LEGISLATIVE BUDGET REQUEST

September 20, 2012

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

Ms. JoAnne Leznoff, Staff Director House Appropriations Committee 221 Capitol Tallahassee, Florida 32399-1300

Ms. Terry Rhodes, Staff Director Senate Budget Committee 201 Capitol Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Department of Health is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2013-14 Fiscal Year. This submission has been approved by John H. Armstrong, MD, Surgeon General and Secretary.

Sincerely,

Ed McEachron, Director Division of Administration

EM/lr Enclosures

Temporary Special Duty - General

Pay Additives Implementation Plan for Fiscal Year 2013-2014

Temporary Special Duty Additives - General may be authorized in situations where employees are assuming the acting roles of vacant positions within the agency. This additive may be used while the agency is involved in the recruiting process, and until the incumbent has been hired and/or successfully trained. The additive may be implemented on the effective date of the vacancy, and must be discontinued on or before the 90th day of implementation, unless prior approval has been received. The additive may range between 5-10% of the acting employees base rate of pay, the amount will be determined based upon the assigned duties and responsibilities of the acting role. The total value of Temporary Special Duty Additives - General implemented during fiscal year 2012-2013 was \$40,167.56 for a total of 41 employees. It is estimated that the agency will implement a similar number of Temporary Duty Additives - General in the 2013-2014 fiscal year. Pay Additives will impact employees in the following collective bargaining units:

AFSCME FNA FPD SEAG



Legislative Budget Request

Fiscal Year 2013-2014

Department Level

Exhibits and Schedules

Non-Strategic IT Service:	Network Service							
Prepared by:	Dept/Agency: Prepared by: Phone: Department Of Health Bob Dillenschneider Phone: 850-245-4471 # of Assets & Resources Apportioned to this IT Service in FY 2013-14							
Service Provis	ioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)			
A. Personnel			48.25		\$2,528,130			
A-1.1 State FTE		1	39.00		\$1,871,661			
A-2.1 OPS FTE		1	3.75		\$114,830			
A-3.1 Contractor Positi	ons (Staff Augmentation)	1	5.50		\$541,639			
B. Hardware					\$1,822,556			
B-1 Servers			507	11.5	\$87,000			
B-2 Server Mainten			76	26	\$142,999			
B-3 Network Device B-4 Online Storage	es & Hardware (e.g., routers, switches, hubs, cabling, etc.) for file and print (indicate GB of storage)		5761 150110	2844	\$1,354,171 \$13,656			
	e for file and print (indicate GB of storage)		122660		\$12,530			
	e Assets (Please specify in Footnote Section below)				\$212,200			
C. Software					\$95,570			
D. External Service	Provider(s)				\$5,022,338			
D-1 MyFloridaNet					\$4,700,651			
D-2 Other (Please spe	ecify in Footnote Section below)				\$321,687			
·	ribe in Footnotes Section below)				\$22,527			
F. Total for IT Ser					\$9,491,121			
G. Please identify	the number of users of the Network Service				20,000			
H. How many location	ons currently host IT assets and resources used to prov	ide LAN s	services?		348			
I. How many locati	ons currently use WAN services?				1,893			
J. Footnotes -	Please indicate a footnote for each corresponding row above. M	aximum fo	otnote leng	ith is 1024	characters.			
1 All personnel, hardw	vare and software data is from the various budget entities and units throu	ighout the D	epartment					
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Non-Strategic IT E-Mail, Messaging, and Calendaring Service Service: Resources Agency: Department Of Health Apportioned to this Prepared by: Bob Dillenschneider IT Service in FY Phone: 850-245-4471 2013-14 Estimated FY 2013-14 Number Number Allocation of Recurring used for w/ costs in Base Budget Footnote this FY 2013-(based on Column G64 Service Provisioning -- Assets & Resources (Cost Elements) Number service minus G65) A. Personnel \$317,196 7.70 State FTE \$310.945 7.50 **OPS FTE** 0.10 \$633 **Contractor Positions** (Staff Augmentation) 0.10 \$5,618 \$333.600 B. Hardware Servers \$0 Server Maintenance & Support \$4,599 2131 Wireless Communication Devices (e.g., Blackberries, iPhones, PDAs, etc.) 254 \$329,001 **Online Storage** (indicate GB of storage) 85 \$0 \$0 **Archive Storage** (indicate GB of storage) 82 Other Hardware Assets (Please specify in Footnote Section below) \$0 Software \$39,312 D. External Service Provider(s) \$10,000 \$10,000 Southwood Shared Resource Center **Northwood Shared Resource Center** \$0 Northwest Regional Data Center \$0 Other Data Center External Service Provider (specify in Footnotes below) \$0 E. Other (Please describe in Footnotes Section below) \$11,167 **Total for IT Service** \$711,275 Please provide the number of user mailboxes. 19,000 Please provide the number of resource mailboxes. 523 Footnotes - Please indicate a footnote for each corresponding row above. Maximum footnote length is 1024 characters. All personnel, hardware and software data is from the various budget entities and units throughout the Department 2 3 4 5 6 7 8 9

Non-Strategic IT Desktop Computing Service				
Agency: Department Of Health Prepared by: Bob Dillenschneider Phone: 850-245-4471				
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)
A. Personnel		81.70		\$3,830,258
A-1 State FTE	1	75.75		\$3,643,078
A-2 OPS FTE		5.75		\$183,620
A-3 Contractor Positions (Staff Augmentation)		0.20		\$3,560
B. Hardware		29525.25	3657	\$3,573,357
B-1 Servers		95.25	0	\$30,000
B-2 Server Maintenance & Support		22	3	\$2,680
B-3.1 Desktop Computers		16312	2663	\$2,605,229
B-3.2 Mobile Computers (e.g., Laptop, Notebook, Handheld, Wireless Computer)		6303	484	\$747,054
B-3.3 Other Hardware Assets (Please specify in Footnote Section below)		6793	507	\$188,394
C. Software				\$342,333
D. External Service Provider(s)		25	8	\$95,051
E. Other (Please describe in Footnotes Section below)				\$46,270
F. Total for IT Service				\$7,887,268
G. Please identify the number of users of this service.				18,067
H. How many locations currently use this service?				492
I. Footnotes - Please indicate a footnote for each corresponding row above. M	laximum foo	tnote lengt	h is 1024	characters.
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Non-Strategic IT Helpdesk Service Service:				
Agency: Department Of Health Prepared by: Bob Dillenschneider Phone: 850-245-4471		# of A. Reso Apportion IT Servi 201		
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)
A. Personnel		54.75		\$2,289,437
A-1 State FTE	1	40.25		\$1,919,564
A-3 Contractor Positions (Staff Auamentation)		13.75		\$322,503
A-3 Contractor Positions (Staff Augmentation) B. Hardware		0.75 87	3	\$47,370 \$6,500
B-1 Servers		10	0	\$0,300
B-2 Server Maintenance & Support		3	2	\$6,000
B-3 Other Hardware Assets (Please specify in Footnote Section below)		74	1	\$500
C. Software				\$149,644
D. External Service Provider(s)		2	1	\$122,424
E. Other (Please describe in Footnotes Section below)				\$1,745
F. Total for IT Service				\$2,569,750
G. Please identify the number of users of this service.				20,000
H. How many locations currently host IT assets and resources used to provide this service?				162
I. What is the average monthly volume of calls/cases/tickets?				36,094
J. Footnotes - Please indicate a footnote for each corresponding row above. Maximum footnote length is 1024 charac	ters.			
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Non-Strategic IT Security/Risk Mitigation Ser	vice			
Agency: Department Of Health Prepared by: Bob Dillenschneider Phone: 850-245-4471				
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)
A. Personnel		23.00		\$931,300
A-1 State FTE	1	20.90		\$810,969
A-2 OPS FTE		0.10		\$3,800
A-3 Contractor Positions (Staff Augmentation)		2.00		\$116,531
B. Hardware		670	507	\$685,308
B-1 Servers		17	1	\$63,696
B-2 Server Maintenance & Support		6	4	\$4,280
B-3 Other Hardware Assets (Please specify in Footnote Section below)		647	502	\$617,332
C. Software				\$234,294
D. External Service Provider(s)		2	0	\$10,150
E. Other (Please describe in Footnotes Section below)				\$877
F. Total for IT Service				\$1,861,929
G. Footnotes - Please indicate a footnote for each corresponding row above. Ma	aximum foo	otnote leng	th is 1024	characters.
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F	Agency: Department Of Health Prepared by: Bob Dillenschneider Phone: 850-245-4471		# of A Reso Apportion IT Service		
Servio	ce Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)
A. Personr	ıel		30.45		\$2,460,211
A-1 State F		1	20.75		\$1,299,054
A-2 OPS FT			0.20		\$7,600
	ctor Positions (Staff Augmentation)		9.50		\$1,153,558
B. Hardwa			91	7	\$21,109
B-1 Server			6	0	\$0
	Maintenance & Support		4	2	\$18,609
	Hardware Assets (Please specify in Footnote Section below)		81	5	\$2,500
C. Softwar	e				\$317,631
	I Service Provider(s)		0	0	\$0
E. Other (F	Please describe in Footnotes Section below)				\$109,001
F. Total fo	or IT Service				\$2,907,952
G. Please	identify the number of users of this service.				1,537
H. How m	any locations currently host agency financial/adminstrative	systems	?		21
I. Foot	notes - Please indicate a footnote for each corresponding row above. Max	kimum foo	tnote lengt	h is 1024 d	characters.
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Non-Strategic IT IT Administration and Management Service										
Agency: Department Of Health Prepared by: Bob Dillenschneider Phone: 850-245-4471		# of Assets & Resources Apportioned to this IT Service in FY 2013- 14								
Service Provisioning Assets & Resources (Cost Elements	Footnote S) Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)						
A. Personnel		59.00		\$4,365,627						
A-7 State FTE	1	52.25		\$3,478,822						
A-2 OPS FTE		0.00		\$0						
A-3 Contractor Positions (Staff Augmentation)		6.75		\$886,806						
B. Hardware		100	12	\$44,860						
B-1 Servers B-2 Server Maintenance & Support		34 20	2 7	\$35,000 \$7,380						
B-3 Other Hardware Assets (Please specify in Footnote Section below	ow)	46	3	\$2,480						
C. Software				\$1,900						
D. External Service Provider(s)										
E. Other (Please describe in Footnotes Section below)				\$192,740						
Total for IT Service \$4,648,660										
F. Total for IT Service				\$4,648,660						
F. Total for IT Service G. How many locations currently host assets and resources	s used to provide t	his servi	ce?	\$4,648,660 69						
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Non-Strategic IT Service: Web/Portal Service				
Department Of Health Prepared by: Phone: 850-245-4471				
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)
A. Personnel		24.55		\$1,285,038
A-1.1 State FTE	1	22.50		\$1,225,179
A-2.1 OPS FTE		2.00		\$58,969
A-3.1 Contractor Positions (Staff Augmentation)		0.05		\$890
B. Hardware		0.5	0	\$15,580
B-1 Servers B-2 Server Maintenance & Support		35 5	1	\$11,000 \$4,080
B-3 Other Hardware Assets (Please specify in Footnotes Section below)		8	1	\$500
C. Software				\$26,047
D. External Service Provider(s)		2	2	\$23,822
E. Other (Please describe in Footnotes Section below)				\$1,424
F. Total for IT Service				\$1,351,911
G. Please identify the number of Internet users of this service.				8,216,526
H. Please identify the number of intranet users of this service.				45,087
I. How many locations currently host IT assets and resources used to pro	vide this	service?		81
J. Footnotes - Please indicate a footnote for each corresponding row above. Maximum for	ootnote len	gth is 1024	characters.	
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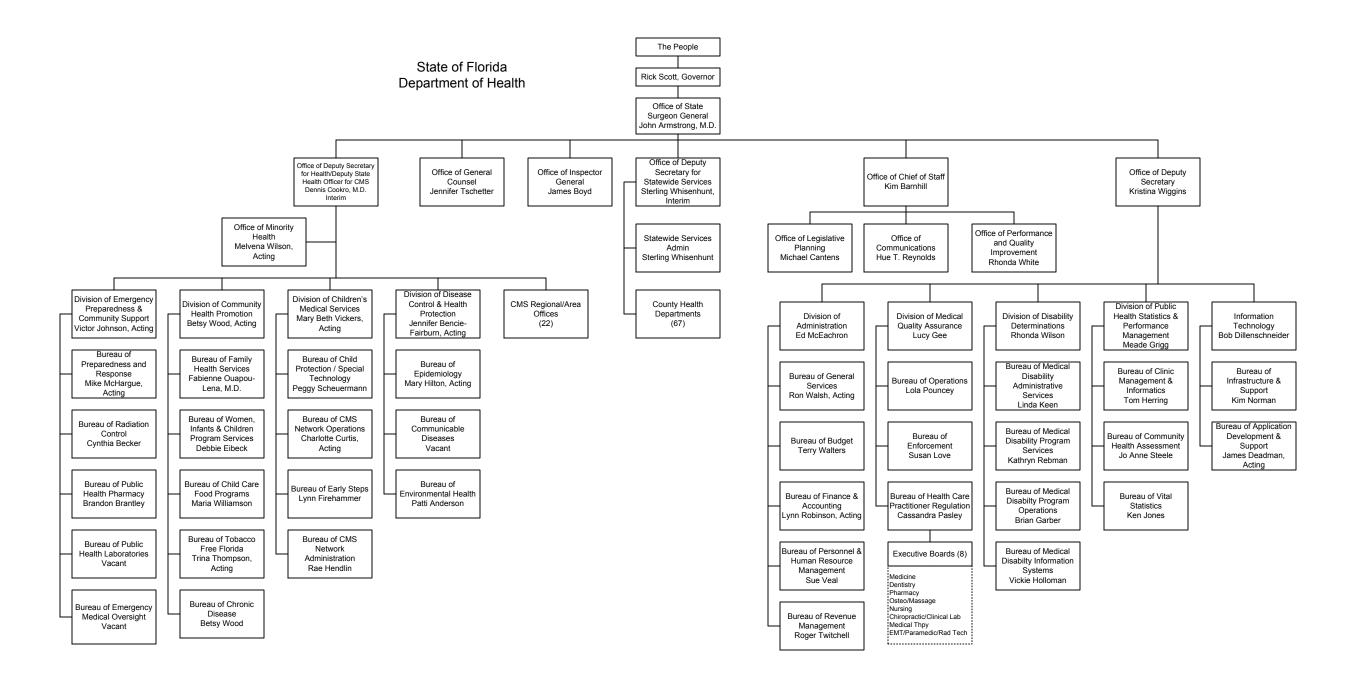
Non-Strategic IT Data Center Service				
Dept/Agency: Department Of Health Prepared by: Phone: 850-245-4471		# of Assets & Apportioned Service in FY	to this IT	
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)
A. Personnel (performing data center functions defined in w. 282.201(2)(d)1.e., F.S.)		12.25		\$704,689
A-1.1 State FTE	1	12.25		\$704,689
A-2.1 OPS FTE		0.00		\$0
A-3.1 Contractor Positions (Staff Augmentation)		0.00		\$0
B. Hardware				\$108,466
B-1 Non-Mainframe Servers (including single-function logical servers not assigned to another service)		97	2	\$65,000
B-2 Servers - Mainframe		0	1	\$0
B-3 Server Maintenance & Support		2	8	\$11,750
B-4 Online or Archival Storage Systems (indicate GB of storage)		17		\$28,916
B-5 Data Center / Computing Facility Internal Network				\$1,800
B-6 Other Hardware (Please specify in Footnotes Section below)				\$1,000
C. Software				\$412
D. External Service Provider(s)				\$7,280,246
D-1 Southwood Shared Resource Center (indicate # of Board votes)		1803		\$5,335,521
D-2 Northwood Shared Resource Center (indicate # of Board votes)		0		\$1,894,609
D-3 Northwest Regional Data Center (indicate # of Board votes)		0		\$50,116
D-4 Other Data Center External Service Provider (specify in Footnotes below)				\$0
E. Plant & Facility				\$266,120
E-1 Data Center/Computing Facilities Rent & Insurance				\$50,329
E-2 Utilities (e.g., electricity and water)				\$171,657
E-3 Environmentals (e.g., HVAC, fire control, and physical security)				\$23,824
E-4 Other (please specify in Footnotes Section below)				\$20,310
F. Other (Please describe in Footnotes Section below)				\$2,132
G. Total for IT Service				\$8,362,065
H. Please provide the number of agency data centers.				8
I. Please provide the number of agency computing facilities.				23
J. Please provide the number of single-server installations.				43
H. Footnotes - Please indicate a footnote for each corresponding row above. Maximum footnotes	te length is 1	024 characters.		
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		Agency:	Department Of Heal	lth					E-Mail, Messaging, and Calendaring Service	Network Service	Desktop Computing Service	Helpdesk Service	IT Security/Risk Mitigation Service	Agency Financial and Administrative Systems Support Service	IT Administration and Management Service	Web/Portal Service	Data Center Service
Budget Ent Code	^{ity} Budget Entit	Program / Component	Program Component	Appropriation Category Code	Appropriation Category	Fund Code	Fund FSI		99.9999%	100.0000%	100.0000%	100.0000%	100.0000%	100.0000%	100.0000%	100.0000%	100.0000%
64100200	Administration	Code 1602000000 & 1603000000	Executive Leadership / Information Technology	010000, 030000, 040000, 100777, 107040	Salary & Benefits, OPS, Expense, Contracted Services & Human Resources Assessment	000319, 021033	General Revenue & Admin Trust Fund	Total for IT Service \$19,327,401	\$711,274 \$134,079	\$9,491,121 \$4,120,839	\$7,887,269 \$207,157	\$2,569,750 \$611,942	\$1,861,929 \$1,212,588	\$2,907,952 \$2,497,089	\$4,648,660 \$2,768,464	\$1,351,911 \$339,913	\$8,362,065 \$7,435,330
3 64200200	Disease Control	1301000000	Health Service to Individuals	010000	Salary & Benefits	000319	General Revenue 1	\$282,889		\$53,760	\$150,617				\$54,526	\$23,986	
4 64200700		1306000000	CHDs	010000	Salary & Benefits	141001	CHD Trust Fund 1	\$17,299,095	\$498,109	\$4,468,792	\$6,202,541	\$1,665,266	\$576,217	\$403,763	\$1,759,521	\$849,717	\$875,169
64200800	Statewide Health Supp	ort 1602000000	Executive Leadership	010000, 040000	Salary & Benefits, Expense	000319, 531003	General Revenue and Planning and Evaluation 1	\$741,451									
6 64300100	Children's Medical Ser	rice 1301000000	Health Service to Individuals	040000	Expense	000319	Trust Fund General Revenue 1	\$2,141,095	\$6,971 \$72,115	\$191,647 \$656,083	\$322,122 \$1,004,832	\$93,600 \$198,942	\$73,124	\$7,100	\$23,643 \$42,506	\$51,902 \$86,393	\$51,566
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30								Sum of IT Cost Elements Across IT Services									
1				E			State FTE (#,		7.50	39.00	75.75	40.25	20.90	20.75	52.25	22.50	12.25
				On C			State FTE (Costs) OPS FTE (#,	\$15,263,960 25.65	\$310,945 0.10	\$1,871,661 3.75	\$3,643,078 5.75	\$1,919,564 13.75	\$810,969 0.10	\$1,299,054 0.20	\$3,478,822 0.00	\$1,225,179 2.00	\$704,689 0.00
				o pa	Personnel		OPS FTE (Cost)		\$633	\$114,830	\$183,620	\$322,503	\$3,800	\$7,600	0.00	\$58,969	0.00
						Vendor/S	Staff Augmentation (# Positions,	24.85	0.10	5.50	0.20	0.75	2.00	9.50	6.75	0.05	0.00
1				ent			or/Staff Augmentation (Costs)	\$2,755,971	\$5,618	\$541,639	\$3,560	\$47,370	\$116,531	\$1,153,558	\$886,806	\$890	\$0
1				Cost Element Data as enter Service Worksheets			Hardware		\$333,600	\$1,822,556	\$3,573,357	\$6,500	\$685,308	\$21,109	\$44,860	\$15,580	\$108,466
				ata Nor			Software		\$39,312	\$95,570	\$342,333	\$149,644	\$234,294	\$317,631	\$1,900	\$26,047	\$412
				nt D		Dlama 9 5	External Services		\$10,000	\$5,022,338	\$95,051	\$122,424	\$10,150	\$0	\$43,533	\$23,822	\$7,280,246
1				mer. grvi		Plant & F	acility (Data Center Only) Other		\$11,167	\$22,527	\$46,270	\$1,745	\$877	\$109,001	\$192,740	\$1,424	\$266,120 \$2,132
1				S. S.			Budget Total		\$711,275	\$9,491,121	\$7,887,268	\$2,569,750	\$1,861,929	\$2,907,952	\$4,648,660	\$1,351,911	\$8,362,065
1				l tš			FTE Total		\$711,275 7.70	\$9,491,121 48.25	\$7,887,268 81.70	\$2,569,750 54.75	\$1,861,929 23.00	\$2,907,952 30.45	\$4,648,660 59.00	\$1,351,911 24.55	\$8,362,065 12.25
							THE TOTAL	Users	19,523	20,000	18,067	20,000	23.00	1,537	39.00	8,261,613	12.23
1				E				Cost Per User	\$36		436.5566181			1891.96635		0.163637658	
				R.					(cost/all mailboxes)		v Desk Tickets:						
											Cost/Ticket:	5.933003569					

	Sc	hedu	le VII: Agency	Litigation Inve	ntory					
Agency:	Flori	da De	epartment of Healt	h						
Contact Person:	Jenni Coun		Fer Tschetter, General Phone Number: 850-245-4005							
Names of the Case: no case name, list the names of the plaintial and defendant.)	ne	head Farn	T.H., A.C., et al v. Elizabeth Dudek in her official capacity as agency head for the Agency for Healthcare Administration, Harry Frank Farmer, M.D., in his official capacity as Florida's Surgeon General and agency head for the Florida Department of Health, et al.							
Court with Jurisdict	tion:	Lauc	lerdale		rn District of Florida/Ft.					
Case Number:		12-6	0460-CIV-ZLOCK							
Summary of the Complaint: Plaintiffs seek a permanent injunction requiring the Defendants sending medical fragile and complex children to nursing faciliti wanting Defendants to provide services to the same children in integrated setting.										
Amount of the Clair	m:	\$ Se	ee AHCA							
Specific Statutes or Laws (including GA Challenged:		§§12 §794 Ame Scre	2131-12165, Section I, Medicaid Act 42 I Endments to Medica	n 504 of the Rehabi USC §§1396-1396v id Act, 42 USC §§	Act of 1973, 42 USC litation Act of 1973, 29 USC v, the Nursing Home Reform 1396r and Early and Periodic ces 42 USC §1396d(r) and 42					
Status of the Case:		In th	e discovery phase.							
Who is representing record) the state in t			Agency Counsel							
lawsuit? Check all			Office of the Attor	ney General or Div	vision of Risk Management					
apply.		X	Outside Contract C	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). Law Offices of Matthew W. Dietz FSU College of Law Public Interest Law Center The North Florida Center for Equal Justice, Inc.										

