act upon referred agency complaints. Program procedures will be updated to include instructions on how to use the system. Additionally, Headquarters staff will provide training to District Ombudsman Managers and their staff on the new procedures, ensuring	
			Finding 2 - Communication with external partners is weak and inconsistent. We **recommend** LTCOP establish a workgroup with representatives from external partner agencies, ombudsman, and district ombudsman management to establish enhanced tools for communication and complaint referral	The Long-Term Care Ombudsman Program concurs with this recommendation. The Program will coordinate an interagency workgroup to identify the elements necessary to identify and strengthen communication conduits with respect to ombudsman referrals. Established Memoranda of Agreement will be	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2009 - 2010

Department: Elder Affairs

Chief Internal Auditor: Tony Hernandez

Budget Entity: 65100200, 65100400, 65100600, 65101000

Phone Number: 414-2117

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
			Finding 3 - LTCOP does not fully utilize its enforcement authority under section 400.0075, F.S. We **recommend** the State Ombudsman institute measures to utilize its authority under section 400.0075, F.S.	The Long-Term Care Ombudsman Program concurs with this recommendation. In consultation with the State Long-Term Care Ombudsman Council, the Office is formulating the procedures necessary for the State Council to initiate action on complaints as prescribed in s. 400.0075, F.S. Procedures will include an action plan for districts to forward complaints to the State Council and the State Ombudsman for additional disposition. As the Program continues its work on promulgating the new ombudsman rule in relation to the program's complaint investigation procedures, it will consider the	
			Finding 4 - Data consistency continues to be a problem within the LTCOP web-based application system. We **recommend** LTCOP continue working with DOEA's Application Support Group to ensure all required fields are populated with appropriate information before a case/complaint is closed.	The Long-Term Care Ombudsman Program concurs with this recommendation. The Long-Term Care Ombudsman Program will recommend to the Application Support Group that referral fields within the web-based system be changed to required fields. The system will prompt and require staff to complete the referral information prior to the case being saved into the system.	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2009 - 2010

Department: Elder Affairs

Chief Internal Auditor: Tony Hernandez

Budget Entity: 65100200, 65100400, 65100600, 65101000

Phone Number: 414-2117

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
			Finding 5 - An outcome-based performance metric is needed for tracking resolution of complaints referred to external partners. We **recommend** the LTCOP establish an outcome-based performance metric tracking the level of resolution for referred cases.	The Long-Term Care Ombudsman Program concurs with this recommendation. The State Long-Term Care Ombudsman Council's Data and Information Committee is collaborating with program staff on development of this metric. Volunteers and staff will discuss at the August quarterly leadership meeting in Altamonte Springs. Additionally, program staff are developing recommendations for the Application Support Group to develop real-time reports to assist in	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: <u>2009 - 2010</u>

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(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
			Finding 6 - This is a repeat finding from our Audit #05-06-A-004. The state complaint resolution rate remains below the national average. We again **recommend** that management emphasize ongoing training with district staff and ombudsman with respect to resolution of complaints. This training should target those districts based on data analysis, which have high variances from the state and national averages in the usage of particular codes.	The Long-Term Care Ombudsman Program concurs with this recommendation. The Program's State Trainer is working in conjunction with State Council's Training Committee to customize targeted district training focused on improved advocacy services on behalf of residents. Additionally, promulgation of the new ombudsman rule will clarify ombudsman complaint procedures and demystify some of these processes for our program's volunteer representatives resulting in greater efficiency in complaint resolution rates more comparable to national averages. Program representatives believe resolution rates may actually be higher than reported due to undocumented, resolved complaints. Ombudsmen identify and resolve resident concerns through the administrative assessments process. However, our web-based system lacks that capability to capture this data. Once the	

Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Depart. of Elder Affairs/Comp. Eligi. Svcs./Home & Comm. Svcs./Exe. Dir. & Supp. Svcs./Con. Advo. Svcs.

Agency Budget Officer/OPB Analyst Name: Barbara Henry/Thabata Batchelor

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)				
	65100200	65100400	65100600	65101000	Dept.
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	Y	Y	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	Y	Y	Y	
AUDITS:					
1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. **(EXBR, EXBA)**	Y	Y	Y	Y	
1.4 Has security been set correctly? **(CSDR, CSA)**	Y	Y	Y	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	Y	Y	Y	
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	
2.3 Are the issue codes and titles consistent with *Section 3* of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y	Y	Y	Y	
2.4 Have the coding guidelines in *Section 3* of the LBR Instructions (pages 15 through 27) been followed?	Y	Y	Y	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	65100200	65100400	65100600	65101000	Dept.

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	Y	Y	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	Y	Y	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	Y	Y	Y	
4.2	Is the program component code and title used correct?	Y	Y	Y	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	Y	Y	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	Y	Y	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.)** *Please note that the LBR Instructions reference the wrong B column.*	Y	Y	Y	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.)** *Please note that the LBR Instructions reference the wrong B column.*	Y	Y	Y	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.					

Action	Program or Service (Budget Entity Codes)				
	65100200	65100400	65100600	65101000	Dept.

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

		65100200	65100400	65100600	65101000	Dept.
6.1	Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	

7. EXHIBIT D-3A (EADR, ED3A)

		65100200	65100400	65100600	65101000	Dept.
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y	Y	Y	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	Y	Y	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.)					
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.					
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	Y		
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?					
7.9	Does the issue narrative reference the specific county(ies) where applicable?					

	Program or Service (Budget Entity Codes)				
	Action	65100200	65100400	65100600	65101000	Dept.
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)**					
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?					
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?					
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	
7.15	Do the issues relating to *salary and benefits* 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.)					
7.16	Do the issues relating to *Information Technology (IT)* 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 *major audit findings and recommendations* properly coded (4A0XXX0, 4B0XXX0)?					
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	Y	Y	Y	
7.19	Does the General Revenue for 160XXXX issues net to zero? **(GENR, LBR1)**					
7.20	Does the General Revenue for 180XXXX issues net to zero? **(GENR, LBR2)**					
7.21	Does the General Revenue for 200XXXX issues net to zero? **(GENR, LBR3)**					
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))**					

	Program or Service (Budget Entity Codes)				
Action	65100200	65100400	65100600	65101000	Dept.
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?					

	Program or Service (Budget Entity Codes)				
Action	65100200	65100400	65100600	65101000	Dept.
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 *section 215.32(2)(b), Florida Statutes* - including the Schedule ID and applicable legislation?					
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

		Program or Service (Budget Entity Codes)				
	Action	65100200	65100400	65100600	65101000	Dept.
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?					
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	65100200	65100400	65100600	65101000	Dept.
			Program or Service (Budget Entity Codes)		
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 *Base Rate Audit* on page 156 of the LBR Instructions.)	Y	Y	Y	Y	
10. SCHEDULE III (PSCR, SC3)					
10.1 Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)					
10.2 Are amounts in *Other Salary Amount* 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	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)				
		65100200	65100400	65100600	65101000	Dept.
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?					
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 *section 216.023(4) (b), Florida Statutes,* 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	Y	Y	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	65100200	65100400	65100600	65101000	Dept.
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	Y	Y	Y	
16.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	
AUDITS - GENERAL INFORMATION					
TIP Review *Section 6: Audits* 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)?					
17.5 Are the appropriate counties identified in the narrative?					
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	Y	Y	Y	Y