	Scl	hedi	ıle VII: Agency	Litigation Inve	entory		
Agency:	Flori	da D	epartment of Healt	th (FDOH)			
Contact Person:	Gener Steph	ral Canie sel, C	schetter, FDOH ounsel & Daniels , Special Office of Attorney	850-245-4005			
Names of the Case: no case name, list the names of the plainting and defendant.)	ne	of P Seci	ediatrics, et al v. Eli retary of the Agency	zabeth Dudek, in hy for Health Care A official capacity as	s Florida's Surgeon General		
Court with Jurisdict	tion:	U.S. District Court for Southern District of Florida					
Case Number:		1:05-cv-23037-AJ					
Summary of the Complaint:		Prog chal dent chal serv to s	gram as it relates lenge the adequacy tal providers who fu lenge the adequacy ices, including phys	to children under of reimbursement arnish Medicaid set and timeliness of a sician and dental sp managed care pla	ration of the Florida Medicaid the age of 21. Plaintiffs at rates paid to physician and rvices to children. They also access to physician and dental pecialty care as well as access ans, including prepaid mental		
Amount of the Clair	m:	\$ Se	ee Agency for Health	hcare Administration	on		
Specific Statutes or Laws (including GA Challenged:	AA)	Title	e XIX of the Social S	Security Act, 42 Ui	nited States Code § 1396		
Status of the Case:	Awaiting a final opinion from the court on the liability phase of this case. If liability is found, then the case will continue to the remedy phase.						
Who is representing			Agency Counsel				
record) the state in t lawsuit? Check all		X	Office of the Attor	rney General or Div	vision of Risk Management		
apply.	-	X	Outside Contract (Counsel			

If the lawsuit is a class	
action (whether the class	Boies, Schiller & Flexner – Ft. Lauderdale, Florida
is certified or not),	Miller, Keffer & Bullocks – Tulsa, Oklahoma
provide the name of the	Public Interest Law Center of Philadelphia – Philadelphia, Pennsylvania
firm or firms	
representing the	
plaintiff(s).	



IEALTH, DEPARTMENT OF		ا	FISCAL YEAR 2011-12	
SECTION I: BUDGET		OPERATIN	NG	FIXED CAPITAL OUTLAY
OTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			2,867,703,126	43,079,
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.) VAL BUDGET FOR AGENCY			-43,567,490 2,824,135,636	43,079,
CECTION II ACTIVITIES + MEACHINES	Number of	(1) Unit Cost	(2) Expenditures	(3) FCO
SECTION II: ACTIVITIES * MEASURES ecutive Direction, Administrative Support and Information Technology (2)	Units	ı	(Allocated)	43,079
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.	1,049,465,829	0.02	21,860,636	43,077
Community Based Anti-tobacco Activities * Number of community based tobacco intervention projects funded.	67	272,308.03	18,244,638	
Provide Quitline Services * Number of calls to the Florida Quit-for-Life Line. Cessation Interventions - Area Health Education Centers (ahecs) * Total number of tobacco users who received AHEC tobacco cessation services	56,831 12,171	224.79 328.65	12,774,831 4,000,000	
State And Community Interventions - Area Health Education Centers (affects) * Total number of health care practitioners trained in tobacco dependence, patient referrals and				
systems change.	7,820	767.26	6,000,000	
Provide School Health Services * Number of school health services provided	24,805,543	2.27	56,347,237	
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care. Provide Healthy Start Services * Number of Healthy Start clients provided by direct service providers.	229,755 304,259	309.96 491.90	71,214,536 149,663,685	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants	494,615	785.65	388,596,656	
Child Care Food Nutrition * Number of child care meals served monthly	10,215,607	18.38	187,744,837	
Provide Family Planning Services * Number of family planning clients.	219,410	261.34	57,340,142	
Provide Primary Care For Adults And Children * Number of adults and children receiving well child care and care for acute and episodic illnesses and injuries.	281,335	475.93	133,894,646	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.	211,985	278.98	59,139,287	
Recruit Volunteers * Number of volunteers participating Provide Immunization Services * Number of immunization services provided	32,327 1,457,967	14.26 27.88	461,009 40,650,136	
Provide Infinitulization Services "Number of infinitulization services provided Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.	99,743	346.11	34,521,887	
Provide Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (hiv/Aids) Services * Persons receiving HIV patient care and case management from Ryan	46,446	3,309.42	153,709,257	
White Consortia and General Revenue Networks	·	· ·		
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services. Operate An Hallow, Tuberculosis Headth * Number of national days.	289,052	137.53 583.04	39,754,634	
Operate Ag Holley Tuberculosis Hospital * Number of patient days. Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.	18,191 117,211	161.53	10,606,041 18,932,532	
Monitor And Regulate Facilities * Number of facility inspections.	198,365	151.75	30,101,109	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.	407,668	86.49	35,259,222	
Control Radiation Threats * Number of radiation facilities, devices and users regulated. Racial And Ethnic Disparity Grant * Number of projects	90,058 27	79.65 130,515.70	7,173,366 3,523,924	
Provide Community Hygiene Services * Nubmer of Community Hygiene Health Services	126,026	66.76	8,413,620	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.	258,974	36.14	9,359,963	
Record Vital Events - Chd * Number of vital events recorded. Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.	406,083 653,447	28.67 14.23	11,640,579 9,301,098	
Provide Public Health Pharmacy Services * Number of drug packets, bottles, and scripts distributed/dispensed.	1,545,904	85.59	132,311,655	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.	5,060,915	5.94	30,037,865	
Public Health Preparedness And Response To Bioterrorism *Number of services (vary considerably in scope)	55,566 51	974.72 624,337.10	54,161,020 31,841,192	
Statewide Research * Number of grants awarded annually Prescription Drug Monitoring * Number of queries to the Prescription Drug Monitoring Database	1,493,287	0.37	558,208	
Early Intervention Services * Number enrolled in early intervention program.	42,638	1,123.44	47,901,223	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments	47,400	357.11	16,926,961	
Poison Control Centers * Number of telephone consultations. Children's Medical Services Network * Number of children enrolled	167,293 64,740	7.54 3,761.73	1,261,319 243,534,642	
Issue Licenses And Renewals * Health care practitioner licenses issued	500,000	73.64	36,821,719	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.	583	2,242.25	1,307,230	
Profile Practitioners * Number of visits to practitioner profile website. Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.	5,400,000	0.12 774.94	667,565 334,000	
Support Local Health Planning Councils * Number of Local Health Councils Supported.	11		1,000,001	
Support Rural Health Networks * Rural Health Networks supported.	9	127,709.67	1,149,387	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.	2,327	10,715.72	24,935,484	
Dispense Grant Funds To Local Providers * Number of disbursements. Trauma Services * Number of Verified Trauma Centers	130	51,435.38 526,401.77	6,686,600 11,580,839	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations	249,608	530.46	132,406,127	
Investigative Services * Number of practitioner cases investigated.	29,463	298.05	8,781,437	
Practitioner Regulation Legal Services * Number of practitioner cases resolved. Consumer Services * Number of complaints resolved.	7,307 19,294	1,119.65 131.37	8,181,258 2,534,605	
Consumer Contracts International Computation (Computation Countries)	17,294	131.3/	2,034,003	
TAL			2,375,149,845	43,07
SECTION III: RECONCILIATION TO BUDGET				
SS THROUGHS TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				
OTHER			199,390,497	
VERSIONS			249,593,838	
TAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			2,824,134,180	43,079
, and the second second				

⁽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.

Schedule XIV Variance from Long Range Financial Outlook

Agency: Health Contact: Terry Walters

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

1)	Does th	ie long ra	inge financ	ial outlook	k adopted by the Joint Legislative Budget Commission in September 2012 contain revenue or
	expend	iture esti	mates rela	ited to you	ır agency?
	Yes	Χ	No		

2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2013-2014 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request.

			FY 2013-2014 Estimate/Request Amount			
			Long Range	Legislative Budget		
	Issue (Revenue or Budget Driver)	R/B*	Financial Outlook	Request		
а	Tobacco Settlement/Tobacco Constitutional Amendment	В	1.1	N/A		
b	Nitrogen Reduction Study	В	0.8	1		
С	Medicaid Waivers	В	1.7	N/A		
d	Restore Non-recurring Operational Funds	В	1.8	1.8		
е	Restore Non-recurring Temp Ass't for Needy Families (TANF)	В	5.5	5.5		
f	Capital Improvements/Repair and Maintenance	В	19.2	55		
g	Information systems WIC	В	4.8	6.6		

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

The Tobacco Settlement (consumer price index change) and medicaid waivers are typically not requested by the department. The appropriations are given to the department during the legislative session. The Repair and Maintenance issue consists of centrally managed projects. The Information Systems consists of the Women, Infants and Children (WIC) Electronic Benefits Transfer (EBT) Data System.

^{*} R/B = Revenue or Budget Driver Office of Policy and Budget - July 2012

DEPARTMENT OF HEALTH ADMINISTRATIVE SUPPORT EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH ADMINISTRATIVE SUPPORT SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2013 - 2014

Department Title: Department of Health
Trust Fund Title: Administrative Trust Fund

Budget Entity: 64100200

LAS/PBS Fund Number: 2021

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,990,763.85 (A)		7,990,763.85
ADD: Other Cash (See Instructions)	328.78 (B)		328.78
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	5,505,262.46 (D)		5,505,262.46
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	13,496,355.09 (F)	0.00	13,496,355.09
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(455,669.83) (H)		(455,669.83)
Approved "B" Certified Forwards	(145,364.80) (H)		(145,364.80)
Approved "FCO" Certified Forwards	(302,011.93) (H)		(302,011.93)
LESS: Other Accounts Payable (Nonoperating)	(198.09) (I)		(198.09)
LESS: Transfer to BE 64100400	(1,542,457.00) (J)		(1,542,457.00)
LESS: Transfer to BE 64400200	(12,750.47) (J)		(12,750.47)
Unreserved Fund Balance, 07/01/12	11,037,902.97 (K)	0.00	11,037,902.97 **

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Administative Trust Fund 2021/64100200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **12,977,261.55** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (145,364.80) (D) (302,011.93) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 63,225.62 (D) Transfer to BE 64100400 (1,542,457.00) (D) Transfer to BE 64400200 (12,750.47) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **11,037,902.97** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **11,037,902.97** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Tobacco Settlement Trust Fund
Budget Entity:	64100200
LAS/PBS Fund Number:	2122

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00 (A)		0.00
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	8,433.16 (D)		8,433.16
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	8,433.16 (F)	0.00	8,433.16
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(8,433.16) (H)		(8,433.16)
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Tobacco Settlement Trust Fund 2122/64100200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **0.00** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS 0.00 (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS 0.00 (D) A/P not C/F-Operating Categories 0.00 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Federal Grant Trust Fund
Budget Entity:	64100200
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,732.92 (A)		1,732.92
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	309,917.32 (D)		309,917.32
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	311,650.24 (F)	0.00	311,650.24
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(62,594.06) (H)		(62,594.06)
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: [(J)		0.00
Unreserved Fund Balance, 07/01/12	249,056.18 (K)		249,056.18

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64100200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 254,778.12 (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: **SWFS** Adjustment (C) SWFS Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (5,721.94) (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **249,056.18** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **249,056.18** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Department: Health Chief Internal Auditor: Michael J. Bennett **Budget Entity:** 64100200 **Phone Number:** (850) 245-4444 ext. 2150 **(1) (2)** (3) **(5) (6)** REPORT PERIOD SUMMARY OF SUMMARY OF ISSUE NUMBER **ENDING** UNIT/AREA CODE FINDINGS AND RECOMMENDATIONS CORRECTIVE ACTION TAKEN A-1112DOH-019 June 30, 2013 Division of Department of Health (DOH) did not have a complete and The Division of Administration will develop a SharePoint site Administration formal process that assists relevant parties in making wellthat will allow Department staff and Contract Managers to informed decisions related to the performance of contracted share information, results, and feedback related to monitoring providers. The Division of Administration should develop a of contract providers. formal, coordinated process so that all DOH personnel involved in contract monitoring efforts have the ability to effectively communicate and share information regarding contracted providers. A-1112DOH-019 June 30, 2013 Division of DOH Policies governing purchasing and contractual services The purchasing and contractual services policies will be failed to mention or reference Rule 60A-1.006, Florida Administration updated to include reference to 60A-1.006, F.A.C. Administrative Code (F.A.C.), leading to inconsistent Specifically, the reference will focus on the removal of application of the Rule's provisions. The Division of vendors, default actions, and placement on the Department of Administration should revise policies and correspondence Management Services convicted vendors list. with contracted providers to include references to Rule 60A-1.006, F.A.C. The Division of Administration should be more The purchasing and contractual services policies will be assertive in any published reports or correspondence updated to include reference to 60A-1.006, F.A.C. regarding deficiencies in contracted provider performance by Specifically, the reference will focus on the removal of referencing and consistently enforcing the provisions of Rule vendors, default actions, and placement on the Department of 60A-1.006, F.A.C., especially the provisions regarding timely Management Services convicted vendors list. provider response and rendering the provider "in default" once those timeframes have not been met. A-1112DOH-019 June 30, 2013 Division of DOH executed or renewed contracts with providers that The Division of Administration will strengthen its current Administration previously failed to respond to requests for corrective actions process of identifying contract providers who have not in Contract Administrative Monitoring (CAM) unit reports. responded timely to corrective actions emanating from The Division of Administration should develop a control to Administrative Monitoring. It will: identify contracted providers/vendors who have not timely 1. Strengthen its current process; responded to monitoring reports published by the CAM unit. 2. Coordinate with the Office of General Counsel and various Subsequent contracts should not be executed until the program offices regarding entering into new contracts with providers who failed to respond timely. contracted provider appropriately responds to the issues cited 3. The SharePoint site referenced in 1.1 will include in the Administrative Monitoring Report. information on providers that have not timely responded to Administrative Monitoring. This information will be made available to DOH contracting and program staff. A-1112DOH-019 June 30, 2013 Division of DOH executed or renewed contracts with providers that were Response not required. previously terminated from another DOH contract. Finding Administration will be addressed by fulfillment of the first finding and

Budget Period: 2013 - 2014

A-1112DOH-019	June 30, 2013	Division of Administration	Previous Division of Administration management did not completely appropriately handle concerns related to a CAM Unit Contract Administrative Monitoring of a contracted provider. The Division of Administration should take steps to ensure all allegations or appearances of financial irregularities, such as misappropriation of assets, fraud, or other illegal acts identified by CAM Unit Administrative Monitoring reviews, are reported timely to the Office of Inspector General. The Bureau of Finance and Accounting should take steps to finalize and publish DOHP 250-15-11, Awarding Financial Assistance, as soon as possible.	The Division of Administration will take appropriate steps by reassessing its current process to ensure that the Office of Inspector General is timely informed of financial irregularities. It will review its current process and procedures to ensure that issues and concerns related to financial irregularities are reported to the Office of Inspector General and other related parties. The policy DOHP 250-15-11, Awarding Financial Assistance, will be reviewed and finalized for publication. The Bureau will coordinate the review of DOHP 250-15-11 with the Office of General Counsel to finalize publication.	
A-1112DOH-019	June 30, 2013	Division of Administration	Written procedures were not in place to advise contract managers how to handle instances of allegations or appearances of financial irregularities, such as misappropriation of assets, fraud, or other illegal acts perpetrated by contracted providers. The Office of Contract Administration should update DOHP 250-14-11, Contractual Services Policies and Procedures, and its Programmatic Monitoring Guidelines to advise that contract managers should timely report all allegations or appearances of financial irregularities, such as misappropriation of assets, fraud, or other illegal acts identified during contract monitoring efforts, to the Office of Inspector General.	The Office of Contract Administration has developed a uniform process for contract managers to timely report allegations of financial irregularities. This process will be incorporated into the DOHP 250-14-11, Contractual Services Policies & Procedures, and Programmatic Monitoring Guidelines. The Office of Contract Administration will incorporate a "Problem Situation Process" flowchart and procedures into DOHP 250-14-11.	
A-1112DOH-019	June 30, 2013	Division of Administration	The Bureau of Finance and Accounting has not applied interest to questioned costs after 40 days following formal notification to contracted providers that have outstanding balances, as stipulated in DOH's Standard Contract. The Bureau of Finance and Accounting should enforce the provisions of the DOH standard contract and apply interest to contracted providers for any outstanding balance of questioned costs not returned within 40 days of notification. The CAM unit should remind contracted providers in formal communications that interest will be applied on any	The Bureau of Finance & Accounting will enforce the provision of the standard contract regarding the application of interest to questioned costs. The Bureau of Finance & Accounting will develop a process of identifying contracted providers that have outstanding balances and enforcing the application of interest. The CAM unit will update its process to include the application of interest upon formal notice to providers that have outstanding balances. All future correspondence to contract providers will include a provision for the application of interest to questioned costs.	
A-1112DOH-019	June 30, 2013	Division of Administration	Administrative Monitoring Reports were not being published on a timely basis. The Division of Administration should maintain the integrity of its CAM unit by ensuring the timely publication of all reports based on Administrative Monitoring reviews. These reports should include all material issues identified during the course of the respective administrative monitoring.	The Division of Administration is in the process of assessing its policies and procedures of the CAM Unit to identify areas for improvement which will include, but not limited to publishing reports on time, making all reports available to contract managers, etc.	

A-1112DOH-019	June 30, 2013	Administration		The Bureau of Finance and Accounting will develop a process for collecting questioned costs identified during administrative monitoring projects.	
A-1011DOH-021	June 30, 2012	Technology (DIT)	of Application Development and Support should refer to industry best practices to establish and maintain standards	DIT is re-examining the systems development life cycle standards utilized by the Bureau of Application Development and Support. Primary SDLC methodology currently employed is Agile Scrum. DIT will also review tools currently owned for additional options and functionality. Documentation will be updated to reflect standards for all application development and acquisition.	
A-1011DOH-021	June 30, 2012	Division of Information Technology	Documented test plans are not developed for all applications and maintenance releases. The Bureau of Application Development and Support should define test plan documentation standards and incorporate the requirements into the application development standards.	DIT is re-examining the systems development life cycle standards utilized by the Bureau of Application Development and Support. Primary SDLC methodology currently employed is Agile Scrum. DIT is aware one software development methodology may not be suitable for use by all projects, based on technical, project and team considerations. DIT accepts the use of linear and iterative development methodologies as appropriate. Documentation will be updated to address quality assurance and project management activities as part of the development life cycle. DIT will review tools currently owned for additional options and functionality.	
A-1011DOH-021	June 30, 2012	Technology		Testing is an integral part of planned software development. DIT will define a standard test plan document and incorporate standards for Unit, System and User Acceptance Testing into the application development standards.	

A-1112DOH-004		Administration, Bureau of General Services, Office of Contract Administration	its distinction from a contract. We recommend the Office of	The Office of General Counsel is providing edits and recommended changes to a memorandum prepared by Division of Administration to county health departments (CHDs) and programs to provide clear guidance and re-emphasize the correct use of MOAs. The memorandum will be issued or distributed no later than November 2012.	
A-1112DOH-004	·	Bureau of General Services, Office of Contract Administration	with non-governmental entities using an MOA. Other concerns related to the execution of MOA documents were also noted.	A memorandum to CHDs and programs to provide clear guidance and re-emphasize the correct use of MOAs has been routed and is with the Office of General Counsel for review and edits. The revised distribution date is no later than November 2012.	
A-1112DOH-004	June 30, 2012	Administration, Bureau of General Services, Office of Contract Administration	MOAs were generally not entered into the Contract Information File of the Florida Accounting Information Resource (FLAIR) and therefore were unaccounted for by Central Office. We recommend the Bureau of General Services take steps to verify that each program office, CHD, and CMS area office include their MOAs in at least one central database for reporting purposes. In light of the large quantity of MOAs within DOH, and also considering requirements to be defined by the Department of Financial Services in making its contract management system functional, DOH management should reevaluate whether it is appropriate for information related to MOAs to be captured in one or more systems so that DOH may centrally have access to information related to these types of agreements.	A memorandum to CHDs and programs to provide clear guidance and re-emphasize the correct use of MOAs has been routed and is with the Office of General Counsel for review and edits. The projected distribution date of the memorandum is November 2012. To assure compliance and sufficient time for all parties to understand and implement the mandatory requirements, the amended completion date for this activity is April 2013.	

DEPARTMENT OF HEALTH INFORMATION TECHNOLOGY EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH INFORMATION TECHNOLOGY SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64100400
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	275,982.36 (A)		275,982.36
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)	52,201.60	52,201.60
ADD: Anticipated Grant Revenue	1,542,457.00 (E)		1,542,457.00
Total Cash plus Accounts Receivable	1,818,439.36 (F)	52,201.60	1,870,640.96
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(1,515,773.47) (H)	17,011.00	(1,498,762.47)
Approved "B" Certified Forwards	(26,684.44) (H)		(26,684.44)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	275,981.45 (K)	69,212.60	345,194.05

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Administative Trust Fund 2021/64100400 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; (1,138,123.80) (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # **Due from ther Departments** (163XX) 52,201.60 SWFS Adjustment #B6400005 Due to other Departments (353XX) 17,011.00 (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (26,684.44) (D) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories (101,667.31) (D) Anticipated Grant Revenues from 2021 64100200 1,542,457.00 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **345,194.05** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **345,194.05** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

DEPARTMENT OF HEALTH COMMUNITY HEALTH PROMOTION EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH COMMUNITY HEALTH PROMOTION SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Health Budget Period: 2013-2014 **Program:** 64200100 Community Health Promotion 2089 Rape Crisis Program Trust Fund **Fund: Specific Authority:** s. 794.055 & s. 794.056, F.S. **Purpose of Fees Collected:** Funds are allocated to rape crisis centers to provide sexual battery recovery services to victims of sexual battery and their families. Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2011 -2012 FY 2012 -2013 FY 2013 -2014 Receipts: 1,432,428 1,432,428 1,432,428 1,432,428 1,432,428 1,432,428 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits 32,000 36,000 Other Personal Services Expenses 30,913 38,437 34,437 Operating Capital Outlay Contractual Services 1,769,219 1,338,298 1,338,298 Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 1,800,132 1,408,735 1,408,735 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 1,432,428 1,432,428 1,432,428 TOTAL SECTION II 1,800,132 1,408,735 1,408,735 (B) **TOTAL - Surplus/Deficit** (367,704)23,693 23,693 (C) **EXPLANATION of LINE C:** Cash is available for negative balance. Revenues have been estimated based on history of previous deposits. It is not anticipated that the deposits will increase durinig FY 13-14. 38 of 467

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS 64 Department of Health **Department:** Budget Period: 2013-2014 64200300 Community Health Promotion - Epilepsy Prevention Program **Program:** 2197 Epilepsy Services Trust Fund Fund: **Specific Authority:** s. 385.2007, F.S. **Purpose of Fees Collected:** Statewide Implementation of Programs for Epilepsy Prevention and Educat Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete X Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED REQUEST** FY 20 <u>11</u> - <u>12</u> FY 20 <u>12</u> - <u>13</u> FY 20 <u>13</u> - <u>14</u> Receipts: Fines Assessed - Safety Belt/Child 1,346,555 1,386,952 1,428,561 **Restraint Violations** 1,346,555 1,386,952 1,428,561 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 50,257 51,764 53,316 Other Personal Services Expenses 19,034 19,034 19,034 Operating Capital Outlay **Contractual Services** 1,400,000 1,400,000 1,400,000 98,298 101,247 104,284 7.3% Service ChargeTo GR Indirect Costs Charged to Trust Fund 1,567,589 1,572,045 1,576,634 Total Full Costs to Line (B) - Section III Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 1,346,555 1,386,952 1,428,561 TOTAL SECTION II (B) 1,567,589 1,572,045 1,576,634 (221,034)(185,093)(148,073) **TOTAL - Surplus/Deficit** (C) **EXPLANATION of LINE C:**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2013 - 2014

Department: Health Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200100 **Phone Number:** (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
2012-142	June 30, 2012	Child and Adult	Florida Department of Health (FDOH) did not have a process	Completed.	
		Care Food	in place to report Federal Funding Accountability and		
		Program	Transparency ACT (FFATA) Subaward Reporting System		
		(CACFP)	(FSRS) data related to subawards. In addition, FDOH did		
			not obtain the Dun and Bradstreet Data Universal Numbering		
			System (DUNS) number of subrecipients prior to issuing		
			subawards. We recommend that FDOH ensure that all		
			required key data elements are timely reported in FSRS for		
			the applicable grants. We also recommend that FDOH		
			obtain DUNS numbers prior to executing subrecipient		
			agreements.		
2012-142	June 30, 2012	CACFP	FDOH uses the Management Information and Payment	No response required.	
			System (MIPS) to receive CACFP claims from pre-approved		
			contractors who provide meals and snacks under the		
			Program. MIPS calculates monthly claims, provides		
			management information, and prepares Federal reports. In		
			our Information Technology operation audit report No. 2011-		
			193, dated June 2011, we disclosed in finding Nos. 1 through		
			6, deficiencies related to MIPS regarding user access and		
			system modification that we consider collectively to be a		
			significant deficiency. Details of the findings and		
			recommendations are included in that report.		

DEPARTMENT OF HEALTH DISEASE CONTROL AND HEALTH PROTECTION EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH DISEASE CONTROL AND HEALTH PROTECTION SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Budget Period: 2013-2014 Health **Program:** Bureau of Onsite Sewage Fund: Grants and Donations TF-339060 **Specific Authority:** 381.007 **Purpose of Fees Collected:** Septic Tank Contractor License fees-to ensure that contractors are licensed to perform septic work in Florida Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach X Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED REQUEST** FY 2011 - 2012 FY 2012 - 2013 FY 2013 -2014 Receipts: 80,425 Contractor Registration 190,000 85,000 80,425 190,000 85,000 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 83,038 102,120 102,120 Other Personal Services 9,400 Expenses 577 4,700 Operating Capital Outlay 150 150 150 Refunds General Revenue Surcharge-8% 6,218 15,200 6,800 Indirect Costs Charged to Trust Fund 89,982 126,870 113,770 Total Full Costs to Line (B) - Section III Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I 80,425 85,000 (A) 190,000 TOTAL SECTION II (B) 89,982 126,870 113,770 (9,557)63,130 **TOTAL - Surplus/Deficit** (C) (28,770)**EXPLANATION of LINE C:** This is a bi-ennial program. The surplus revenue in the trust fund will offset the cash deficit for FY 13-14.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Budget Period: 2013-2014 **Program:** Bureau of Community Environmental Health Radiation Control TF **Fund: Specific Authority:** FS 404.056 **Purpose of Fees Collected:** Fees collected for Radon Certification. Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2011 - 2012 FY 2012 - 2013 FY 2013 -2014 Receipts: 112,255 117,868 117,868 112,255 117,868 117,868 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits 51,167 53,725 53,725 Other Personal Services Expenses 6,281 6,595 6,595 Operating Capital Outlay General Revenue Surcharge-8% 8,101 9,429 9,429 Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 65,548 69,749 69,749 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 112,255 117,868 117,868 TOTAL SECTION II 69,749 65,548 69,749 (B) **TOTAL - Surplus/Deficit** (C) 46,707 48,119 48,119 **EXPLANATION of LINE C:** Surplus cash helps offset cash deficit in the program to support radon activities. 44 of 467

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2013 - 2014

Department: Health Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200200 **Phone Number:** (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
2012-142	June 30, 2012	HIV/AIDS	FDOH management had not established effective access	The Reporting Unit has hired a developer and engaged a	
			security controls for the AIDS Information Management	contractor to assist with moving the AIMS re-write project	
			System (AIMS). We recommend the Bureau of HIV/AIDS	forward. Projected completion date is October 2012. The	
			perform and document periodic reviews of AIMS access	security module and contracting module have been coded as of	
			privileges and consider obtaining AIMS Access Request	this time.	
			Forms for all users. We also recommend that FDOH		
			establish written policies and procedures related to AIMS		
			access security.		

DEPARTMENT OF HEALTH FAMILY HEALTH SERVICES EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH FAMILY HEALTH SERVICES SCHEDULE I SERIES

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Administrative Trust Fund	
Budget Entity:	62200300	
LAS/PBS Fund Number:	2021	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	24,122.62 (A)		24,122.62
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	24,122.62 (F)	0.00	24,122.62
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(H)		0.00
Approved "B" Certified Forwards	(3,674.99) (H)		(3,674.99)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	20,447.63 (K)	0.00	20,447.63 *

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Administative Trust Fund 2021/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 24,122.62 (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (3,674.99) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **20,447.63** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **20,447.63** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Rape Crisis Trust Fund	
Budget Entity:	64200300	
LAS/PBS Fund Number:	2089	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	460,382.17 (A)		460,382.17
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	460,382.17 (F)	0.00	460,382.17
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(208,608.23) (H)		(208,608.23)
Approved "B" Certified Forwards	(6,481.93) (H)		(6,481.93)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(31,064.19) (I)		(31,064.19)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	214,227.82 (K)	0.00	214,227.82 *

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Rape Crisis Trust Fund 2089/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 220,709.75 GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (6,481.93) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **214,227.82** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **214,227.82** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Tobacco Settlement Trust Fund	
Budget Entity:	64200300	
LAS/PBS Fund Number:	2122	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00 (A)		0.00
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	128,638.49 (D)		128,638.49
ADD: Transfer from 2122 64200700	278,133.51 (E)		278,133.51
Total Cash plus Accounts Receivable	406,772.00 (F)	0.00	406,772.00
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(90,102.00) (H)		(90,102.00)
Approved "B" Certified Forwards	(316,670.00) (H)		(316,670.00)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Tobacco Settlement Trust Fund 2122/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **0.00** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (316,670.00) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS 0.00 (D) A/P not C/F-Operating Categories 38,536.49 (D) Transfer from 2122 64200700 278,133.51 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Epilepsy Trust Fund	
Budget Entity:	64200300	
LAS/PBS Fund Number:	2197	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	739,909.03 (A)		739,909.03
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	739,909.03 (F)	0.00	739,909.03
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(58,080.58) (H)		(58,080.58)
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(27,898.15) (I)		(27,898.15)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	653,930.30 (K)	0.00	653,930.30

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title: Epilepsy Trust Fund** 2197/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 653,930.30 (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **653,930.30** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **653,930.30** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Feriod: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Federal Grant Trust Fund
Budget Entity:	64200300
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,471,727.76 (A)		3,471,727.76
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	35,968,515.85 (D)		35,968,515.85
ADD: Transfer from 2261 64200400	3,329,990.26 (E)		3,329,990.26
Total Cash plus Accounts Receivable	42,770,233.87 (F)	0.00	42,770,233.87
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(41,040,161.01) (H)		(41,040,161.01)
Approved "B" Certified Forwards	(1,730,072.86) (H)		(1,730,072.86)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)		0.00

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; (1,644,237.30) (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: **SWFS** Adjustment (C) **SWFS** Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (1,730,072.86) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 44,319.90 (D) Transfer from 2261 64200400 3,329,990.26 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Grants & Donations Trust Fund	
Budget Entity:	64200300	
LAS/PBS Fund Number:	2339	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,448.33 (A)		1,448.33
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	1,448.33 (F)	0.00	1,448.33
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(H)		0.00
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	1,448.33 (K)	0.00	1,448.33 *

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Grants & Donations Trust Fund 2339/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 **1,448.33** (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) **SWFS** Adjustment SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **1,448.33** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **1,448.33** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Welfare Transition Trust Fund	
Budget Entity:	64200300	
LAS/PBS Fund Number:	2401	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00 (A)		0.00
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	0.00 (F)	0.00	0.00
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I) 0.00		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Welfare Transition Trust Fund 2401/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **0.00** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Maternal & Children Health Block Grant Trust Fund	
Budget Entity:	64200300	
LAS/PBS Fund Number:	2475	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(517,215.29) (A)		(517,215.29)
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	1,412,190.32 (D)		1,412,190.32
ADD: TNFR From 2475 64300100	374,341.61 (E)		374,341.61
Total Cash plus Accounts Receivable	1,269,316.64 (F)	0.00	1,269,316.64
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(1,254,811.76) (H)		(1,254,811.76)
Approved "B" Certified Forwards	(14,504.88) (H)		(14,504.88)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

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RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Maternal & Children Health Block Grant Trust Fund 2475 / 64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 (361,142.97) (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** (14,504.88) (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 1,306.24 (D) TNFR From 2475 64300100 374,341.61 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Preventative Health Services Block Grant Trust Fund	
Budget Entity:	64200300	
LAS/PBS Fund Number:	2539	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	457,030.74 (A)		457,030.74
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD:	0.00 (E)		0.00
Total Cash plus Accounts Receivable	457,030.74 (F)	0.00	457,030.74
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(62,156.10) (H)		(62,156.10)
Approved "B" Certified Forwards	(55,302.12) (H)		(55,302.12)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	339,572.52 (K)	0.00	339,572.52 **

Notes:

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Preventative Health Services Block Grant Trust Fund 2569/64200300 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE: Total Fund Balance Per FLAIR Trial Balance, 07/01/12** 394,175.55 (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** (55,302.12) (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 699.09 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: 339,572.52 (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) (F) **DIFFERENCE:** 339,572.52 (G)* *SHOULD EQUAL ZERO.

DEPARTMENT OF HEALTH INFECTIOUS DISEASE CONTROL EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH INFECTIOUS DISEASE CONTROL SCHEDULE I SERIES

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Department of Health Federal Grant Trust Fund 64200400 2261		
	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	11,605,399.73 (A)		11,605,399.73
ADD: Other Cash (See Instructions)	22.84 (B)		22.84
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	8,571,162.67 (D)		8,571,162.67
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	20,176,585.24 (F)	0.00	20,176,585.24
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(6,236,700.94) (H)		(6,236,700.94)
Approved "B" Certified Forwards	(564,101.26) (H)		(564,101.26)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Transfer to BE 64200300/64200400/64200800/64500100	(8,111,451.12) (I)		(8,111,451.12)
Unreserved Fund Balance, 07/01/12	5,264,331.92 (K)		5,264,331.92 *

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64200400 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 13,927,073.12 (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: **SWFS** Adjustment (C) **SWFS** Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (564,101.26) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 12,811.18 (D) Transfer to BE 64200300/64200400/64200800/64500100 (8,111,451.12) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **5,264,331.92** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **5,264,331.92** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Grants & Donations Trust Fund	
Budget Entity:	64200400	
LAS/PBS Fund Number:	2339	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(144,185.72) (A)		(144,185.72)
ADD: Other Cash (See Instructions)	2.23 (B)		2.23
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	3,811.99 (D)		3,811.99
ADD: Anticipated Receivable Cancer Registry	222,839.11 (E)		222,839.11
Total Cash plus Accounts Receivable	82,467.61 (F)	0.00	82,467.61
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(79,676.54) (H)		(79,676.54)
Approved "B" Certified Forwards	(2,471.07) (H)		(2,471.07)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(320.00) (I)		(320.00)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	(0.00) (K)	0.00	(0.00)

Notes:

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Grants & Donations Trust Fund 2339/64200400 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; (220,414.44) (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) **SWFS** Adjustment SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (2,471.07) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 46.40 (D) Anticipated Receivable Cancer Registry 222,839.11 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Department Title:	Budget Period: 2013 - 2014 Department of Health				
Trust Fund Title:	Operations & Maintenance Trust Fund				
Budget Entity:	64200400				
LAS/PBS Fund Number:	2516				
	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance		
Chief Financial Officer's (CFO) Cash Balance	4,437,751.08 (A)		4,437,751.08		
ADD: Other Cash (See Instructions)	(B)		0.00		
ADD: Investments	(C)		0.00		
ADD: Outstanding Accounts Receivable	1,914.30 (D)	45,500.00	47,414.30		
ADD:	(E)		0.00		
Total Cash plus Accounts Receivable	4,439,665.38 (F)	45,500.00	4,485,165.38		
LESS Allowances for Uncollectibles	(G)		0.00		
LESS Approved "A" Certified Forwards	(190,392.46) (H)		(190,392.46)		
Approved "B" Certified Forwards	(60,757.44) (H)		(60,757.44)		
Approved "FCO" Certified Forwards	(H)		0.00		
LESS: Other Accounts Payable (Nonoperating)	(5,758.76) (I)		(5,758.76)		
LESS:	(J)		0.00		
Unreserved Fund Balance, 07/01/12	4,182,756.72 (K)	45,500.00	4,228,256.72 **		

Notes:

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Operations & Maintenance Trust Fund 2516/64200400 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 **4,403,425.40** (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (160,387.24) (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment #B6400014 "Increase Due from" (163XX) 45,500.00 (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** (60,757.44) (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 476.00 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **4,228,256.72** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) (F) **DIFFERENCE: 4,228,256.72** (G)* *SHOULD EQUAL ZERO.

DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH SERVICES SCHEDULE I SERIES

Budget Period: 2013 - 2014

Department of Health

Trust Fund Title:	Administrative Trust Fund			
Budget Entity:	62200600			
LAS/PBS Fund Number:	2021			
	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	2,575,532.65 (A)		2,575,532.65	
ADD: Other Cash (See Instructions)	107.49 (B)		107.49	
ADD: Investments	(C)		0.00	
ADD: Outstanding Accounts Receivable	(3,054.27) (D)		(3,054.27)	
ADD:	(E)		0.00	
Total Cash plus Accounts Receivable	2,572,585.87 (F)	0.00	2,572,585.87	
LESS Allowances for Uncollectibles	(G)		0.00	
LESS Approved "A" Certified Forwards	(76,067.04) (H)		(76,067.04)	
Approved "B" Certified Forwards	(11,415.62) (H)		(11,415.62)	

Notes:

LESS: _

Department Title:

Approved "FCO" Certified Forwards

LESS: Other Accounts Payable (Nonoperating)

(H)

(150.00) (I)

2,484,953.21 (K)

0.00

0.00

(150.00)

2,484,953.21

0.00

Office of Policy and Budget - July 2012

Unreserved Fund Balance, 07/01/12

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Administative Trust Fund 2021/64200600 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **2,494,701.25** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (11,415.62) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 1,667.58 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **2,484,953.21** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **2,484,953.21** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Budget Period: 2013 - 2014

Department Title: Department of Health
Trust Fund Title: Federal Grant Trust Fund

Budget Entity: 64200600

LAS/PBS Fund Number: 2261

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(94,229.04) (A)		(94,229.04)
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	330,679.65 (D)		330,679.65
ADD: Transfer from 2261 64200400	5,902.56 (E)		5,902.56
Total Cash plus Accounts Receivable	242,353.17 (F)	0.00	242,353.17
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(203,094.15) (H)		(203,094.15)
Approved "B" Certified Forwards	(39,259.02) (H)		(39,259.02)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)		0.00

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64200600 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 32,286.54 GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: **SWFS** Adjustment (C) **SWFS** Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (39,259.02) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 1,069.92 (D) Transfer from 2261 64200400 5,902.56 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Dudget 1 c10d. 2013 - 2014	
Department of Health	
Grants & Donations Trust Fund	
64200600	
2339	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,118,599.72 (A)		2,118,599.72
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	849,903.13 (D)		849,903.13
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	2,968,502.85 (F)	0.00	2,968,502.85
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(580,851.58) (H)		(580,851.58)
Approved "B" Certified Forwards	(11,638.38) (H)		(11,638.38)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(2,143.40) (I)		(2,143.40)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	2,373,869.49 (K)	0.00	2,373,869.49 *

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Grants & Donations Trust Fund 2339/64200600 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 2,384,974.92 GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) **SWFS** Adjustment SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (11,638.38) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 532.95 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **2,373,869.49** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **2,373,869.49** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Budget Period: 2013 - 2014

Department of Health

Trust Fund Title:	Radiation Protection Trust Fund			
Budget Entity:	64200600			
LAS/PBS Fund Number:	2569			
	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	2,744,657.95 (A)		2,744,657.95	
ADD: Other Cash (See Instructions)	3,315.00 (B)		3,315.00	
ADD: Investments	(C)		0.00	
ADD: Outstanding Accounts Receivable	396,503.47 (D)		396,503.47	
ADD:	(E)		0.00	
Total Cash plus Accounts Receivable	3,144,476.42 (F)	0.00	3,144,476.42	
LESS Allowances for Uncollectibles	(G)		0.00	
LESS Approved "A" Certified Forwards	(173,463.92) (H)		(173,463.92)	
Approved "B" Certified Forwards	(5,825.69) (H)		(5,825.69)	
Approved "FCO" Certified Forwards	(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	(111,547.16) (I)		(111,547.16)	

Notes:

LESS: ___

Department Title:

2,853,639.65 (K)

0.00

2,853,639.65

0.00

Office of Policy and Budget - July 2012

Unreserved Fund Balance, 07/01/12

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Radiation Protection Trust Fund 2569/64200600 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE: Total Fund Balance Per FLAIR Trial Balance, 07/01/12 2,855,285.56** (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** (5,825.69) (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 4,179.78 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **2,853,639.65** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **2,853,639.65** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEEDS EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEEDS SCHEDULE I SERIES

Budget Period: 2013 - 2014		
Department Title:	Department of Health	
Frust Fund Title:	Tobacco Settlement Trust Fund	
Budget Entity:	64200700	
LAS/PBS Fund Number:	2122	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,223,207.90 (A)		1,223,207.90
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	1,223,207.90 (F)	0.00	1,223,207.90
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(H)		0.00
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards	(905,246.39) (H)		(905,246.39)
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: Transfer to 2122 64200300	(278,133.51) (J)		(278,133.51)
LESS: Transfer to 2122 64400200	(39,828.00) (J)		(39,828.00)
Unreserved Fund Balance, 07/01/12	(0.00) (K)	0.00	(0.00)

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Tobacco Settlement Trust Fund 2122/64200700 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **1,223,207.90** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) (905,246.39) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories (D) Transfer to 2122 64200300 (278,133.51) (D) Transfer to 2122 64400200 (39,828.00) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: (0.00) (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE:** (0.00) (G)* *SHOULD EQUAL ZERO.

Budget Period: 2013 - 2014

Department Title: Department of Health
Trust Fund Title: County Health Department Trust Fund

Budget Entity: 64200700

LAS/PBS Fund Number: 2141

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	75,429,477.06 (A)		75,429,477.06
ADD: Other Cash (See Instructions)	1,038,329.37 (B)		1,038,329.37
ADD: Investments	83,826,211.00 (C)		83,826,211.00
ADD: Outstanding Accounts Receivable	50,434,314.75 (D)	62,100.00	50,496,414.75
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	210,728,332.18 (F)	62,100.00	210,790,432.18
LESS Allowances for Uncollectibles	(12,004,397.75) (G)		(12,004,397.75)
LESS Approved "A" Certified Forwards	(25,566,598.82) (H)	(4,752.57)	(25,571,351.39)
Approved "B" Certified Forwards	(6,847,883.84) (H)		(6,847,883.84)
Approved "FCO" Certified Forwards	(46,890,293.45) (H)		(46,890,293.45)
LESS: Other Accounts Payable (Nonoperating)	(33,535.48) (I)		(33,535.48)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	119,385,622.84 (K)	57,347.43	119,442,970.27

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** County Health Department Trust Fund 2141/64200700 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **181,278,799.19** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (9,611,110.85) (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment #B6400015 Increase Due From (163XX/61300) 62,100.00 SWFS Adjustment #B6400018 increase Due to (353XX 759XX) (4,752.57)**Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (6,847,883.84) (D) (46,890,293.45) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 1,124,118.49 (D) A/P not C/F-FCO Categories 331,993.30 (D) (D) Transfer from Nursing Student Loan Forgiveness Trust Fund (D) ADJUSTED BEGINNING TRIAL BALANCE: **119,442,970.27** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **119,442,970.27** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS Budget Period: 2013 - 2014

 Department:
 Health
 Chief Internal Auditor:
 Michael J. Bennett

Budget Entity: 64200700 **Phone Number:** (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
A-1011DOH-035	June 30, 2012	Miami-Dade	The Contract Manager included contract language that permits	Completed at 6 month followup of April 13, 2012. We have	
		CHD	providers to submit deliverables after contracts end. We	implemented all recommendations in conformity with the	
			recommend the Contract Management section of Miami-Dade	audit.	
			CHD review all contracts and ensure contract language		
			requires contracted providers to submit deliverables prior to		
			payment, and discontinue the use of language that allows		
			deliverables to be submitted after the contract ends.		
			-		
					i

DEPARTMENT OF HEALTH STATEWIDE PUBLIC HEALTH EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH STATEWIDE PUBLIC HEALTH SUPPORT SCHEDULE I SERIES

Budget Period: 2015 - 2014		
Department Title:	Department of Health	
Trust Fund Title: Administrative Trust Fund		
Budget Entity:	64200800	
LAS/PBS Fund Number:	2021	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	4,152,219.18 (A)		4,152,219.18
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	7,135.52 (D)		7,135.52
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	4,159,354.70 (F)	0.00	4,159,354.70
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(9,270.30) (H)		(9,270.30)
Approved "B" Certified Forwards	(148,123.13) (H)		(148,123.13)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(532.00) (I)		(532.00)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	4,001,429.27 (K)	0.00	4,001,429.27

Notes:

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Administative Trust Fund 2021/64200800 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **4,149,552.40** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (148,123.13) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **4,001,429.27** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **4,001,429.27** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Department Title: Department of Health	Budget Period: 2015 - 2014		
	Department Title:	Department of Health	
Trust Fund Title: Tobacco Settlement Trust Fund	rust Fund Title:	Tobacco Settlement Trust Fund	
Budget Entity: 64200800	budget Entity:	64200800	
LAS/PBS Fund Number: 2122	AS/PBS Fund Number:	2122	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00 (A)		0.00
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	1,305,384.56 (D)		1,305,384.56
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	1,305,384.56 (F)	0.00	1,305,384.56
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(1,305,384.56) (H)		(1,305,384.56)
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Tobacco Settlement Trust Fund 2122/64200800 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **0.00** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Budget Period: 2013 - 2014

Department Title: Department of Health
Trust Fund Title: Emergency Medical Services Trust Fund

Budget Entity: 64200800

LAS/PBS Fund Number: 2192

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,746,617.77 (A)		2,746,617.77
ADD: Other Cash (See Instructions)	865.00 (B)		865.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	55,687.32 (D)		55,687.32
ADD: Transfer from 2192 64400200	4,687,930.73 (E)		4,687,930.73
Total Cash plus Accounts Receivable	7,491,100.82 (F)	0.00	7,491,100.82
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(415,659.78) (H)		(415,659.78)
Approved "B" Certified Forwards	(51,875.58) (H)		(51,875.58)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(384,966.47) (J)		(384,966.47)
Unreserved Fund Balance, 07/01/12	6,638,598.99 (K)	0.00	6,638,598.99 *

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title: Emergency Medical Services Trust Funds** LAS/PBS Fund Number: 2192/64200800 **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **1,998,467.83** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (51,875.58) (D) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 4,076.01 (D) Transfer from 2192 64200800 4,687,930.73 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **6,638,598.99** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **6,638,598.99** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health Budget Period: 2013-2014

64200800 Statewide Public Health Support **Program:** Fund: 192002 Emergency Medical Services

F.S. 320.0801, 318.14(5), 318.18(15)(a)1, 318.18(3)(h), 318.18(5)(c), 318.18(20), 938.07, 318.21, 316.061, 316.0083(1)(b)3.b To improve and expand prehospital emergency medical services **Specific Authority:**

Purpose of Fees Collected:

in the state.

Type of Fee or Program: (Check ONE Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete

Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL	ESTIMATED	REQUEST
	FY 2011-2012	FY 2012-2013	FY 2013 - 2014
Receipts:			
HD000-Motor Vehicle Registration Surtax	1,962,807	1,943,179	1,962,611
HD001-Civil Penalty	195,881	191,963	193,883
HD002-Red Light Running Fine	2,600,010	2,210,008.50	2,033,207.82
HD004-Traffic Violation Fine	5,039	4,938	5,037
HD005-Traffic Violation Fine	155,108	152,006	155,046
HD006-Traffic Violation Fine	485,168	475,465	484,974
N2000-Traffic Violation Fines	6,603,922	6,141,647	6,203,064
N2000-Interest Income	315	320	365
RLCTK-Red Light Ticket Revenue	7,375,567	8,113,124	8,924,436
Total Fee Collection to Line (A) - Section	19,383,817	19,232,650.67	19,962,623.46

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits	1,663,498	1,712,359	1,797,977
Other Personal Services	93,237	95,000	95,000
Expenses	207,243	314,667	312,000
Operating Capital Outlay	1,305	3,000	3,000
Contractual	853,221	865,000	712,000
County Grants	1,854,671	3,000,000	3,060,000
Matching Grants	2,636,393	2,500,000	2,550,000
Payout to Trauma Centers	7,728,956	8,501,852	9,352,037
Trauma Special Category	65,908	69,203	72,664
8% Service Charge	1,238,375	1,538,612	1,597,010
Total Full Costs to Line (B) - Section III	16,342,807	18,599,693	19,551,687

Basis Used:

SECTION III - SUMMARY

TOTAL SECTION I	(A)	19,383,817	19,232,651	19,962,623
TOTAL SECTION II	(B)	16,342,807	18,599,693	19,551,687
TOTAL - Surplus/Deficit	(C)	3,041,010	632,958	410,936

EXPLANATION of LINE C:

Revenue for RLCTK for FY 2011-12 was deposited into the Admin TF, 021042; for FY 2012-13 it will be depos into the EMS TF 192002.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2013-2014**

Program: 64200800 Statewide Public Health Support Fund: 192002 Emergency Medical Services

Specific Authority: F.S. 401.34, 401.465(3)

Purpose of Fees Collected: To improve and expand prehospital emergency medical services

in the state.

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete

Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-2012	ESTIMATED FY 2012-2013	REQUEST FY 2013 - 2014
D	F 1 2011-2012	F1 2012-2013	F1 2013 - 2014
Receipts: EMDSP-Emergency Dispatcher Certifica	tion 118,845	441,000	150,000
IL000-Licensure & Certification Fees			
icoo-cicensure & Certification Fees	619,340	2,759,875	650,307
			г
Total Fee Collection to Line (A) - Section	III 738,185	3,200,875	800,307
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	247,739	248,450	248,450
Other Personal Services	35,700	61,576	61,576
Expenses	79,391	240,075	92,075
Operating Capital Outlay	4,611	1,500	1,500
Contractual	103,345	157,556	125,000
Payment to MQA	1,351,388	1,400,000	600,000
Refunds	4,285	4,200	4,200
8% Service Charge	71,841	256,070	64,025
Total Full Costs to Line (B) - Section III	1,898,300	2,113,357	1,132,801
Basis Used:			
SECTION III - SUMMARY			
TOTAL SECTION I (A	738,185	3,200,875	800,307
TOTAL SECTION II (E		2,113,357	1,132,801
TOTAL - Surplus/Deficit (C		1,087,518	(332,494)
101AL - Surpius/Deficit (C	(1,100,115)	1,007,510	(332,494)

EXPLANATION of LINE C:

Revenue in OCA IL000 based on fees for applications and permits that are based on a 2 year cycle.

Revenue in OCA EMDSP based on fees for certifications that are based on a 2 year cycle.

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	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Biomedical Research Trust Fund	
Budget Entity:	64200800	
LAS/PBS Fund Number:	2245	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,615,137.95 (A)		2,615,137.95
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	37,337,588.08 (C)		37,337,588.08
ADD: Outstanding Accounts Receivable	66,485.41 (D)		66,485.41
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	40,019,211.44 (F)	0.00	40,019,211.44
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(1,514,708.94) (H)		(1,514,708.94)
Approved "B" Certified Forwards	(7,304,280.76) (H)		(7,304,280.76)
Approved Carry Forward	(27,207,812.39) (H)		(27,207,812.39)
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	3,992,409.35 (K)	0.00	3,992,409.35 *

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health Biomedical Research Trust Fund **Trust Fund Title:** 2245/64200800 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **37,794,832.65** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (7,304,280.76) (D) (27,207,812.39) (D) Approved Carry Forward A/P not C/F-Operating Categories 709,669.85 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **3,992,409.35** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **3,992,409.35** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Budget Period: 2013 - 2014

Department Title: Department of Health
Trust Fund Title: Federal Grant Trust Fund

Budget Entity: 64200800

LAS/PBS Fund Number: 2261

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(3,464,869.78) (A)		(3,464,869.78)
ADD: Other Cash (See Instructions)	68.00 (B)		68.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	690,252.77 (D)		690,252.77
ADD: Transfer from 2261 64200400	4,642,598.86 (E)		4,642,598.86
ADD: Transfer from 2261 64400200	14,413,142.58 (E)		14,413,142.58
Total Cash plus Accounts Receivable	16,281,192.43 (F)	0.00	16,281,192.43
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(14,221,498.25) (H)	4,752.57	(14,216,745.68)
Approved "B" Certified Forwards	(2,064,446.75) (H)		(2,064,446.75)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	(4,752.57) (K)	4,752.57	0.00

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014** Department Title: Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64200800 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **19,636,895.84** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (36,620,816.80) (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment #B6400019 Delete Due to Other Department (353XX) 4,752.57 (C) SWFS Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (2,064,446.75) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) 23,142.10 (D) A/P not C/F-Operating Categories Difference between LASPBS file and departmental Trial Balance (35,268.40) (D) Transfer from 2261 64200400 4,642,598.86 (D) Transfer from 2261 64400200 14,413,142.58 (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Feriod: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Grants & Donations Trust Fund	
Budget Entity:	64200800	
LAS/PBS Fund Number:	2339	_

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	4,137,495.70 (A)		4,137,495.70
ADD: Other Cash (See Instructions)	59.00 (B)		59.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	3,346,804.06 (D)	(964,178.87)	2,382,625.19
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	7,484,358.76 (F)	(964,178.87)	6,520,179.89
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(684,640.81) (H)		(684,640.81)
Approved "B" Certified Forwards	(36,035.37) (H)		(36,035.37)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(1,502.61) (I)		(1,502.61)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	6,762,179.97 (K)	(964,178.87)	5,798,001.10

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Grants & Donations Trust Fund 2339/64200800 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **7,196,497.31** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (400,821.06) (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment #B64000002 delete receivable (61300) (964,178.87) (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (36,035.37) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 2,539.09 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **5,798,001.10** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **5,798,001.10** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health Budget Period: 2013-2014

Program: Brain and Spinal Cord Injury Prevention Program

Fund: 390001

Specific Authority: 318.21, 938.07, 327.35

Purpose of Fees Collected: Fees collected are used to assist brain and spinal cord injury clients.

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete

X Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL	ESTIMATED	REQUEST
	FY 2011 - 2012	FY 2012 - 2013	FY 2013 - 2014
Receipts:			
Traffic Violation Fees 001200	8,091,116	7,252,346	7,252,346
Red Light Running	2,295,725	2,733,528	2,733,528
License Tag Surcharge 001520	1,162,641	1,238,496	1,238,496
Specialty Motor Cycle Tags 000200	54,030	54,366	54,366
Total Fee Collection to Line (A) - Section III	11,603,512	11,278,736	11,278,736
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	2,710,995	2,403,326	2,403,326
Other Personal Services			
Expenses	754,906	668,523	668,523
Operating Capital Outlay	6,225	5,000	5,000
Contractual (100777/100778)	1,476,269	1,500,000	1,500,000
All Other Expenses	20,044,733	15,000,000	15,000,000
Indirect Costs Charged to Trust Fund	919,095		
Total Full Costs to Line (B) - Section III	25,912,224	19,576,849	19,576,849
Basis Used:			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	11,603,512	11,278,736	11,278,736
TOTAL SECTION II (B)	25,912,224	19,576,849	19,576,849
TOTAL - Surplus/Deficit (C)	(14,308,712)	(8,298,113)	(8,298,113)

EXPLANATION of LINE C:

Negative Cash balance will be covered by transfers from AHCA for Medicaid Waiver Clients

Department Title:	Budget Period: 2013 - 2014 Department of Health			
Trust Fund Title:	Nursing Student Loan Forgiveness Trust Fund 64200800			
Budget Entity:				
LAS/PBS Fund Number:	2505			
	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	804,077.11 (A)		804,077.11	
ADD: Other Cash (See Instructions)	(B)		0.00	
ADD: Investments	(C)		0.00	
ADD: Outstanding Accounts Receivable	(D)		0.00	
ADD:	(E)		0.00	
Total Cash plus Accounts Receivable	804,077.11 (F)	0.00	804,077.11	
LESS Allowances for Uncollectibles	(G)		0.00	
LESS Approved "A" Certified Forwards	(55.95) (H)		(55.95)	
Approved "B" Certified Forwards	(H)		0.00	
Approved "FCO" Certified Forwards	(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00	
LESS:	(J)		0.00	
Unreserved Fund Balance, 07/01/12	804,021.16 (K)	0.00	804,021.16 **	

Notes:

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Nursing Student Loan Forgiveness Trust Fund 2505/64200800 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 **804,016.28** (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 4.88 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **804,021.16** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **804,021.16** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health Budget Period: 2013-2014

Program: 64200800 Statewide Health Support Services

Fund: 2531 Planning & Eval TF

Specific Authority: FS 381.0202 (3)

Purpose of Fees Collected: Support laboratory services provided

J5A00/9VA00

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete

Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-2012	ESTIMATED FY 2012-2013	REQUEST FY 2013-2014
Receipts:			
Contract, CHDs, & Lab billings	4,805,590	4,901,702	4,489,736
Medicaid, Medicare & 3rd Party	2,666,054	2,706,045	2,733,106
Other Grants	22,500	100,000	125,000
Miscellaneous	261,349	175,000	200,000
Total Fee Collection to Line (A) - Section III	7,755,493	7,882,747	7,547,842
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	2,169,342	2,392,433	2,175,000
Other Personal Services	53,560	62,961	65,000
Expenses	5,191,664	5,258,849	5,200,000
Operating Capital Outlay	9,343	112,250	100,000
Contractual Services	1,503,701	1,289,159	1,250,000
Other - includes Risk Mgt	151,654	128,512	130,000
Indirect Costs Charged to Trust Fund	(264,831)	(275,000)	(275,000)
Total Full Costs to Line (B) - Section III	8,814,433	8,969,164	8,645,000
Basis Used: Indirect cos	sts transferred to Q10	000 and LJWCP; adm	ninistrative salaries
based on F	TE and operating co	sts based on square	footage
SECTION III - SUMMARY			
TOTAL SECTION I (A)	7,755,493	7,882,747	7,547,842
TOTAL SECTION II (B)	8,814,433	8,969,164	8,645,000

TOTAL SECTION I	(A)	7,755,493	7,882,747	7,547,842
TOTAL SECTION II	(B)	8,814,433	8,969,164	8,645,000
TOTAL - Surplus/Deficit	(C)	(1,058,940)	(1,086,417)	(1,097,158)

EXPLANATION of LINE C:

deficit will be offset by surplus in other accounts and exisitng cash reserves

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health Budget Period: 2013-2014

Program: 64200800 Statewide Health Support Services

Fund: 2531 Planning & Eval TF

Specific Authority: FS 403.0625, FS 403.863 & FS 403.8635

Purpose of Fees Collected: Certification of Labs that perform either analyses of environmental

samples or water samples (Florida Safe Drinking Water Act) LJWCP

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-2012	ESTIMATED FY 2012-2013	REQUEST FY 2013-2014
Receipts: License renewals, applications, and certifications Other	1,166,870	1,150,000	1,175,000
Total Fee Collection to Line (A) - Section SECTION II - FULL COSTS	1,183,007	1,160,000	1,190,000
Direct Costs: Salaries and Benefits	707,209	701,507	710,000
Other Personal Services			
Expenses Operating Capital Outlay	89,145	92,150	95,000
Contractual Services	27,263	75,000	30,000
Indirect Costs Charged to Trust Fund	101,094	102,500	105,000
Total Full Costs to Line (B) - Section III	924,711	971,157	940,000
	strative overhead allocang costs allocated by so		
SECTION III - SUMMARY			
TOTAL SECTION I	1,183,007	1,160,000	1,190,000
TOTAL SECTION II (I	924,711	971,157	940,000
TOTAL - Surplus/Deficit (0	258,296	188,843	250,000
EXPLANATION of LINE C:			

Existing surplus cash will be used as a resource for programs that do not collect enough revenue to cover the

expenditures in the programs.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS Health Budget Period: 2013-2014 **Department:** 64200800 Statewide Health Support Services **Program: Fund:** 2531 Planning & Eval TF

Specific Authority: FS 383.14

Provide Laboratory Screening for metabolic disorders, other hereditary **Purpose of Fees Collected:**

> and congenital disorders for newborns. 1000 1TAH

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011 - 2012	ESTIMATED FY 2012 - 2013	REQUEST FY 2013 - 2014		
Receipts: ee for live births hospitals birth center	3,204,415	3,157,605	3,173,393		
edicaid ederal	6,213,905	7,138,139	7,577,607		
edicaid State atch 1	4,883,148	5,260,921	5,469,237		
Other hird arty includes edicare	2,439,475	3,201,422	3,378,055		
Total Fee Collection to Line (A) - Section III	16,740,943	18,758,087	19,598,292		
SECTION II - FULL COSTS					
Direct Costs:					
Salaries and Benefits	1,363,231	1,376,946	1,410,125		
Other Personal Services					
Expenses	5,835,675	6,193,655	6,123,933		
Operating Capital Outlay	3,255				
Contractual	1,951,045	2,963,163	3,487,955		
C S ransfer	1,273,906	1,638,385	1,658,385		
C ransfer	4,842,726	5,260,921	5,469,237		
Outsource	7,340	13,528	13,528		
Service Charge	253,038	230,505	231,658		
Indirect Costs Charged to Trust Fund	345,780	386,000	380,000		
Total Full Costs to Line (B) - Section III	15,875,996	18,063,103	18,774,821		
Basis Used: Administrative indirect costs allocated by FTE and operating costs by squ					

footage

SECTION III - SUMMARY

TOTAL SECTION I (A) 16,740,943 18,758,087 19,598,292 TOTAL SECTION II (B) 15,875,996 18,063,103 18,774,821 **TOTAL - Surplus/Deficit** 864,947 694,984 823,471 (C)

EXPLANATION of LINE C:

surplus to cover deficit in other account

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SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Budget Period: 2013-2014 Health **Program:** 64200800 Statewide Health Support Services Fund: 2531 Planning & Eval TF Vital Statistics Cooperative Program AC000 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** Annual contract for providing Florida vital record data to the National Center for Health Statistics Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and IL.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I. II. and III only.) **SECTION I - FEE COLLECTION ESTIMATED** ACTUAL **REQUEST** FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Vital Statistics Cooperative Program 268,179 716,816 769,704 **Total Fee Collection to Line (A) - Section III** 268,179 716,816 769,704 **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 312,892 316,021 319,181 Other Personal Services Expenses 130 Operating Capital Outlay Service Charge to General Revenue Indirect Costs Charged to Trust Fund 313,022 Total Full Costs to Line (B) - Section III 316,021 319,181 Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2012 **SECTION III - SUMMARY** TOTAL SECTION I 268,179 716,816 769,704 (A) TOTAL SECTION II 313,022 316,021 (B) 319,181 **TOTAL - Surplus/Deficit** (44,843)400,795 450,523 (C) **EXPLANATION of LINE C:**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS Health 64 **Department:** Budget Period: 2013-2014 Statewide Health Support Services 64200800 **Program: Fund:** Planning & Evaluation Trust Fund 531003 Vital Statistics Certified Records JV000 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** Fees for certified copies of Florida vital records; processing amendments, corrections, adoptions, paternity, etc.and filing of marriage and dissolution of marriage. Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **REQUEST ESTIMATED** FY 2011-12 FY 2012-13 FY 2013-14 Receipts: 4,077,679 Vital Statistics Certification Fees 3,881,193 3,978,223 678,894 Marriage License Filing Fees 672,172 685,683 433,819 438,157 438,157 Dissolution of Marriage Filing Fees Total Fee Collection to Line (A) - Section III 4,987,184 5,095,274 5,201,519 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits 4,267,223 4,245,993 4,288,559 Other Personal Services 296,559 298,042 299,532 1,410,152 Expenses 1,445,405 1,452,632 Operating Capital Outlay 22,000 7,476 22,000 Service Charge to General Revenue 392,094 403,857 409,915 Transfers to DMS Refund State Revenues Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 6,352,274 6,436,527 6,472,638 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 4,987,184 5,095,274 5,201,519 TOTAL SECTION II 6,472,638 6,352,274 6,436,527 (B) **TOTAL - Surplus/Deficit** (C) (1,365,090)(1,341,253)(1,271,119)**EXPLANATION of LINE C:** Deficits will be funded by surpluses in other OCA's.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Health 64 Budget Period: 2013-2014 **Program:** Statewide Health Support Services 64200800 Planning & Evaluation Trust Fund 531003 **Fund:** Child Support Administration KZ000 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** Reimbursement by the Department of Revenue of expenditures for processing and filing Child Support Enforcement paternity actions Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part Land II) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED REQUEST** FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Department of Revenue Reimbursements 204,956 210,080 213,231 204,956 210,080 213,231 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits 124,925 124,925 126,174 Other Personal Services 68,438 69,293 69,122 **Expenses** 3,361 3,394 3,428 Operating Capital Outlay Transfers to DMS Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 196,724 197,612 Revenue Object Code Report and Schedule of Allotment Balances Basis Used: as of June 30, 2011 **SECTION III - SUMMARY** TOTAL SECTION I 204,956 210,080 213,231 (A) TOTAL SECTION II 196,724 197,612 198,724 (B) **TOTAL - Surplus/Deficit** 8,232 12,468 14,507 (C)**EXPLANATION of LINE C:** Deficits will be funded by surpluses in other OCA's.

SCHEDULE 1A:	DETAIL O	F FEES AND RELA	ATED PROGRAM CO	OSTS
Department: Program: Fund: Specific Authority: Purpose of Fees Collected:	Health 64 Statewide Health Support Services 64200800 Planning & Evaluation Trust Fund 531003 Vital Statistics Billing LZ000 Chapter 382, Florida Statutes Fees for conducting special studies and providing Florida vital record data as requested by individuals and organizations.			
Type of Fee or Program: (Che Regulatory services or oversig Examination of Regulatory Non-regulatory fees authorize Sections I. II. and III. only)	tht to business Fees Form - P	ses or professions (Co art I and II.)	mplete Sections I, II, ar	
SECTION I - FEE COLLEC	CTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts: Vital Statistics Special Stud Total Fee Collection to Line (A. SECTION II - FULL COST Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay Service Charge to General) - Section III	65,531	66,514	67,512
Indirect Costs Charged to Trus	st Fund			
Total Full Costs to Line (B) - So Basis Used:	ection III	5,654	5,739	-
SECTION III - SUMMARY				
TOTAL SECTION I TOTAL SECTION II TOTAL - Surplus/Deficit EXPLANATION of LINE O	(A) (B) (C)	5,654 59,877	5,739 60,775	67,512

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Budget Period: 2013-2014 Health 64 **Program:** Statewide Health Support Services 64200800 Planning & Evaluation Trust Fund 531003 **Fund:** Vital Statistics - Collection of Birth Records 32J00 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** Annual contract for providing Florida birth record data to the Social Security Administration. Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED REQUEST** FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Social Security Administration Birth 519,511 535,000 545,700 **Total Fee Collection to Line (A) - Section III** 519,511 535,000 545,700 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits 519,072 524,263 529,506 Other Personal Services 189 **Expenses** Operating Capital Outlay Transfers to DMS Indirect Costs Charged to Trust Fund 519,261 529.506 Total Full Costs to Line (B) - Section III 524,263 Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2012 **SECTION III - SUMMARY** TOTAL SECTION I 535,000 545,700 519,511 (A) TOTAL SECTION II 519,261 524,263 529,506 (B) **TOTAL - Surplus/Deficit** (C) 250 10,737 16,194 **EXPLANATION of LINE C:** Deficits will be funded by surpluses in other OCAs.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Budget Period: 2013-2014 Health 64 **Program:** Statewide Health Support Services 64200800 Planning & Evaluation Trust Fund 531003 **Fund:** Vital Statistics - CPSC Agreement 32K00 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** Annual contract for providing Florida death record data to the U.S. Consumer Product Safety Commission. Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part Land IL) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete X Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED REQUEST** FY 2013-14 FY 2011-12 FY 2012-13 Receipts: ConsumerProduct Safety Commission Deat 14,559 14,850 14,999 **Total Fee Collection to Line (A) - Section III** 14,559 14,850 14,999 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services **Expenses** Operating Capital Outlay Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2012 **SECTION III - SUMMARY** TOTAL SECTION I (A) 14,559 14,850 14,999 TOTAL SECTION II (B) 14,999 **TOTAL - Surplus/Deficit** 14,559 14,850 (C) **EXPLANATION of LINE C:**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Health 64 Budget Period: 2013-2014 Statewide Health Support Services 64200800 **Program:** Fund: Planning & Evaluation Trust Fund 531003 Vital - Death Record Collection 32L00 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** Annual contract for providing Florida death record data to the Social Security Administration Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete X Sections I. II. and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED REQUEST** FY 2013-14 FY 2011-12 FY 2012-13 Receipts: Social Security Administration Death 140,441 213,867 226,699 **Total Fee Collection to Line (A) - Section III** 140,441 213,867 226,699 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services 138,885 141,663 144.496 **Expenses** Operating Capital Outlay Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 138,885 141,663 144,496 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 140,441 213,867 226,699 TOTAL SECTION II 138,885 141,663 144,496 (B) **TOTAL - Surplus/Deficit** (C) 1,556 72,204 82,203 **EXPLANATION of LINE C:**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Health 64 **Budget Period: 2013-2014** Statewide Health Support Services 64200800 **Program: Fund:** Planning & Evaluation Trust Fund 531003 Vital Statistics - NDI Contracts 32M00 **Specific Authority:** Chapter 382. Florida Statutes **Purpose of Fees Collected:** Annual contract for providing Florida death record data to the National Center for Health Statistics Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete X Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED REQUEST** FY 2011-12 FY 2012-13 FY 2013-14 Receipts: National Death Index 82,054 242,572 133,401 **Total Fee Collection to Line (A) - Section III** 82.054 242,572 133,401 **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits Other Personal Services **Expenses** Operating Capital Outlay Service Charge to General Revenue Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2011 **SECTION III - SUMMARY** TOTAL SECTION I (A) 82,054 242,572 133,401 TOTAL SECTION II (B) 82,054 **TOTAL - Surplus/Deficit** 242,572 133,401 (C) **EXPLANATION of LINE C:**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** 64 Health **Budget Period: 2013-2014** 64200800 **Program:** Statewide Health Support Services **Fund:** 2531 Planning & Evaluation Trust Fund Vital Statistics - Marriage license Display Fee 6UM00 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** Fee for certified copy of commemorative marriage license. Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part Land IL) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete X | Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Marriage license Display Fee 3,725 3,762 3.800 **Total Fee Collection to Line (A) - Section III** 3,725 3,762 3,800 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services **Expenses** Operating Capital Outlay Service Charge to General Revenue 270 278 286 Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 270 278 286 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 3,725 3,762 3,800 TOTAL SECTION II (B) 270 278 286 3,484 **TOTAL - Surplus/Deficit** 3,455 3,514 (C) **EXPLANATION of LINE C:**

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0

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Health 64 Budget Period: 2013-2014 Statewide Health Support Services 64200800 Program: Fund: Planning & Evaluation Trust Fund 531003 \$1.50 Child WelfareCertificate Surcharge Fee X9000 **Specific Authority:** Chapter 382, Florida Statutes **Purpose of Fees Collected:** \$1.50 surcharge for each request for a certification of a Florida birth record Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach X Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2011-12 FY 2012-13 FY 2013-14 Receipts: \$1.50 Child Welfare Certificate Surcharge 193,871 Total Fee Collection to Line (A) - Section III 193,871 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits Other Personal Services Expenses Operating Capital Outlay Service Charge to General Revenue 79,477 Transfers to DMS Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 79,477 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 193,871 TOTAL SECTION II 79,477 (B) **TOTAL - Surplus/Deficit** (C) 114,394 **EXPLANATION of LINE C:**

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Planning & Evaluation Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2531

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,535,676.52 (A)		7,535,676.52
ADD: Other Cash (See Instructions)	518.09 (B)		518.09
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	1,084,531.26 (D)	30.00	1,084,561.26
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	8,620,725.87 (F)	30.00	8,620,755.87
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(660,454.37) (H)	(355,829.45)	(1,016,283.82)
Approved "B" Certified Forwards	(133,672.05) (H)		(133,672.05)
Approved "FCO" Certified Forwards	(2,603,921.93) (H)		(2,603,921.93)
LESS: Other Accounts Payable (Nonoperating)	(222,657.08) (I)		(222,657.08)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	5,000,020.44 (K)	(355,799.45)	4,644,220.99

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Planning & Evaluation Trust Fund LAS/PBS Fund Number: 2531/64200800 **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 7,771,664.94 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (83,459.84) (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (355,829.45) (C) SWFS Adjustment #B64000010 Record Accounts Payable SWFS Adjustment #B64000010 Record Accounts Receivable 30.00 (C) **Add/Subtract Other Adjustment(s):** (133,672.05) (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (2,603,921.93) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 49,409.32 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **4,644,220.99** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **4,644,220.99** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Budget Period: 2013-2014 Health **Program:** Bureau of Onsite Sewage Fund: Grants and Donations TF-339060 **Specific Authority:** 381.007 **Purpose of Fees Collected:** Septic Tank Contractor License fees-to ensure that contractors are licensed to perform septic work in Florida Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach X Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED REQUEST** FY 2011 - 2012 FY 2012 - 2013 FY 2013 -2014 Receipts: 80,425 Contractor Registration 190,000 85,000 80,425 190,000 85,000 **Total Fee Collection to Line (A) - Section III SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 83,038 102,120 102,120 Other Personal Services 9,400 Expenses 577 4,700 Operating Capital Outlay 150 150 150 Refunds General Revenue Surcharge-8% 6,218 15,200 6,800 Indirect Costs Charged to Trust Fund 89,982 126,870 113,770 Total Full Costs to Line (B) - Section III Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I 80,425 85,000 (A) 190,000 TOTAL SECTION II (B) 89,982 126,870 113,770 (9,557)63,130 **TOTAL - Surplus/Deficit** (C) (28,770)**EXPLANATION of LINE C:** This is a bi-ennial program. The surplus revenue in the trust fund will offset the cash deficit for FY 13-14.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2013 - 2014

Department: Health Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64200800 **Phone Number:** (850) 245-4444 ext. 2150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
2012-142	June 30, 2012	Emergency Preparedness and	FDOH did not always maintain appropriate records to support salary and benefit payments charged to the Program for contract employees. Bureau of Preparedness and Response (BPR) will modify its processes for identifying contracted employees required to complete the payroll certifications, its process of collecting the certifications in a timely manner, and develop a tool to review the accuracy of the submitted certifications.	Completed.	
2012-142 Office of Policy a		Emergency Preparedness and Community Response	FDOH did not always maintain appropriate records to support salary and benefits charged to the Pubic Health Emergency Preparedness (PHEP) Program. Additionally, adjusting and data entry errors resulted in incorrect charges to the PHEP Program. We recommend that FDOH ensure that payroll certifications are properly prepared and maintained and that time and effort records adequately support salary charges to the Program. We also recommend that FDOH take steps to ensure that time sheet and adjusting entries are correctly made.	Completed.	

DEPARTMENT OF HEALTH CHILDREN'S MEDICAL SERVICES EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH CHILDREN'S MEDICAL SERVICES SCHEDULE I SERIES

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Tobacco Settlement Trust Fund
Budget Entity:	64300100
LAS/PBS Fund Number:	2122

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,413,633.86 (A)		1,413,633.86
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	12,366.11 (D)		12,366.11
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	1,425,999.97 (F)	0.00	1,425,999.97
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(1,201,794.55) (H)		(1,201,794.55)
Approved "B" Certified Forwards	(14,068.97) (H)		(14,068.97)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: Transfer to 2122 64400200	(210,136.45) (J)		(210,136.45)
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00 *

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Tobacco Settlement Trust Fund 2122/64300100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 224,133.42 (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (14,068.97) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 72.00 (D) Transfer to 2122 64400200 (210,136.45) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Donations Trust Fund	
Budget Entity:	64300100	
LAS/PBS Fund Number:	2168	_
		_

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	21,291,409.16 (A)		21,291,409.16
ADD: Other Cash (See Instructions)	640.45 (B)		640.45
ADD: Investments	(C)	179,127.48	179,127.48
ADD: Outstanding Accounts Receivable	5,765,185.59 (D)		5,765,185.59
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	27,057,235.20 (F)	179,127.48	27,236,362.68
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(14,546,562.44) (H)		(14,546,562.44)
Approved "B" Certified Forwards	(313,122.49) (H)		(313,122.49)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(191.52)(I)		(191.52)
LESS: Post A/P CF LASPBS Adjustment	(J)		0.00
Unreserved Fund Balance, 07/01/12	12,197,358.75 (K)	179,127.48	12,376,486.23 *

Notes:

Office of Policy and Budget - July 2012

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RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title: Donations Trust Fund** 2168/64300100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **1,361,500.21** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment #B6400012 Special Investments 179,127.48 (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (313,122.49) (D) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 11,153,607.19 (D) LASPBS Post closing CF A/P Adjustments (4,626.16) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **12,376,486.23** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **12,376,486.23** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014			
Department Title: Department of Health				
Trust Fund Title: Federal Grant Trust Fund				
Budget Entity:	64300100			
LAS/PBS Fund Number:	2261			

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	821,424.58 (A)		821,424.58
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	1,993,917.21 (D)		1,993,917.21
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	2,815,341.79 (F)	0.00	2,815,341.79
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(1,713,194.74) (H)		(1,713,194.74)
Approved "B" Certified Forwards	(43,149.26) (H)		(43,149.26)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	1,058,997.79 (K)		1,058,997.79 *

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64300100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 1,089,779.77 GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) **SWFS** Adjustment **SWFS** Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (43,149.26) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 12,367.28 (D) A/P Encumbrance/Payable Adjustment (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **1,058,997.79** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **1,058,997.79** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014				
Department Title:	Department of Health				
Trust Fund Title:	rust Fund Title: Welfare Transition Trust Fund				
Budget Entity:	64300100				
LAS/PBS Fund Number:	2401				

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00 (A)		0.00
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	0.00 (F)	0.00	0.00
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	0.00 (H)		0.00
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

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^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Welfare Transition Trust Fund 2401/64300100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **0.00** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

	Budget Period: 2013 - 2014	
Department Title:	Department of Health	
Trust Fund Title:	Maternal & Children Health Block Grant Trust Fund	
Budget Entity:	64300100	
LAS/PBS Fund Number:	2475	
	-	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	650,142.18 (A)		650,142.18
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	698,902.02 (D)		698,902.02
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	1,349,044.20 (F)	0.00	1,349,044.20
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(824,907.11) (H)		(824,907.11)
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00
LESS: TNFR to 2475 64300100	(374,341.61) (J)		(374,341.61)
Unreserved Fund Balance, 07/01/12	149,795.48 (K)	0.00	149,795.48

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Maternal & Children Health Block Grant Trust Fund 2475/64300100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 **524,133.46** (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 3.63 (D) TNFR to 2475 64300100 (374,341.61) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **149,795.48** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **149,795.48** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

D. A. A. MINIA	Budget Period: 2013 - 2014 Department of Health Social Services Block Grant Trust Fund			
Department Title: Trust Fund Title:				
Budget Entity:	64300100	Trust Fullu		
LAS/PBS Fund Number:	2639			
	Balance as of	SWFS*	Adjusted	
	6/30/2012	Adjustments	Balance	
Chief Financial Officer's (CFO) Cash Balance	1,617,074.63 (A)		1,617,074.63	
ADD: Other Cash (See Instructions)	(B)		0.00	
ADD: Investments	(C)		0.00	
ADD: Outstanding Accounts Receivable	36,901.00 (D)		36,901.00	
ADD:	(E)		0.00	
Total Cash plus Accounts Receivable	1,653,975.63 (F)	0.00	1,653,975.63	
LESS Allowances for Uncollectibles	(G)		0.00	
LESS Approved "A" Certified Forwards	(1,288,538.51) (H)		(1,288,538.51)	
Approved "B" Certified Forwards	(14,459.55) (H)		(14,459.55)	
Approved "FCO" Certified Forwards	(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00	
LESS:	(J)		0.00	

Notes:

350,977.57 (K)

0.00

350,977.57

Office of Policy and Budget - July 2012

Unreserved Fund Balance, 07/01/12

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Social Services Block Grant Trust Fund 2639/64300100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 365,437.12 (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (14,459.55) (D) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **350,977.57** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **350,977.57** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2013 - 2014

Department: Health Chief Internal Auditor: Michael J. Bennett

Budget Entity: 64300100 Phone Number: (850) 245-4444 ext. 2150

NUMBER ENDING UNIT/AREA FINDINGS AND RECOMMENDATIONS CORRECTIVE ACTION TAKEN CODE	(1)	(2)	(3)	(4)	(5)	(6)
Diliferal Services Medical S	REPORT	PERIOD		SUMMARY OF	SUMMARY OF	ISSUE
Medical Services (CMS) Were not sufficient to prevent the accumulation of a significant cash balance. Additionally, D-DH did not ensure that the time elapsing between the drawdown of funds by the Florida Agency for Health Care Administration (FACHA) and the disbursement of funds by FDOH was minimized. We recommend that FDOH monitor capitation rates to determine whether reductions are needed to prevent the accumulation of excess CHIP funds. We also recommend that FDOH continue to monitor the cash balance in the CHIP capitation account and request reimbursement only to meet immediate cash needs. 2012-142 June 30, 2012 CMS FDOH management had not implemented certain data modification controls for the Case Management Data System (CMDS). FDOII contracted with a third-parry administrator in July 2010 to take over all payment and data functions currently performed by CMDS. however, CMDS is not scheduled to be completely phased out until August 2012. We recommend FDOH CMS Headquarters further enhance its procedures to ensure that CMS Area Offices timely install CMDS updates until the third-parry administrator assumes all CMDS payment and data functions. EMDH and University of Florida (UF) had not resolved issues completed. related to the appropriateness of costs charged to Federal programs and the return of the excess funds to FDOH. We recommend UF and FDOH continue to monitor the status of the Federal investigation and determine and return unallowable costs, as appropriate.	NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	CODE
(CMS) were not sufficient to prevent the accumulation of a significant cash balance. Additionally, FDOH did not ensure that the time clapsing between the drawdown of funds by the Florida Agency for Health Care Administration (FACHA) and the disbursement of funds by FDOH was minimized. We recommend that FDOH monitor capitation rates to determine whether reductions are needed to prevent the accumulation of excess CHIP funds. We also recommend that FDOH continue to monitor the cash balance in the CHIP capitation account and request reimbursement only to meet immediate cash needs. 2012-142 June 30, 2012 CMS FDOH management had not implemented certain data modification controls for the Case Management Data System (CMDS). FDOH contracted with a third-parry administrator in July 2010 to take over all payment and data functions currently performed by CMDS; however, CMDS is not scheduled to be completely phased out until August 2012. We recommend FDOH CMS Headquarters further enhance its procedures to ensure that CMS Area Offices timely install CMDS updates until the third-parry administrator assumes all CMDS updates until the third-parry administrator assumes all CMDS payment and data functions currently performed by Florida (UF) had not resolved issues related to the appropriateness of costs charged to Federal programs and the return of the excess funds to FDOH. We recommend UF and FDOH continue to monitor the status of the Federal investigation and determine and return unallowable costs, as appropriate.	2012-142	June 30, 2012	Children's	FDOH procedures for monitoring the reasonableness of	Completed.	
significant cash balance. Additionally, FDOH did not ensure that the time elapsing between the drawdown of funds by the Florida Agency for Health Care Administration (FACHA) and the disbursement of funds by FDOH was minimized. We recommend that FDOH monitor capitation rates to determine whether reductions are needed to prevent the accumulation of excess CHIP funds. We also recommend that FDOH continue to monitor the cash balance in the CHIP capitation account and request reimbursement only to meet immediate cash needs. 2012-142 June 30, 2012 CMS FDOH contracted with a third-party administrator in July 2010 to take over all payment and data functions currently performed by CMDs; however, CMDS is not scheduled to be completely phased out until August 2012. We recommend FDOH CMS Headquarters further enhance its procedures to ensure that CMS Area Offices timely install CMDS updates until the third-party administrator assumes all CMDS updates until the third-party administrator assumes all CMDS payment and data functions. CMS FDOH and University of Florida (UF) had not resolved issues Completed. related to the appropriateness of costs charged to Federal programs and the return of the excess funds to FDOH. We recommend UF and FDOH continue to monitor the status of the Federal investigation and determine and return unallowable costs, as appropriate.			Medical Services	Children's Health Insurance Program (CHIP) capitation rates		
that the time elapsing between the drawdown of funds by the Florida Agency for Health Care Administration (FACHA) and the disbursement of funds by FDOH was minimized. We recommend that FDOH monitor capitation rates to determine whether reductions are needed to prevent the accumulation of excess CHIP funds. We also recommend that FDOH continue to monitor the cash balance in the CHIP capitation account and request reimbursement only to meet immediate cash needs. 2012-142 June 30, 2012 CMS FDOH management had not implemented certain data modification controls for the Case Management Data System (CMDS). FDOH contracted with a third-parry administrator in July 2010 to take over all payment and data functions currently performed by CMDS; however, CMDS is not scheduled to be completely phased out until August 2012. We recommend FDOH CMS Headquarters further enhance its procedures to ensure that CMS Area Offices timely install CMDS updates until the third-parry administrator assumes all CMDS updates until the third-parry administrator assumes all CMDS upgament and data functions. 2012-142 June 30, 2012 CMS FDOH and University of Florida (UF) had not resolved issues Completed. FDOH and University of Florida (UF) had not resolved issues related to the appropriatenses of costs charged to Federal programs and the return of the excess funds to FDOH. We recommend UF and FDOH continue to monitor the status of the Federal investigation and determine and return unallowable costs, as appropriate.			(CMS)	were not sufficient to prevent the accumulation of a		
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DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE SCHEDULE I SERIES

DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE EXHIBITS AND SCHEDULES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2013 - 2014				
Department Title:	Department of Health			
Frust Fund Title:	Drugs Devices & Cosmetics Trust Fund			
Budget Entity:	64400100			
LAS/PBS Fund Number:	2173			

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00 (A)		0.00
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: [0.00 (E)		0.00
Total Cash plus Accounts Receivable	0.00 (F)	0.00	0.00
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(58.99) (H)		(58.99)
Approved "B" Certified Forwards	0.00 (H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: Post Closing CF Approved "B" Adjustment	58.99 (J)		58.99
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Drugs Devices & Cosmetics Trust Fund 2173/64400100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **0.00** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (58.99) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) Post Closing CF Approved "B" Adjustment 58.99 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** 64 Department of Health **Budget Period: 2013-14 Program:** 64400100 Regulation and Licensing **Fund:** 2352 Medical Quality Assurance Trust Fund **Specific Authority:** Chapter 456, F.S. Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected:** Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Fees and licensees 76,447,529 62,562,303 75,593,331 Fines, forfeitures, judgments 3,926,079 3,439,955 3,439,957 Unlicensed activity 2,373,335 2,048,663 2,089,703 Miscellaneous 89,846 91,560 91,630 82,836,789 **Total Fee Collection to Line (A) - Section III** 68,142,481 81,214,621 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits 27,049,792 27,204,484 27,664,573 Other Personal Services 4,232,386 4,706,433 4,881,603 Expenses 6,114,799 6,187,363 6,253,401 Operating Capital Outlay 56,009 75,955 46,140 Special categories 44,477,712 34,540,930 33,893,808 Indirect Costs Charged to Trust Fund 2,203,652 2,552,873 2,647,890 Total Full Costs to Line (B) - Section III 84,134,349 75,268,037 75,387,414 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 82,836,789 68,142,481 81,214,621 TOTAL SECTION II 84,134,349 75,268,037 75,387,414 (B) **TOTAL - Surplus/Deficit** (1,297,560)(7,125,556)5,827,207 (C) **EXPLANATION of LINE C:**

147 of 467

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Acupuncture

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	725,953	114,590	720,530
Fines, forfeitures, judgments	4,116	4,116	4,116
Unlicensed activity	10,745	840	9,590
Miscellaneous	240	240	310
Total Fee Collection to Line (A) - Section III	741,054	119,786	734,546
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	114,562	114,711	127,255
Other Personal Services	10,167	19,845	22,455
Expenses	36,849	26,090	28,765
Operating Capital Outlay	215	320	212
Special categories	485,894	454,005	155,888
Indirect Costs Charged to Trust Fund	8,631	10,764	12,180
Total Full Costs to Line (B) - Section III	656,318	625,736	346,756
Basis Used: 8% of all pr	rojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
16xxxx.			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	741,054	119,786	734,546
TOTAL SECTION II (B)	656,318	625,736	346,756
TOTAL - Surplus/Deficit (C)	84,736	(505,950)	387,790

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of \$844,829. The cash balance will cover the deficit.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** 64 Department of Health **Budget Period: 2013-14 Program:** 64400100 Regulation and Licensing **Fund:** 2352 Medical Quality Assurance Trust Fund **Specific Authority:** Chapter 456, F.S. Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected:** Anesthesiologist Assistants Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Fees and licensees 22,863 77,185 22,863 2 Fines, forfeitures, judgments 2 5 5 Unlicensed activity 560 Miscellaneous (7,383)15,487 **Total Fee Collection to Line (A) - Section III** 77,745 22,870 **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 819 3,701 5,956 Other Personal Services 2,878 640 1,051 Expenses 306 842 1,346 Operating Capital Outlay 6 10 10 Special categories 9,419 3,293 7,223 Indirect Costs Charged to Trust Fund 233 347 570 16,155 Total Full Costs to Line (B) - Section III 13,661 8,834 Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx. **SECTION III - SUMMARY** TOTAL SECTION I (A) 15,487 77,745 22,870 TOTAL SECTION II 13,661 8,834 16,155 (B) **TOTAL - Surplus/Deficit** 1,826 68,911 6,715 (C) **EXPLANATION of LINE C:**

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Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Athletic Trainers

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLEC	<u>CTION</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:				
Fees and licensees	_	67,545	289,400	80,135
Fines, forfeitures, judgment	S	959	5,933	5,933
Unlicensed activity		1,650	7,825	1,650
Miscellaneous		216	203	203
Total Fee Collection to Line (A)	- Section III	70,370	303,361	87,921
SECTION II - FULL COSTS	<u>s</u>			
Direct Costs:				
Salaries and Benefits		42,054	56,549	49,648
Other Personal Services		699	9,783	8,761
Expenses		14,157	12,861	11,223
Operating Capital Outlay		155	158	83
Special categories		116,843	141,296	60,227
Indianat Costs Channel to Tax	at Franci	6.200	F 207	4.750
Indirect Costs Charged to Trus		6,298	5,307	4,752
Total Full Costs to Line (B) - Se		180,207	225,953	134,692
Basis Used:	8% of all pr	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
	10			
SECTION III - SUMMARY				
TOTAL SECTION I	(A)	70,370	303,361	87,921
TOTAL SECTION II	(B)	180,207	225,953	134,692
TOTAL - Surplus/Deficit	(C)	(109,837)	77,408	(46,771)

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of \$125,922. The cash balance will cover the deficit.

Department: 64 Department of Health **Budget Period: 2013-14**

64400100 Regulation and Licensing **Program:**

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected:**

Certified Nursing Assistant

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	4,939,547	4,540,816	4,540,816
Fines, forfeitures, judgments	57,221	57,221	57,221
Unlicensed activity	423,330	396,385	396,385
Miscellaneous	4,654	4,654	4,654
Total Fee Collection to Line (A) - Section III	5,424,752	4,999,076	4,999,076
SECTION II - FULL COSTS		_	
Direct Costs:			
Salaries and Benefits	1,599,877	1,582,715	1,808,806
Other Personal Services	51,535	273,813	319,176
Expenses	397,037	359,971	408,869
Operating Capital Outlay	5,879	4,419	3,017
Special categories	2,252,945	1,414,777	2,200,245
Indirect Costs Charged to Trust Fund	235,364	148,522	173,128
Total Full Costs to Line (B) - Section III	4,542,638	3,784,218	4,913,240
Basis Used: 8% of all pro	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
16xxxx.			

SECTION III - SUMMARY

TOTAL SECTION I	(A)	5,424,752	4,999,076	4,999,076
TOTAL SECTION II	(B)	4,542,638	3,784,218	4,913,240
TOTAL - Surplus/Deficit	(C)	882,114	1,214,858	85,836

EXPLANATION of LINE C:

MQATF receives additional Fed pass through revenues to support program. Additionally, 456.025(8), F.S. authorizes periodic transfer of cash balances from the Board of Nursing to cover incurred costs in the regulation of CNAs.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department: Budget Period: 2013-14** 64 Department of Health **Program:** 64400100 Regulation and Licensing **Fund:** 2352 Medical Quality Assurance Trust Fund **Specific Authority:** Chapter 456, F.S. Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected:** Certified Social Workers Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Fees and licensees 25 475 25 Fines, forfeitures, judgments 15 Unlicensed activity Miscellaneous 0 25 **Total Fee Collection to Line (A) - Section III** 490 25 **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 1,465 964 452 Other Personal Services 71 167 80 102 Expenses 379 219 Operating Capital Outlay 0 3 1 582 Special categories 743 891 Indirect Costs Charged to Trust Fund 90 43 Total Full Costs to Line (B) - Section III 2,657 2,334 1,260 Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx. **SECTION III - SUMMARY** 25 25 TOTAL SECTION I (A) 490 TOTAL SECTION II 2,657 2,334 1,260 (B) (1,844)(1,235)**TOTAL - Surplus/Deficit** (C)(2,632)**EXPLANATION of LINE C:** As of July 1, 2012, the profession's cash balance is (\$136,290). The number of licensees (3) are inadequate to cover the administrative costs of regulation.

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Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Chiropractic

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	3,238,618	364,062	2,303,096
Fines, forfeitures, judgments	226,094	226,094	226,094
Unlicensed activity	42,468	9,090	28,300
Miscellaneous	7,379	4,111	4,111
Total Fee Collection to Line (A) - Section III	3,514,559	603,357	2,561,601
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	849,469	653,354	692,700
Other Personal Services	146,408	113,032	122,232
Expenses	169,516	148,598	156,580
Operating Capital Outlay	1,169	1,824	1,155
Special categories	1,445,497	981,029	847,442
Indirect Costs Charged to Trust Fund	46,420	61,311	66,301
Total Full Costs to Line (B) - Section III	2,658,478	1,959,148	1,886,410
Basis Used: 8% of all p	rojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			_
SECTION III - SUMMARY			
TOTAL SECTION I (A)	3,514,559	603,357	2,561,601
TOTAL SECTION II (B)	2,658,478	1,959,148	1,886,410
TOTAL - Surplus/Deficit (C)	856,081	(1,355,791)	675,191

Department: 64 Department of Health **Budget Period: 2013-14**

64400100 Regulation and Licensing **Program:**

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected:**

Clinical Labs

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:	F 1 2011-12	F1 2012-13	FT 2013-14
Fees and licensees	557,007	1,145,277	557,007
Fines, forfeitures, judgments	28,829	27,874	27,874
Unlicensed activity	30,485	46,950	30,485
Miscellaneous	1,210	992	992
Total Fee Collection to Line (A) - Section III	617,531	1,221,093	616,358
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	342,860	340,343	283,917
Other Personal Services	11,323	58,880	50,099
Expenses	68,213	77,407	64,178
Operating Capital Outlay	753	950	474
Special categories	675,652	303,918	345,425
Indirect Costs Charged to Trust Fund	30,558	31,938	27,175
Total Full Costs to Line (B) - Section III	1,129,359	813,436	771,267
Basis Used: 8% of all pro	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	617,531	1,221,093	616,358

TOTAL SECTION II 1,129,359 813,436 771,267 (B)

(511,828) 407,657 (154,909)**TOTAL - Surplus/Deficit** (C)

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of \$312,427. The cash balance will cover the deficit.

Department: 64 Department of Health Budget Period: 2013-14

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

CSW/MFT/MHC

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTIO	ON ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	745,037	3,483,647	745,037
Fines, forfeitures, judgments	6,049	6,049	6,049
Unlicensed activity	10,037	116,088	10,037
Miscellaneous	2,566	2566	2566
Total Fee Collection to Line (A) - Sec	ction III 763,689	3,608,350	763,689
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	978,420	853,477	778,878
Other Personal Services	79,992	147,653	137,438
Expenses	173,515	194,114	176,061
Operating Capital Outlay	2,048	2,383	1,299
Special categories	1,298,936	970,740	958,700
Indirect Costs Charged to Trust Fu	nd 82,342	80,090	74,550
Total Full Costs to Line (B) - Section		2,248,457	2,126,926
Basis Used: 8%	of all projected costs unde	er object: 11xxxx, 12x	xxx, 15xxxx and
16x	XXX.		
SECTION III - SUMMARY			
TOTAL SECTION I	(A) 763,689	3,608,350	763,689
TOTAL SECTION II	(D) 0.045.054	0.040.457	0.400.000

EXPLANATION of LINE C:

TOTAL - Surplus/Deficit

TOTAL SECTION II

At July 1, 2012, this profession has a beginning cash balance of \$1,518,483. The cash balance will cover the deficit.

2,615,254

(1,851,565)

2,126,926

(1,363,237)

2,248,457 1,359,893

(B)

(C)

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

2352 Medical Quality Assurance Trust Fund **Fund:**

Specific Authority: Chapter 456, F.S.

Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected:**

Dentistry

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	4,147,387	421,282	4,009,422
Fines, forfeitures, judgments	290,117	290,117	290,117
Unlicensed activity	130,900	4,480	55,815
Miscellaneous	5,494	5,494	5,494
Total Fee Collection to Line (A) - Section III	4,573,898	721,373	4,360,848
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	1,528,768	1,317,852	1,364,811
Other Personal Services	260,484	227,991	240,830
Expenses	310,820	299,731	308,507
Operating Capital Outlay	2,512	3,679	2,276
Special categories	1,171,887	1,203,831	1,687,277
Indirect Costs Charged to Trust Fund	98,438	123,667	130,632
Total Full Costs to Line (B) - Section III	3,372,909	3,176,752	3,734,333
Basis Used: 8% of all pro	ojected costs under o	object: 11xxxx, 12xxx	xx, 15xxxx and
<u>16xxxx</u> .			

SECTION III - SUMMARY

TOTAL SECTION I	(A)	4,573,898	721,373	4,360,848
TOTAL SECTION II	(B)	3,372,909	3,176,752	3,734,333
TOTAL - Surplus/Deficit	(C)	1,200,989	(2,455,379)	626,515

EXPLANATION of LINE C:

As of July 1, 2012, the profession has a cash balance of \$613,413. This profession is being subsidized by professions having a surplus cash balance due to the licensure fee cap of \$300.

Office of Policy and Budget - July, 2012

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Dental Hygienist

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLEC	TION	ACTUAL	ESTIMATED	REQUEST
		FY 2011-12	FY 2012-13	FY 2013-14
Receipts:				
Fees and licensees		1,357,668	151,528	1,366,798
Fines, forfeitures, judgment	s	23	-	-
Unlicensed activity		5,020	1,730	60,085
Miscellaneous		660	453	453
Total Fee Collection to Line (A)	- Section III	1,363,371	153,711	1,427,336
SECTION II - FULL COSTS	5			
Direct Costs:	_			
Salaries and Benefits		182,347	194,675	262,129
Other Personal Services		8,723	33,679	46,254
Expenses		46,869	44,277	59,253
Operating Capital Outlay		461	544	437
Special categories		806,373	769,509	319,177
		,		
Indirect Costs Charged to Trus	t Fund	18,661	18,268	25,089
Total Full Costs to Line (B) - Se		1,063,434	1,060,952	712,339
Basis Used:	8% of all pro		object: 11xxxx, 12xx	
	16xxxx.		,	,
SECTION III - SUMMARY				
SECTION III - SUMMART	·			
TOTAL SECTION I	(A)	1,363,371	153,711	1,427,336
TOTAL SECTION II	(B)	1,063,434	1,060,952	712,339
TOTAL - Surplus/Deficit	(C)	299,937	(907,241)	714,997

At July 1, 2012, this profession has a beginning cash balance of \$1,549,945.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Dental Labs

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	<u>ON</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:				
Fees and licensees		208,670	15,050	209,650
Fines, forfeitures, judgments			-	-
Unlicensed activity		4,980	115	5,025
Miscellaneous		60	60	60
Total Fee Collection to Line (A) - S	ection III	213,710	15,225	214,735
SECTION II - FULL COSTS				
Direct Costs:				
Salaries and Benefits		23,834	35,419	46,918
Other Personal Services		282	6,128	8,279
Expenses		6,635	8,056	10,606
Operating Capital Outlay		86	99	78
Special categories		134,683	125,309	59,956
Indirect Costs Charged to Trust Fr	und	3,499	3,324	4,491
Total Full Costs to Line (B) - Section		169,019	178,333	130,327
. ,			object: 11xxxx, 12xx	
16	SXXXX.			
SECTION III - SUMMARY				
TOTAL SECTION I	(A)	213,710	15,225	214,735
TOTAL SECTION II	(B)	169,019	178,333	130,327
TOTAL - Surplus/Deficit	(C)	44,691	(163,108)	84,408

At July 1, 2012, this profession has a beginning cash balance of \$318,420. The cash balance will cover the

deficit.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Dietitians

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLEC	<u>TION</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:	_			
Fees and licensees		118,550	484,810	118,550
Fines, forfeitures, judgment	S	22,700	22,700	22,700
Unlicensed activity		7,680	11,320	7,680
Miscellaneous		340	294	294
Total Fee Collection to Line (A)	- Section III	149,270	519,124	149,224
SECTION II - FULL COSTS	<u> </u>			
Direct Costs:				
Salaries and Benefits		95,837	96,006	98,827
Other Personal Services		4,750	16,609	17,439
Expenses		20,317	21,836	22,339
Operating Capital Outlay		300	268	165
Special categories		368,418	215,751	128,957
Indirect Costs Charged to Trus	t Fund	12,130	9,009	9,459
Total Full Costs to Line (B) - Se	ction III	501,751	359,479	277,186
Basis Used:	8% of all pro	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
	16xxxx.			
SECTION III - SUMMARY				
TOTAL SECTION I	(A)	149,270	519,124	149,224
TOTAL SECTION II	(B)	501,751	359,479	277,186
TOTAL - Surplus/Deficit	(C)	(352,481)	159,645	(127,962)

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of \$40,969. The cash balance will cover the deficit.

Department: 64 Department of Health Budget Period: 2013-14

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Electrologists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLE	<u>CTION</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:				
Fees and licensees		275,251	106,070	226,470
Fines, forfeitures, judgmer	its	8,210	6,940	6,940
Unlicensed activity		8,512	1,539	4,861
Miscellaneous		500	234	234
Total Fee Collection to Line (A) - Section III	292,473	114,783	238,505
SECTION II - FULL COST	<u>'S</u>			
Direct Costs:				
Salaries and Benefits		80,411	93,489	104,794
Other Personal Services		2,282	16,174	18,492
Expenses		17,982	21,263	23,688
Operating Capital Outlay		200	261	175
Special categories		147,387	86,141	130,129
Indirect Costs Charged to Tru	st Fund	7,931	8,773	10,030
Total Full Costs to Line (B) - S	ection III	256,195	226,101	287,308
Basis Used:	8% of all pr	rojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
	16xxxx.			
SECTION III - SUMMARY	7			
TOTAL SECTION I	(A)	292,473	114,783	238,505
TOTAL SECTION II	(B)	256,195	226,101	287,308

EXPLANATION of LINE C:

TOTAL - Surplus/Deficit

At July 1, 2012, this profession has a beginning cash balance of (\$489,814). Renewal fee caps of \$100 are not adequate to cover the regulatory costs of the program.

36,278

(111,318)

(48,803)

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Tulid. 2332 Wedical Quality Assurance Trust Full

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Hearing Aid Specialists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete

Sections I, II, and III only.)

SECTION I - FEE COLLECTIO	<u>DN</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:		11 2011-12	1 1 2012-13	11 2013-14
Fees and licensees		84,363	578,096	100,871
Fines, forfeitures, judgments		4,685	23,140	23,140
Unlicensed activity		920	3,180	920
Miscellaneous		228	291	291
Total Fee Collection to Line (A) - Se	ction III	90,196	604,707	125,222
SECTION II - FULL COSTS				
Direct Costs:				
Salaries and Benefits		88,995	104,338	71,705
Other Personal Services		2,347	18,051	12,653
Expenses		21,227	23,731	16,208
Operating Capital Outlay		226	291	120
Special categories	[52,937	95,033	89,218
Indirect Costs Charged to Trust Fu	nd	9,097	9,791	6,863
Total Full Costs to Line (B) - Section	ıIII	174,829	251,235	196,767
	of all proje	ected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
SECTION III - SUMMARY				
TOTAL SECTION I	(A)	90,196	604,707	125,222
TOTAL SECTION II	(B)	174,829	251,235	196,767
TOTAL - Surplus/Deficit	(C)	(84,633)	353,472	(71,545)

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Massage Therapy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	4,741,629	2,281,473	5,387,179
Fines, forfeitures, judgments	137,998	137,998	137,998
Unlicensed activity	187,392	91,496	130,999
Miscellaneous	3,686	3,686	3,686
Total Fee Collection to Line (A) - Section III	5,070,705	2,514,653	5,659,862
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	1,962,484	1,409,702	1,727,356
Other Personal Services	155,516	243,881	304,804
Expenses	526,361	320,621	390,458
Operating Capital Outlay	4,027	3,936	2,881
Special categories	2,294,138	1,602,343	2,162,635
Indirect Costs Charged to Trust Fund	151,855	132,287	165,332
Total Full Costs to Line (B) - Section III	5,094,381	3,712,770	4,753,466
Basis Used: 8% of all p	rojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx</u> .			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	5,070,705	2,514,653	5,659,862
TOTAL SECTION II (B)	5,094,381	3,712,770	4,753,466
TOTAL - Surplus/Deficit (C)	(23,676)	(1,198,117)	906,396

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Medical Physicists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	41,015	108,460	37,010
Fines, forfeitures, judgments	3,113	-	-
Unlicensed activity	670	2,195	670
Miscellaneous	55	51	51
Total Fee Collection to Line (A) - Section	44,853	110,706	37,731
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	32,844	22,354	26,584
Other Personal Services	613	3,867	4,691
Expenses	5,378	5,084	6,009
Operating Capital Outlay	76	62	44
Special categories	49,739	56,350	32,244
Indirect Costs Charged to Trust Fund	3,032	2,098	2,544
Total Full Costs to Line (B) - Section III	91,683	89,816	72,118
Basis Used: 8% of a	ll projected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
16xxxx.			
SECTION III - SUMMARY			
TOTAL SECTION I (A	44,853	110,706	37,731
TOTAL SECTION II (E	91,683	89,816	72,118
TOTAL - Surplus/Deficit (C	(46,830)	20,890	(34,387)

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of \$103,882. The cash balance will cover the deficit.

Department: 64 Department of Health Budget Period: 2013-14

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Medicine

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	15,819,291	16,561,519	16,561,519
Fines, forfeitures, judgments	1,847,326	1,571,357	1,571,357
Unlicensed activity	191,063	151,875	151,875
Miscellaneous	28,890	28,890	28,890
Total Fee Collection to Line (A) - Section II	I 17,886,570	18,313,641	18,313,641
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	7,598,204	7,313,844	7,266,191
Other Personal Services	1,438,580	1,265,310	1,282,169
Expenses	1,649,451	1,663,454	1,642,476
Operating Capital Outlay	11,747	20,420	12,119
Special categories	7,110,791	7,446,853	8,938,192
Indirect Costs Charged to Trust Fund	455,566	686,332	695,477
Total Full Costs to Line (B) - Section III	18,264,340	18,396,213	19,836,624
Basis Used: 8% of all 1	projected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	17,886,570	18,313,641	18,313,641
TOTAL SECTION II (B)	18,264,340	18,396,213	19,836,624
TOTAL - Surplus/Deficit (C)	(377,770)	(82,572)	(1,522,983)

EXPLANATION of LINE C:

As of July 1, 2012, the Medicine account cash balance is \$8,351,108. The cash balance will cover the deficit.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Midwifery

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	75,776	10,658	77,658
Fines, forfeitures, judgments	2,705	1,500	1,500
Unlicensed activity	715	60	620
Miscellaneous	43	43	43
Total Fee Collection to Line (A) - Section	III 79,239	12,261	79,821
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	30,821	22,695	27,354
Other Personal Services	2,695	3,926	4,827
Expenses	6,070	5,162	6,183
Operating Capital Outlay	53	63	46
Special categories	16,207.18	22,290	35,331
Indirect Costs Charged to Trust Fund	2,099	2,130	2,618
Total Full Costs to Line (B) - Section III	57,946	56,266	76,358
Basis Used: 8% of all	projected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	79,239	12,261	79,821
TOTAL SECTION II (B)	57,946	56,266	76,358
TOTAL - Surplus/Deficit (C)	21,293	(44,005)	3,463

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of (\$867,885). Renewal fee caps of \$500 and the lo number of licensees (136) are not adequate to cover the regulatory costs of the program.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** 64 Department of Health **Budget Period: 2013-14 Program:** 64400100 Regulation and Licensing **Fund:** 2352 Medical Quality Assurance Trust Fund **Specific Authority:** Chapter 456, F.S. Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected: Naturopaths** Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach **Examination of Regulatory Fees** Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION** ACTUAL **ESTIMATED** REQUEST FY 2011-12 FY 2012-13 FY 2013-14 Receipts: Fees and licensees Fines, forfeitures, judgments Unlicensed activity Miscellaneous 1 1 1 **Total Fee Collection to Line (A) - Section III** 1 1 1 **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 957 268 396 Other Personal Services 59 46 70 90 Expenses 676 61 Operating Capital Outlay 0 1 1 465 714 Special categories 1,870 Indirect Costs Charged to Trust Fund 25 38 1,308 Total Full Costs to Line (B) - Section III 3,562 866 Basis Used: 8% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx. **SECTION III - SUMMARY** 1 1 1 TOTAL SECTION I (A) TOTAL SECTION II 3,562 866 1,308 (B) (865)(1,307)**TOTAL - Surplus/Deficit** (C)(3,561)**EXPLANATION of LINE C:** At July 1, 2012, this profession has a beginning cash balance of (\$340,980). The number of licensees (0) is insuf.

to cover the administrative costs of regulation.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Nursing

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL	ESTIMATED	REQUEST
	FY 2011-12	FY 2012-13	FY 2013-14
Receipts:			
Fees and licensees	19,045,454	19,093,879	19,093,879
Fines, forfeitures, judgments	541,027	501,083	501,083
Unlicensed activity	912,960	803,028	803,028
Miscellaneous	16,870	16,870	16,870
Total Fee Collection to Line (A) - Section III	20,516,311	20,414,860	20,414,860
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	5,029,473	7,049,777	6,650,724
Other Personal Services	1,275,113	1,219,626	1,173,566
Expenses	1,088,095	1,603,395	1,503,354
Operating Capital Outlay	13,272	19,683	11,092
Special categories	13,580,191	9,251,890	8,074,004
Indirect Costs Charged to Trust Fund	529,278	661,552	636,568
Total Full Costs to Line (B) - Section III	21,515,422	19,805,923	18,049,308
	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	20,516,311	20,414,860	20,414,860
TOTAL SECTION II (B)	21,515,422	19,805,923	18,049,308
TOTAL - Surplus/Deficit (C)	(999,111)	608,937	2,365,552

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Nursing Home Administrators

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL	ESTIMATED	REQUEST
	FY 2011-12	FY 2012-13	FY 2013-14
Receipts:			
Fees and licensees	203,080	652,530	203,080
Fines, forfeitures, judgments	4,751	4,751	4,751
Unlicensed activity	1,435	6,855	1,435
Miscellaneous	1,149	1023	1023
Total Fee Collection to Line (A) - Section III	210,415	665,159	210,289
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	143,983	152,408	120,390
Other Personal Services	6,121	26,367	21,244
Expenses	44,612	34,664	27,213
Operating Capital Outlay	250	426	201
Special categories	194,982	135,742	146,133
Indirect Costs Charged to Trust Fund	10,030	14,302	11,523
Total Full Costs to Line (B) - Section III	399,978	363,908	326,703
Basis Used: 8% of all pr	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	210,415	665,159	210,289
TOTAL SECTION II (B)	399,978	363,908	326,703
TOTAL - Surplus/Deficit (C)	(189,563)	301,251	(116,414)

Department: 64 Department of Health Budget Period: 2013-14

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Occupational Therapy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	253,637	858,707	229,792
Fines, forfeitures, judgments	21,578	19,590	19,590
Unlicensed activity	6,510	48,340	6,510
Miscellaneous	550	550	550
Total Fee Collection to Line (A) - Section	III 282,275	927,187	256,442
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	205,765	224,088	176,982
Other Personal Services	15,146	38,768	31,230
Expenses	37,310	50,966	40,006
Operating Capital Outlay	541	626	295
Special categories	283,415	318,542	216,453
Indirect Costs Charged to Trust Fund	21,927	21,028	16,940
Total Full Costs to Line (B) - Section III	564,103	654,018	481,905
Basis Used: 8% of a	ll projected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A	282,275	927,187	256,442
TOTAL SECTION II (B	564,103	654,018	481,905
TOTAL - Surplus/Deficit (C	(281,828)	273,169	(225,463)

At July 1, 2012, this profession has a beginning cash balance of \$617,274. The cash balance will cover the

deficit.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Opticianry

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTI	<u>ON</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:				
Fees and licensees		135,289	598,139	135,289
Fines, forfeitures, judgments		3,117	3,117	3,117
Unlicensed activity		2,047	16,943	2,047
Miscellaneous		468	468	468
Total Fee Collection to Line (A) - S	ection III	140,921	618,667	140,921
SECTION II - FULL COSTS				
Direct Costs:				
Salaries and Benefits		286,933	230,950	228,835
Other Personal Services		12,097	39,955	40,380
Expenses		94,749	52,527	51,727
Operating Capital Outlay		376	645	382
Special categories		249,998	213,715	285,975
Indirect Costs Charged to Trust F	und	14,696	21,672	21,903
Total Full Costs to Line (B) - Section	on III	658,848	559,464	629,202
Basis Used: 89	% of all pr	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
16	Sxxxx.			
SECTION III - SUMMARY				
TOTAL SECTION I	(A)	140,921	618,667	140,921
TOTAL SECTION II	(B)	658,848	559,464	629,202
TOTAL - Surplus/Deficit	(C)	(517,927)	59,203	(488,281)

As of July 1, 2012, the profession had a cash balance of \$400,697. The cash balance will cover the deficit.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Optometry

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLEC	<u>CTION</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:				
Fees and licensees		339,272	1,249,997	339,272
Fines, forfeitures, judgment	S	10,694	6,281	6,281
Unlicensed activity		2,458	12,912	2,458
Miscellaneous		1,441	1,092	1,092
Total Fee Collection to Line (A)	- Section III	353,865	1,270,282	349,103
SECTION II - FULL COSTS	<u>S</u>			
Direct Costs:				
Salaries and Benefits		241,796	374,718	260,062
Other Personal Services		15,059	64,827	45,890
Expenses		76,474	85,226	58,785
Operating Capital Outlay		348	1,046	434
Special categories		384,541	334,376	316,364
Indirect Costs Charged to Trus	t Fund	13,996	35,164	24,892
Total Full Costs to Line (B) - Se	ction III	732,213	895,357	706,427
Basis Used:	8% of all pr	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
	16xxxx.			
SECTION III - SUMMARY				
TOTAL SECTION I	(A)	353,865	1,270,282	349,103
TOTAL SECTION II	(B)	732,213	895,357	706,427
TOTAL - Surplus/Deficit	(C)	(378,348)	374,925	(357,324)

This profession has a July 1, 2012 beginning cash balance of \$505,386. The cash balance will cover the

deficit.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Orthotists & Prosthetists

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Dagainta	FY 2011-12	F Y 2012-13	FY 2015-14
Receipts: Fees and licensees	443,241	94,296	480,796
Fines, forfeitures, judgments	12,240	12,240	12,240
Unlicensed activity	3,690	470	3,430
Miscellaneous	278	205	205
Total Fee Collection to Line (A) - Section III	459,449	107,211	496,671
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	67,348	104,873	92,912
Other Personal Services	9,123	18,143	16,395
Expenses	18,290	23,852	21,002
Operating Capital Outlay	151	293	155
Special categories	110,912	170,789	114,839
Indirect Costs Charged to Trust Fund	6,065	9,841	8,893
Total Full Costs to Line (B) - Section III	211,889	327,791	254,196
Basis Used: 8% of all p	rojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
16xxxx.			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	459,449	107,211	496,671
TOTAL SECTION II (B)	211,889	327,791	254,196
TOTAL - Surplus/Deficit (C)	247,560	(220,580)	242,475

Department: 64 Department of Health Budget Period: 2013-14

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Osteopathic

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLE	<u>CTION</u>	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:				
Fees and licensees		2,828,366	351,707	2,584,653
Fines, forfeitures, judgmer	nts	216,224	216,224	216,224
Unlicensed activity		29,237	1,597	31,418
Miscellaneous		2,504	2,504	2,504
Total Fee Collection to Line (A	a) - Section III	3,076,331	572,032	2,834,799
SECTION II - FULL COST	<u> </u>			
Direct Costs:	,			
Salaries and Benefits		821,228	729,904	826,314
Other Personal Services		122,460	126,275	145,809
Expenses		186,996	166,009	186,783
Operating Capital Outlay		1,253	2,038	1,378
Special categories		750,085	652,548	1,005,260
Indirect Costs Charged to Tru	ıst Fund	48,519	68,494	79,090
Total Full Costs to Line (B) - S		1,930,541	1,745,268	2,244,634
Basis Used:	8% of all pro		object: 11xxxx, 12xxx	
	16xxxx.	J	<i>y</i>	,
SECTION III - SUMMARY	<u>7</u>			
TOTAL SECTION I	(A)	3,076,331	572,032	2,834,799
TOTAL SECTION II	(B)	1,930,541	1,745,268	2,244,634
TOTAL C. I. /D. 6° *	(0)		(4.470.000)	

EXPLANATION of LINE C:

TOTAL - Surplus/Deficit

At July 1, 2012, this profession has a beginning cash balance of \$1,842,211. The cash balance will cover the deficit.

1,145,790

(1,173,236)

590,165

Budget Period: 2013-14 Department: 64 Department of Health

64400100 Regulation and Licensing **Program:**

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Regulate and enforce Health Care Practitioners. **Purpose of Fees Collected:**

Pharmacy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	7,289,414	5,875,404	7,289,414
Fines, forfeitures, judgments	286,105	153,989	153,989
Unlicensed activity	153,801	245,275	138,755
Miscellaneous	10,413	10,413	10,413
Total Fee Collection to Line (A) - Section III	7,739,733	6,285,081	7,592,571
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	2,576,345	2,145,547	2,449,803
Other Personal Services	361,441	371,184	432,285
Expenses	670,580	487,981	553,762
Operating Capital Outlay	5,562	5,990	4,086
Special categories	6,379,570	3,471,421	2,992,418
Indirect Costs Charged to Trust Fund	212,504	201,338	234,481
Total Full Costs to Line (B) - Section III	10,206,002	6,683,461	6,666,835
Basis Used: 8% of all pro	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and

16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	7,739,733	6,285,081	7,592,571
TOTAL SECTION II	(B)	10,206,002	6,683,461	6,666,835
TOTAL - Surplus/Deficit	(C)	(2,466,269)	(398,380)	925,736

EXPLANATION of LINE C:

At July 1, 2012, this professon has a beginning cash balance of \$1,759,146.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Physical Theraphy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	1,929,060	480,860	1,996,210
Fines, forfeitures, judgments	27,944	27,944	27,944
Unlicensed activity	108,269	9,950	92,875
Miscellaneous	3,010	2,045	2,045
Total Fee Collection to Line (A) - Section III	2,068,283	520,799	2,119,074
SECTION II - FULL COSTS			_
Direct Costs:			
Salaries and Benefits	481,967	410,940	512,362
Other Personal Services	43,212	71,093	90,410
Expenses	97,958	93,464	115,816
Operating Capital Outlay	1,060	1,147	855
Special categories	1,009,793	784,362	627,252
Indirect Costs Charged to Trust Fund	42,921	38,563	49,040
Total Full Costs to Line (B) - Section III	1,676,910	1,399,568	1,395,734
Basis Used: 8% of all pr	rojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	2,068,283	520,799	2,119,074
TOTAL SECTION II (B)	1,676,910	1,399,568	1,395,734
TOTAL - Surplus/Deficit (C)	391,373	(878,769)	723,340

At July 1, 2012, this professon has a beginning cash balance of \$1,424,634.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Physicians Assistant

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	2,474,335	361,932	1,985,757
Fines, forfeitures, judgments	9,764	5,000	5,000
Unlicensed activity	3,380	2,765	27,005
Miscellaneous	850	850	850
Total Fee Collection to Line (A) - Section III	2,488,329	370,547	2,018,612
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	518,837	424,907	468,584
Other Personal Services	55,108	73,510	82,685
Expenses	89,107	96,641	105,920
Operating Capital Outlay	957	1,186	782
Special categories	481,324	727,276	570,335
Indirect Costs Charged to Trust Fund	38,255	39,873	44,850
Total Full Costs to Line (B) - Section III	1,183,588	1,363,393	1,273,156
Basis Used: 8% of all pro	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and

SECTION III - SUMMARY

TOTAL SECTION I	(A)	2,488,329	370,547	2,018,612
TOTAL SECTION II	(B)	1,183,588	1,363,393	1,273,156
TOTAL - Surplus/Deficit	(C)	1,304,741	(992,846)	745,456

EXPLANATION of LINE C:

At July 1, 2012, this professon has a beginning cash balance of \$1,393,184.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Podiatry

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	731,564	66,202	675,452
Fines, forfeitures, judgments	39,810	35,036	35,036
Unlicensed activity	11,200	1,160	9,525
Miscellaneous	761	701	701
Total Fee Collection to Line (A) - Section l	III 783,335	103,099	720,714
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	165,765	209,382	202,428
Other Personal Services	32,885	36,223	35,720
Expenses	45,085	47,622	45,757
Operating Capital Outlay	349	585	338
Special categories	206,190	187,039	246,241
Indirect Costs Charged to Trust Fund	13,763	19,648	19,375
Total Full Costs to Line (B) - Section III	464,037	500,498	549,858
Basis Used: 8% of all	projected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	783,335	103,099	720,714
TOTAL SECTION II (B)	464,037	500,498	549,858
TOTAL - Surplus/Deficit (C)	319,298	(397,399)	170,856

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of \$326,024. The cash balance will cover the deficit.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Psychology

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	1,825,536	249,033	1,760,883
Fines, forfeitures, judgments	28,183	28,183	28,183
Unlicensed activity	22,715	1,220	21,150
Miscellaneous	1,192	1,192	1,192
Total Fee Collection to Line (A) - Section III	1,877,626	279,628	1,811,408
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	409,864	369,306	362,666
Other Personal Services	41,534	63,891	63,995
Expenses	87,632	83,995	81,978
Operating Capital Outlay	717	1,031	605
Special categories	647,704	773,400	449,102
Indirect Costs Charged to Trust Fund	28,692	34,656	34,712
Total Full Costs to Line (B) - Section III	1,216,142	1,326,277	993,059
Basis Used: 8% of all pro	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and

SECTION III - SUMMARY

TOTAL SECTION I	(A)	1,877,626	279,628	1,811,408
TOTAL SECTION II	(B)	1,216,142	1,326,277	993,059
TOTAL - Surplus/Deficit	(C)	661,484	(1,046,649)	818,349

EXPLANATION of LINE C:

At July 1, 2012, this professon has a beginning cash balance of \$1,354,886.

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Respiratory Therapy

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Desciptor	FY 2011-12	FY 2012-13	FY 2013-14
Receipts: Fees and licensees	235,380	1,586,006	235,380
Fines, forfeitures, judgments	60,873	21,856	21,856
Unlicensed activity	5,840	46,885	11,545
Miscellaneous	835	688	688
Total Fee Collection to Line (A) - Section III	302,928	1,655,435	269,469
SECTION II - FULL COSTS	302,920	1,000,400	209,409
<u> </u>			
<u>Direct Costs:</u> Salaries and Benefits	314,508	340,980	297,888
Other Personal Services	48,694	58,990	52,564
Expenses	56,899	77,552	67,336
Operating Capital Outlay	699	952	497
Special categories	588,287	479,863	361,693
Indirect Costs Charged to Trust Fund	28,225	31,998	28,512
Total Full Costs to Line (B) - Section III	1,037,312	990,334	808,490
Basis Used: 8% of all pr	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and
16xxxx.			
SECTION III - SUMMARY			
TOTAL SECTION I (A)	302,928	1,655,435	269,469
TOTAL SECTION II (B)	1,037,312	990,334	808,490
TOTAL - Surplus/Deficit (C)	(734,384)	665,101	(539,021)

Department: 64 Department of Health **Budget Period: 2013-14**

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

School Psychology

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X **Examination of Regulatory Fees** Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION	ACTUAL FY 2011-12	ESTIMATED FY 2012-13	REQUEST FY 2013-14
Receipts:			
Fees and licensees	156,911	20,315	151,635
Fines, forfeitures, judgments	15	15	15
Unlicensed activity	3,560	190	3,560
Miscellaneous	48	58	58
Total Fee Collection to Line (A) - Section III	160,534	20,578	155,268
SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	19,629	16,049	24,560
Other Personal Services	258	2,776	4,334
Expenses	4,190	3,650	5,552
Operating Capital Outlay	69	45	41
Special categories	137,243	112,483	29,923
Indirect Costs Charged to Trust Fund	2,799	1,506	2,351
Total Full Costs to Line (B) - Section III	164,188	136,509	66,760
Basis Used: 8% of all pro	ojected costs under o	object: 11xxxx, 12xx	xx, 15xxxx and
<u>16xxxx.</u>			
SECTION III - SUMMARY			

TOTAL SECTION I	(A)	160,534	20,578	155,268
TOTAL SECTION II	(B)	164,188	136,509	66,760
TOTAL - Surplus/Deficit	(C)	(3,654)	(115,931)	88,508

EXPLANATION of LINE C:

At July 1, 2012, this professon has a beginning cash balance of \$211,213.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Department of Health Budget Period: 2013-14

Program: 64400100 Regulation and Licensing

Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S.

Purpose of Fees Collected: Regulate and enforce Health Care Practitioners.

Speech - Language Pathology & Audiology

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach

X Examination of Regulatory Fees Form - Part I and II.)

Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION		ACTUAL	ESTIMATED	REQUEST	
		FY 2011-12	FY 2012-13	FY 2013-14	
Receipts: Fees and licensees		1 200 705	200 000	4 267 202	
		1,390,795	288,898	1,367,203	
Fines, forfeitures, judgments		23,607	23,607	23,607	
Unlicensed activity		49,661	5,330	39,960	
Miscellaneous		638	638	638	
Total Fee Collection to Line (A) -	Section III	1,464,701	318,473	1,431,408	
SECTION II - FULL COSTS					
Direct Costs:					
Salaries and Benefits		211,321	204,202	245,386	
Other Personal Services		14,732	35,327	43,300	
Expenses		45,064	46,443	55,468	
Operating Capital Outlay		490	570	409	
Special categories		1,033,118	1,033,665	298,257	
Indirect Costs Charged to Trust	Fund	19,828	19,162	23,487	
Total Full Costs to Line (B) - Sect	ion III	1,324,553	1,339,370	666,307	
Basis Used:	3% of all pr	ojected costs under	object: 11xxxx, 12xx	xx, 15xxxx and	
1	6xxxx.				
SECTION III - SUMMARY					
TOTAL SECTION I	(A)	1,464,701	318,473	1,431,408	
TOTAL SECTION II	(B)	1,324,553	1,339,370	666,307	
TOTAL - Surplus/Deficit	(C)	140,148	(1,020,897)	765,101	

EXPLANATION of LINE C:

At July 1, 2012, this profession has a beginning cash balance of \$2,115,130. The cash balance will cover the deficit.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2013 - 2014

Department Title: Department of Health

Trust Fund Title: Medical Quality Assurance Trust Fund

Budget Entity: 64400100

LAS/PBS Fund Number: 2352

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	32,838,457.75 (A)		32,838,457.75
ADD: Other Cash (See Instructions)	137,466.44 (B)		137,466.44
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	7,010,128.22 (D)		7,010,128.22
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	39,986,052.41 (F)	0.00	39,986,052.41
LESS Allowances for Uncollectibles	(2,057,198.19) (G)		(2,057,198.19)
LESS Approved "A" Certified Forwards	(2,663,471.60) (H)	2,159.48	(2,661,312.12)
Approved "B" Certified Forwards	(968,353.43) (H)		(968,353.43)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(1,517,429.84) (I)		(1,517,429.84)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	32,779,599.35 (K)	2,159.48	32,781,758.83 *

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Medical Quality Assurance Trust Fund 2352/64400100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 32,240,986.35 (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: 2,159.48 (C) SWFS Adjustment #B6400003 Reduce Accounts Payable SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (968,353.43) (D) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 112,139.76 (D) G/L 486XX - Long Term Compensated Abscences Liability 1,394,826.67 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **32,781,758.83** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **32,781,758.83** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

DEPARTMENT OF HEALTH

SCHEDULE IV-B FOR MQA TRANSFORMATION PROJECT FOR FISCAL YEAR 2013-14



State of Florida

The Florida Legislature Governor's Office of Policy and Budget

October 15, 2012

DOCUMENT CONTROL

Change Record

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10/6/12	Lola Pouncey	1.0	Initial Version

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1. Cover Sheet and Executive Summary

L.L. Cover Sheet

Agency:	Schedule IV-B Subm	nission Date:	
Department of Health	10/15/2012		
Project Name:	Is this project included in the Agency's LRPP?		
MQA Modernization Project			
FY 2013-14 LBR Issue Code:	FY 2013-14 LBR Iss		
	Versa Regulation Upg		
Agency Contact for Schedule IV-B (Nar		-	
Lola Pouncey, 850-245-4064, Lola_Pot	uncey@doh.state.fl.us	<u>t</u>	
I am submitting the attached Schedul have reviewed the estimated costs a believe the proposed solution can be costs to achieve the described bene Schedule IV-B.	and benefits documen delivered within the ex	ted in the Schedule IV-B and timated time for the estimated	
Agency Head AULT Printed Name: John Armstrong, Min. E/	W)	Date: /0/1//2	
Agency Chief Information Officer (or e	quivalent):	Date:	
		11 October 2012	
Printed Name: Rob Dillenschneider		" CCIODE ZEIZ	
Budget Officer:		Date: /	
Printed Name: Terry Walters	Palter	10/1/12	
Planning Officer: Printed Name: Lola Pouncey	cen	Date: 10/11/12	
Project-Sponsor:		Date:	
Co Muc. D.	Lukar	10/11/12	
Printed Name: Lucy C. Gee		(O) (Locales	
Eusiness Need:	Lola Pouncey		
Cost Benefit Analysis:	Daniela Lee, Allison St	and all Cander Thou	
_ 		acining Califfy Lyre	
Risk Analysis: Lola Pouncey Technology Planning: Bob Dillenschneider			
Technology Planning:			
Project Planning:	Daniela Lee, Allison St	achnik, Candy Tyre	

Printed 10/11/2012 11:25:00 AM

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1.2. Executive Summary

1.2.1. Introduction and Proposed Project

The Florida Department of Health, through its Division of Medical Quality Assurance (MQA), determines if health care practitioners meet minimum licensure requirements. At the end of FY 2011-12, MQA licensed, registered, or certified 1,083,767 health care practitioners, 23,809 facilities and establishments, and 48,330 continuing education providers. 100,958 initial license applications were received and 94,761 new licenses were issued. MQA, in conjunction with 22 boards and 6 councils, is responsible for regulatory activities of 200-plus license types in more than 41 health care professions and 8 types of facilities. MQA's three key business processes are licensure, enforcement and information.

The division performs its licensure and enforcement business functions using a system called the Customer Oriented Medical Practitioner Administration System (COMPAS). This system is based on a 2003 upgrade of PRAES system that was originally purchased in 1998 when the division was formed.

Section 116 of House Bill 1263 (2012) directed the Division of Medical Quality Assurance (MQA) to develop a plan to improve the efficiency of its functions. In response to this legislation, the Department has performed an analysis of best practices from within the division and other state agencies with similar functions, a consultation with its regulatory boards, an exploration of technology and other business solutions that have resulted in this efficiency improvement plan. From this analysis the division has determined a transformational effort is required to increase productivity and provide stability including the following:

- Implement a licensing system, like Versa:Regulation, that will provide the functionality, flexibility and sustainability needed by the MQA program.
- Update current processes to attain efficiencies through the use of workflow and other enabling technologies.
- Establish an infrastructure that is completely supported and stable.

The primary drivers for this effort are:

- The need for timelier licensure of practitioners, facilities and providers.
- The need to increase automation in order to meet increasing demand with current staff levels.
- Mission critical system reaching the end of renewable licensing and support.

In today's economy, States around the nation are looking to gain a competitive edge by attracting the most skilled members of the workforce. If Florida is to remain competitive it must focus on making the State one that is easy to conduct business in and reducing if not eliminating barriers to entry for professionals, this includes reducing delays in the time it takes to get licensed as a healthcare practitioner, facility or provider. Consistent with the direction provided under HB1263 (2012), if the division is to be able to meet the primary objective of reducing "the average length of time for a qualified applicant to receive initial and renewal licensure certification or registration by one-third", it must modernize the MQA licensing system (COMPAS) implemented in 2003.

The current system limits the business and technical improvements the Department can make due to the lack of workflow and real-time processing. Unlike the system currently employed by the Department of Business and Professional Regulation (DBPR), which allows for same day issuance of licenses, the COMPAS system requires the use of batch processing to complete the licensing process. These limitations result in multi-day delays in the time it takes to renew a license and issue a new license, resulting in significant foregone wages and increasing the time it takes for the applicants to gain employment. The shortcomings of the current processes and system ultimately results in a

negative impact on Florida's economic engine estimated at \$14,230,866 annually.

Even if the COMPAS system provided the functionality needed to meet the demands of the current environment, which it does not, much of the software and backend infrastructure is reaching (or has already reached) the end of its life. Most significantly, the LicenseEase software that COMPAS is based on is rapidly approaching the end of its software life as it will no longer be supported after December 31, 2013. In addition, the Sun servers used to run the software will not be supported after June 2013 and the Dell tablets being used by inspectors for mobile inspections are already unsupported. Moreover, much of the backend software (J-Initiator, Windows XP, Oracle DB and Oracle Application Server) is either unsupported or will be within the next year or two.

Within the next 12 months the system's risk of failure will grow exponentially as it is compounded by the lack of options to handle any system failures. Due to the critical licensure business supported by the COMPAS system, it is simply not a viable option to allow the system to age into such an unsupported state.

The technology maximization effort allows for several other benefits to be realized as well:

- Functionality and support for staff to conduct remote inspections via mobile devices like tablets, increasing the efficiency, speed and effectiveness of inspections and reducing the amount of time it takes to complete paperwork.
- Consistency and alignment with other state agencies who have either implemented or upgraded to Versa:Regulation (this also opens the possibility of a common back-office across state agencies for these systems).
- Increasing competition by removing the reliance on a single database vendor.

1.2.2.Costs and Benefits

The MQA Transformation Project is estimated to deliver annually recurring tangible benefits of \$14.5 million.

The enhancements included with the transformation project will include self-service functionality allowing users to obtain answers to many questions online that currently require interaction with the MQA call center. It also provides workflow functionality that represents the single biggest functional improvement offered in the upgrade and has the potential of dramatically improving operational efficiencies at MQA. It will assign applications or cases to MQA staff and allow managers to set assignment rules, create and manage work queues, monitor deadlines, set work alerts and more. Functionality will also be implemented to modernize inspections, allowing all inspections to be completed utilizing electronic forms and routing. These enhanced features will be supported by a new high availability IT infrastructure that will provide the foundation for real time processing of applicant and licensee financial transactions.

Improved automation and efficiencies throughout these areas will deliver positive, measureable impacts to the Florida economy by allowing qualified applicants to be licensed faster – getting Floridians to work, a critical initiative to rebuild Florida's economy. The MQA transformation is estimated to deliver the following annual recurring tangible benefits:

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Estimated	Description of Benefit
Annual Benefit	
\$14,230,866	Reducing time to process an initial application by five days –
	conservatively estimated at accelerating revenue into the State of Florida
	economy at \$14,230,866 annually.
\$290,000	Reducing postage and handling related to mailing deficiency letters and
	renewal postcards – estimated at \$290,000 annually.
	Note: Contingent upon proposed legislation to allow email address to be part
	of the official address of record.
\$20,000	Standardizing and expanding electronic tablet utilization for all inspections
	- estimated at \$20,000 annually
\$14,540,866	Total Estimated Annual Benefit

Table 1-1 - Annual Recurring Tangible Benefits

The estimated total cost of implementing the MQA Transformation Project is \$12,150,626 over a two year period as follows:

FY 13-14	FY 14-15
\$7,019,017	\$5,131,609

1.2.3. Recommendation

The Feasibility Study process has concluded that it is in the best interest of MQA to proceed with the upgrade of LicenseEase (COMPAS) version 4 to Versa:Regulation 2.5. This option addresses the mandate for reducing time to license healthcare professionals, addresses the aging and largely unsupported software and infrastructure, and leverages existing data structure and business processes and from a cost perspective, makes the most sense. Other alternatives were considered including:

- 1. Status Quo with Windows 7 Workaround
- 2. Upgrade Backend Infrastructure Only
- 3. Procure New Licensing Software and Upgrade Infrastructure
- 4. Upgrade LicenseEase (COMPAS) to Versa:Regulation and Upgrade Infrastructure

Alternatives 1-4 are discussed in more detail in the Alternatives Analysis section of this document. The Department also considered the addition of staff as an alternative to meet its objectives. The analysis indicated that Alternative 4 was the clear choice and that all other alternatives should be ruled out as they either do not sufficiently address the critical issues MQA is facing or would significantly increase the cost and risk associated with achieving the directive of HB1263 (2012) of reducing by one-third, the time for a qualified applicant to receive initial and renewal licensure certification or registration. In fact without this transformational effort the current system's performance will continue to degrade further elongating the time it takes to license healthcare professionals. In addition, the estimated recurring tangible benefits of implementing the solution outweigh the estimated costs to implement the upgrade.

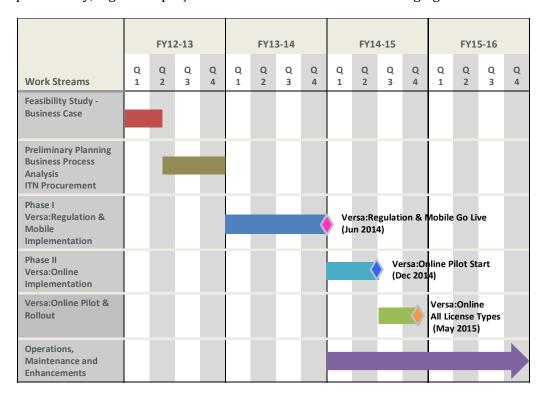
Additional advantages of upgrading from LicenseEase (COMPAS) to Versa:Regulation include:

- Real-time system. Includes real-time connection to online payments through interface for Florida ePay interface (payment service provider.) Issue with licenses not being approved until funds have physically been deposited would be corrected
- Automated workflow. Includes auto-assignment and dashboard management, integration with the existing MQA Imaging system, and improved correspondence functionality and ability to

email. It is believed this could be the single biggest improvement associated with the upgrade and will be a key contributor to reaching MQA's goals to improve the time it takes to license healthcare professionals

- Ability to pull images from database as system integrates the imaging solution into one where images are available real-time
- Database schema is 90% the same as LicenseEase (COMPAS) which will greatly reduce any data conversion effort required
- Technology alignment with other state licensing agencies including the potential for a common back-office for these agencies

This study recommends that the MQA Transformation project be conducted according to best practices in a phased plan to transition to a solution that meets the business process requirements and user needs. A preliminary, high-level project timeline is shown in the following figure.



1.2.4. Project Risks

As with any project, there are a number of project risks that need to be recognized and appropriately mitigated. The Project Management section of this document details the risks associated with the project, but most probable risks associated with this project include the following:

- Internal technical staff will not have sufficient experience with the proposed technology in the production environment
- Moderate changes to business processes impacting 650+ MQA employees directly, a new online component will be required as part of the move toward greater self-sufficiency and away from manual processes; some productivity may initially be impacted as users are trained in and become adept in the new system's business processes
- The Division does not have the necessary knowledge, skills and abilities to staff the project team with in-house resources

Several strategies to mitigate these risks have been identified and include the following:

- Include architectural consulting services in the scope of work for the project to assess the current environment against the proposed production environment(s) to identify gaps in technology infrastructure.
- Internal technical staff will work closely with the vendor technical resources to provide knowledge transfer and increase understanding of production environment(s).
 - o Internal technical staff will take part in technical systems training to be included within the scope of work for the awarded vendor.
- A clear vision of project objectives will be defined and maintained by executive leadership throughout the life of the project in order to minimize the real or perceived impact of process changes on key stakeholders
- The Organizational Change Management Plan will address mitigation strategies associated with expected changes as they are identified
- Organizational Change Management activities must be given top priority throughout the project in order to facilitate the transition of the Department from its current mode of operation toward the efficiencies of a modern business system
 - o Plan for and provide adequate training for user community
 - The Division will use the state's competitive procurement process to engage qualified and reputable vendors who are able to provide the necessary knowledge, skills and abilities

1.2.5.Conclusion

Highlighted by the Legislature passing HB1263 (2012), it is time for MQA to evolve its technology. The functions performed by MQA are critical to Florida and the current software and infrastructure will not allow for efficient issuance and enforcement of licenses. In addition, no amount of additional staffing will allow the Department to meet the directives outlined in HB1263 (2012). The division is currently functioning in an environment of older technology using batch processing systems with software and infrastructure that is either currently unsupported or will be unsupported in the near future. Without the technology modernization project, the time to issue licenses will be much longer than MQA, the Legislature, and the public would desire and MQA will continue to operate in an environment filled with the risk of an unrecoverable catastrophic failure. **The recommended next step is to procure a product that provides the functionality needed along with the services required to successfully implement it.**

2. Schedule IV-B Business Case

		\$2 - 10 M		
Business Case Section		Routine	Business or	
Business case section		upgrades &	organizational	
	\$1-1.99M	infrastructure	change	> \$10 M
Background and Strategic Needs Assessment			X	X
Baseline Analysis			X	X
Proposed Business Process			Х	Х
Requirements			71	71
Cost Benefit Analysis		X	X	X

2.1. Background and Strategic Needs Assessment

2.1.1. Agency Background

The Division of Medical Quality Assurance (MQA) was established under section 20.43(3)(g), Florida Statutes, to regulate health care practitioners for the preservation of the health, safety, and welfare of the public through licensing health care professionals as well as enforcement of state laws and guidelines that pertain to licensed health care professionals. The following boards, councils and department-regulated professions are established to carry out this charge.

BOARDS

Acupuncture	Medicine	Pharmacy	
Athletic Training	Nursing	Physical Therapy Practice	
Chiropractic Medicine	Nursing Home Administrators	Podiatric Medicine	
Clinical Laboratory	Occupational Therapy	Psychology	
Personnel			
Clinical Social Work,	Opticianry	Respiratory Care	
Marriage and Family			
Therapy, and Mental Health			
Counseling			
Dentistry	Optometry	Speech-Language Pathology	
		and Audiology	
Hearing Aid Specialists	Orthotists and Prosthetists		
Massage Therapy	Osteopathic Medicine	_	

COUNCILS

Certified Nursing Assistants	Electrolysis	Medical Physicists
Dietetics and Nutrition	Licensed Midwifery	Physician Assistants
Practice		

DEPARTMENT REGULATED PROFESSIONS

Emergency Medical	Radiologic Technicians		
Technicians			

Paramedics	School Psychologists

At the end of FY 2011-12, MQA licensed, registered, or certified 1,083,767 healthcare practitioners, 23,809 facilities and establishments, and 48,330 continuing education providers. 100,958 initial license applications were received and 94,761 new licenses were issued. 91.42% of the 400,393 licenses renewed were renewed using the online renewal system.

To support the regulation of health care practitioners, MQA performs the following functions:

- **Examinations** Monitoring all national examination and vendor contracts, as well as planning, coordinating and directing the development, scheduling, scoring, score reporting, post-examination reviews, defense, and security of all examinations administered by the department
- **Inspections** Conducting on-site inspections of pharmacies, dispensing practitioners, dental laboratories, electrolysis and massage establishments with field staff located in twelve offices throughout the state
- **Application & Licensure:** Evaluating credentials of applicants for initial licensure to determine if statutorily-established minimum standards are met
- **Renewals:** Evaluating credentials of practitioners and establishments for license renewal to determine if statutorily-established minimum standards are met
- **Enforcement & Compliance** Analyzing and investigating complaints, inspecting facilities, assisting in prosecuting violations of Florida's regulatory statues and administrative rules, monitoring compliance of licensees with disciplinary final orders, and combating unlicensed activity

2.1.2.Statement of Need

A conservative study was performed by MQA and found the estimated statewide daily salary impact to medical professionals not being able to obtain a license is more than \$5 million. MQA needs to modernize the software and infrastructure supporting the licensure and related processes to ensure licenses are issues as quickly and efficiently as possible.

In addition, modernization of MQA would allow for all related software and infrastructure to be supported with an effective disaster recovery strategy and process. Without the modernization effort, the division runs the risk of an unrecoverable catastrophic failure costing the healthcare industry millions of dollars on a daily basis.

During the 2012 legislative session HB-1263 (Division of Medical Quality Assurance Efficiency Improvement Plan) directed the Division of Medical Quality Assurance (MQA) to develop a plan to improve the efficiency of its functions. In response to this legislation, the Department has performed an analysis of best practices from within the division and other state agencies with similar functions, consultation with its regulatory boards, and exploration of technology and other business solutions, have resulted in this efficiency improvement plan. The bill includes the following seven objectives:

- Reduce by one-third, the average length of time for a qualified applicant to receive initial and renewal licensure certification or registration
- Improve the agenda process for board meetings to increase transparency, timeliness, and usefulness for board decision making
- Improve the cost-effectiveness and efficiency of the joint functions of the division and regulatory boards
- Identify and analyze best practices within the division and other state agencies
- Identify options for information technology improvements
- Identify options for contracting with outside entities

• Identify other options the division deems useful

Not surprisingly, many of the identified efficiency improvements rely upon technology enhancements that mirror those implemented or in the process of being implemented in other state regulatory agencies. Many of the other state agencies use the proposed upgraded licensing system and have generously shared lessons learned, governance and business requirements documentation, and best practices for successful integration of the upgraded system.

MQA currently uses a system called the Customer Oriented Medical Practitioner Administration System (COMPAS) that supports the licensing of healthcare professions regulated under MQA. COMPAS is a software product entitled LicenseEase (version 4) COMPAS was implemented over a 22-month period from July 2003 to May 2005 and replaced the Department's legacy system known as PRAES, operating in an Informix environment.

During the analysis of best practices from within the division and other state agencies with similar functions, one of the main opportunities for improvement would be to modernize the MQA environment by upgrading LicenseEase (COMPAS) to Versa:Regulation and the related infrastructure. As a by-product of this modernization effort, MQA would specifically address the following elements of HB-1263:

HB-1263 Objective	How Transformation Effort Addresses
Reduce the average length of time for a qualified	Real-time processing (current process is
applicant to receive initial and renewal licensure	batch), automated workflow, and
certification or registration by one-third	increased online and mobile device
	capabilities. Part of this includes
	enhanced credit card processing.
	Today's environment waits for all
	processing to be completed and funds
	posted into the bank account. Real-time
	processing will allow licenses to be
	issued immediately after approved in
	the system (days before funds are
	received into the account)
Identify options for information technology	Updates software and infrastructure to
improvements	current and supported technology (in
	addition to items previously mentioned)
Identify and analyze best practices within the	MQA's back office systems becomes
division and other state agencies	aligned with other agencies (based on
Table 2.4 Alignment of UD 42/2 Objection	best practice analysis)

Table 2-1 - Alignment of HB-1263 Objectives and Transformation Project

The purpose of the project would be to modernize MQA to timely collect, store, track, and deliver accurate licensure information to MQA, healthcare professionals, and the public through the following activities:

- Replacing the current COMPAS system via a migration of an end-of-life product to Versa: Regulation 2.5
- Implementing Versa: Online and Versa: Mobile (using tablets)
- Implementing workflow functionality to improve automation and reduce licensing time (available as part of Versa: Regulation) for each licensed profession
- Replacing database and other backend infrastructure

The enhancements associated with the upgrade will utilize new database and application system technologies. Automated workflow is also one of the primary enhancements associated with this upgrade and will dramatically change the way people do their jobs at MQA. To ensure full realization of this enhancement, extensive analysis of current process flows, work queues, and work assignment will be reviewed to ensure maximum efficiency is realized relating to automated workflow. Moreover, the solution will also provide for greater self-service as enhancements to the upgraded system would be through end-user configuration instead of custom IT development.

2.1.3. Mission Critical Application at End of Life

The improvements and objectives of HB-1263 are not the only challenges facing the COMPAS system. In fact the LicenseEase software that COMPAS is based on will no longer be supported as of December 31, 2013. In addition, multiple components of the hardware and backend infrastructure of COMPAS are either unsupported or quickly aging to the point where they will soon be unsupported as well. (More information on the technological issues can be found in the Technology Planning section of this document.)

The following components of the system are either currently or nearly unsupported:

Technology	Description	Support Status	
LicenseEase (COMPAS)	Software providing the functionality	Expires December 2013	
	needed for MQA to perform its business		
	functions and meet its statutory		
	obligations		
Sun Servers	Servers used to run LicenseEase	Expires June 2013	
	(COMPAS), Oracle DB, Oracle App Server,		
	and J-Initiator		
Dell XT Tablets	XT Tablets Tablets used for inspections		
Oracle Database	Database platform used for LicenseEase	Expires July 2013	
(10.2.0.5 10gR2)	(10.2.0.5 10gR2) (COMPAS)		
Oracle App Server	Backend application server used for	Current, but likely to	
(10.1.2)	LicenseEase (COMPAS)	expire in the next couple	
		of years	
J-Initiator	-Initiator Backend application used render the UI		
Windows XP	Desktop operating system used by users Expires April 20		
	of LicenseEase (COMPAS)		

Table 2-2 - Mission Critical Infrastructure and Software at End of Life

The organization has reached a critical point where the system must be updated to new technology platforms or face the real risk of having a mission critical application that will not be supported in the event of any system failure. Failure would result in significant delays in licenses being issued, renewed, and monitored. As previously mentioned, a very conservative study was performed by MQA and found the estimated daily salary impact to medical professionals not being able to obtain a license is more than \$5 million.

2.1.4. Stakeholders

The Project Management Institute defines a stakeholder as "anyone who may be positively or negatively impacted by the project." The below table lists the project's stakeholders identified-to-date and how each will be affected by, or will participate in, the system transformation project.

Stakeholder	How affected and/or how they participate
MQA Board Office Staff	Key internal users of target system.
	Involvement includes participants in JAD
	sessions, and reviewers and approvers of
	requirements and functional design
	specifications
MQA Enforcement Unit (including Consumer	Key internal users of target system.
Services, Investigation Services, Prosecution	Involvement includes participants in JAD
Services, and Compliance Monitoring)	sessions, and reviewers and approvers of
	requirements and functional design
	specifications
MQA Call Center	Key internal users of target system.
-	Involvement includes participants in JAD
	sessions, and reviewers and approvers of
	requirements and functional design
	specifications
MQA Clerk's Office	Key internal users of target system.
	Involvement includes participants in JAD
	sessions, and reviewers and approvers of
	requirements and functional design
	specifications
MQA Practitioner Reporting and Exam	Key internal users of target system.
Services	Involvement includes participants in JAD
	sessions, and reviewers and approvers of
	requirements and functional design
	specifications
MQA License Services Unit	Key internal users of target system.
	Involvement includes participants in JAD
	sessions, and reviewers and approvers of
	requirements and functional design
	specifications
MQA Systems Support Services	Key internal users and system administrators
Cagain	of target system. Involvement includes
	participants in IAD sessions, and reviewers
	and approvers of requirements and functional
	design specifications
Department of Health/Division of	Target system must ultimately integrate with
Information Technology	DIT technical architecture. Project must
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	follow PMO standards. Selected DIT staff will
	provide information pertaining to current
	systems, participate in JAD sessions and
	approve technical requirements
Consumers	Key external users of the target system.
	External users will be required to register in
	the new system to create an online account to
	conduct business electronically with MQA.
	Examples include: online applications for
	licensure, online renewals, and checking
	status of application online
Image API	Vendor that provides application and hosting
	services for the MQA Imaging System, which
	interfaces with the existing LicenseEase
	(COMPAS) system
	(GOLITTIO) DYDICHII

Table 2-3 - Transformation Project Stakeholders

2.1.5. Program Objectives

The Department of Health (DOH) has documented its goals and strategic objectives in a Long-Range Program Plan (LRPP). Specific business objectives and outcomes were defined and aligned with the goals for public assistance services. The Goals are depicted below:

- 1. Prevent and Treat Diseases of Public Health Interest
- 2. Provide Access to Care for Children with Special Health Care Needs
- 3. Ensure Florida's Health and Medical System Achieves and Maintains National Preparedness Capabilities
- 4. Improve Access to Basic Family Health Care Services
- 5. Prevent Diseases of Environmental Origin
- 6. Prevent and Reduce Tobacco Use
- 7. Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care
- 8. Enhance and Improve Emergency Medical Systems
- 9. Process Medical Disability Determinations

As part of this plan, the division of Medical Quality Assurance has identified 5 operational goals to assist with goal #7 from above (Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care.) The following identifies those goals and how MQA transformation will help achieve these goals:

#	Operational Goals from LRPP	Key Elements of MQA Transformation to assist with Goal
1	License expeditiously all health care practitioners who meet statutorily mandated minimum standards of competency	 Move from batch to real-time processing (Practitioners will be able to have their renewal approved the same day it is processed) Automated workflow (includes autoassignment and dashboard management) Integration with existing MQA imaging system Improved correspondence methods
2	Enforce health care standards through education, remediation, and timely discipline of health care practitioners found in violation of the law	Reduction in time to process cases resulting from: Integration with imaging system for case related information Workflow functionality to assist with management of workload, case assignments, elevation and notification of high priority cases, and e-mail notifications to enforcement staff As a result of all inspectors and investigators having a mobile solution, modernization will allow for real-time updates in the licensing system, reduced data entry errors (thus greater data integrity), and the ability to sort workload on-demand

#	Operational Goals from LRPP	Key Elements of MQA Transformation to assist with Goal
3	Inform stakeholders by providing accessible, timely, and accurate information to assist them in making health care, business, and policy decisions	Solution is browser based providing for easier access by remote field offices or field workers
4	Motivate the workforce to achieve excellence	Ability to attract and retain talented employees due to exposure to newer, more efficient applications and systems
5	Minimize licensure costs, while maintaining a sufficient cash balance, through cost effective operations to ensure that all fees are reasonable, fair, and do not serve as a barrier to licensure	Many of the benefits identified have resulted in cost avoidance contributing to the effort to minimize licensure costs. Examples of these benefits include reduced time for incoming calls to the call center (not having to increase staff to reduce response times), reduced postage and handling costs, etc.

Table 2-4 - Alignment of LRPP and Transformation Project

2.2. Baseline Analysis

Purpose: To establish a basis for understanding the business processes, stakeholder groups, and current technologies that will be affected by the project and the level of business transformation that will be required for the project to be successful.

2.2.1. <u>Current Business Process Requirements</u>

Currently, business process requirements for MQA are primarily met through LicenseEase (COMPAS) along with other custom developed solutions. The project team worked to identify and elaborate requirements for the new system. During this stage the project team members worked to analyze current business processes and systems, identify requirements for the new system, specify the technical architecture considering architectural and security standards and constraints, analyze requirements for interfaces and reports to elicit requirements for the system.

The benefits delivered to MQA during this stage

- Business process improvement recommendations
- Identification of key requirements and early resolution of issues
- Change control established before design and development
- Detailed and stable information for user interface, system interface, and report requirements
- Business process requirements that are tightly integrated with the system requirements
- Project activities that are clearly defined and maintained through design activities

Kev outcomes

- Business processes identification and mapping
- Requirements identification, documentation, and approval
- Change readiness assessment

Discovery Process

The team started by reviewing the existing environment. This process included compiling the background information needed to develop the process and technology requirements. Key activities in

this step included:

- 1. Review of existing organization structure
- 2. Compiling documents and data for relevant background information
- 3. Review of existing technology systems
- 4. Review of existing legal and regulatory policies (e.g., records retention)
- 5. Identification and review of existing business metrics (volumes, staffing, performance measures, etc.)
- 6. Development of the system context diagram

2.2.2.<u>Issues with Current Process and Technology</u>

- Not able to meet mandate and goal to improve time it takes to license health care professionals
 with the current processes, hardware and infrastructure. Also relates to credit card processing
 and fact current environment will not post to licensing system until funds have physically been
 received into the system
- Risk of unrecoverable catastrophic system failure due to various components of the software and hardware infrastructure either not being supported or near end of support. Technical and manual process alternatives are being utilized in some cases to keep systems functioning in an unsupported environment
- Current disaster recovery process would likely yield extended business outage and inability for licenses to be issued during the outage period
- Not all inspectors have tablets resulting in a lag between inspections performed and updates made in the system
- Current environment requires regular downtime due to the current software/hardware infrastructure

More detail can be found in the technology section of this document

2.2.3. <u>Business Process Improvement Recommendations</u>

During the course of the MQA Transformation feasibility project, process improvement opportunities were identified. A couple of the key improvement opportunities identified as part of the MQA Transformation included:

- Move from batch to real-time processing environment
- Update software and infrastructure to current and supported technology

Inherent to the technologies proposed as part of the MQA Transformation are numerous efficiencies gained by implementing this system. For example, by leveraging workflow and document management technologies in the proposed system, current manual processes and tracking of paper documents becomes streamlined. While these efficiencies are fairly significant, there are other opportunities for process improvement that have not been identified. Through a structured Business Process Reengineering (BPR) exercise these efficiencies could be identified and incorporated into the new system.

2.2.4. <u>Business Process Descriptions and Benefits</u>

The following section describes the various functions of MQA and the perceived benefit of modernizing MQA.

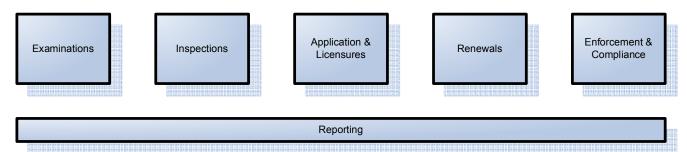


Figure 2-1 - High-Level MQA Functions

2.2.4.1. Examinations

Practitioner Reporting & Examination Services (PRES)

- Monitors all national examination and vendor contracts
- Plans, coordinates and directs the development, scheduling, scoring, score reporting, postexamination reviews, defense, and security of all examinations administered by the department
- Conducts background screenings of profiled professions at renewal, interfacing with data from FDLE and NPDB and entering this data into the licensing system
- Reports disciplinary adverse actions taken against all licensees by the licensing Boards to the Healthcare Integrity & Protection Data Bank (HIPDB)
- interfaces with the MQA Imaging system

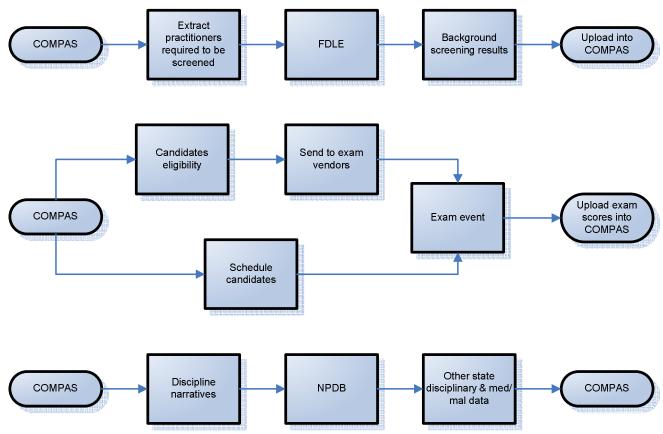


Figure 2-2 - Current Process for Examinations

As a result of the analysis of this process, the following anticipated benefits of the MQA Transformation project include:

• Reduced processing time by providing additional functionality such as workflow, which

includes auto-assignment and dashboard management, integration with the existing MQA Imaging system, and improved correspondence functionality and ability to email

• Streamlined menu navigation with fewer clicks to perform current tasks, breadcrumb navigation, and improved notes functionality

2.2.4.2. Inspections

MQA conducts on-site inspections of pharmacies, dispensing practitioners, dental laboratories, electrolysis and massage establishments with field staff located in twelve offices throughout the state. The staff completed 24,169 inspections in FY11-12. Inspections enter the licensing system through manual entry of inspection forms or upload of electronic inspections through the LicenseEase (COMPAS) Mobile Inspection Partner (CMIP) which utilizes tablet technology. Inspections are assigned through the licensing system and managed trough reporting. Inspectors also interface with the MQA imaging system.

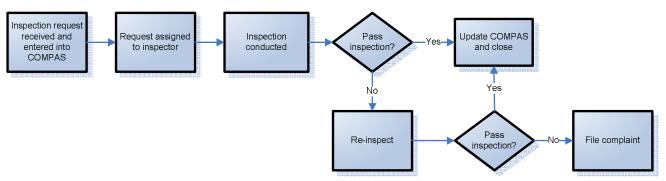


Figure 2-3 - Current Process for Inspections

As a result of the analysis of this process, the following anticipated benefits of the MQA Transformation project include:

- Streamlined inspection process though the workflow functionality
- More inspections to be done electronically by both investigative and inspection staff using Versa: Mobile and tablets. This also provides for a lower cost alternative to the current tablet
- Real-time data in the licensing system and to inspectors in the field (via the mobile solution)
- Reduced data entry errors and greater data integrity (due to all inspectors and investigators having mobile devices)
- Ability to sort the inspection workload on demand due to mobile devices and real-time processing

2.2.4.3. Application & Licensures

MQA evaluates the credentials of applicants for initial licensure to determine if statutorily-established minimum standards are met. More than 100,000 initial applications are processed annually, and over 94,700 initial licenses were issued in FY11-12. Applications are received both on paper via mail and electronically through MQA's Initial Application website. Upon receipt of an application, money is receipted into the system and an initial file is created for the applicant. Application processors review the file information and primary source verify credentials prior to issuing a license. Processing staff interface with both the LicenseEase (COMPAS) system and MQA Imaging system to process the files. For professions that require background screening, the staff accesses the FDLE system to verify screening results. Primary source verification may require interfaces with other national systems such as Nursys, NPDB, Certification/Exam Providers, and other state license verifications.

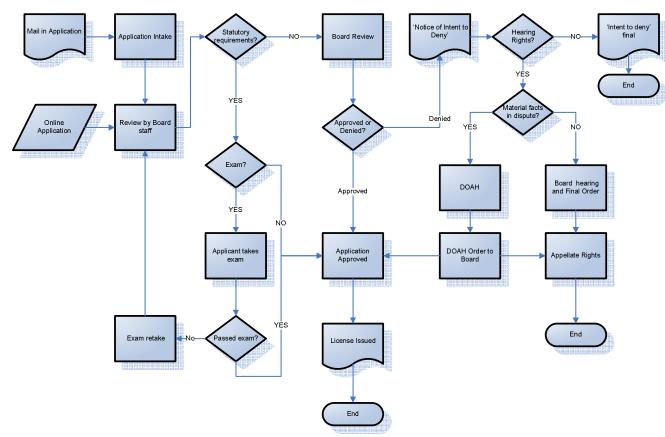


Figure 2-4 - Current Process for Applications and Licensures

As a result of the analysis of this process, the following anticipated benefits of the MQA Transformation project include:

- Reduced processing time through additional functionality such as workflow, which includes auto-assignment and dashboard management
- Integration with the existing MQA Imaging system
- Improved correspondence functionality and ability to email directly from the solution
- Streamlined menu navigation with fewer clicks to perform current tasks, breadcrumb navigation, and improved notes functionality

2.2.4.4. **Renewals**

MQA evaluates the credentials of practitioners and establishments for license renewal to determine if statutorily-established minimum standards are met. More than 400,000 renewal applications are processed annually. In FY11-12, 91.42% of these renewals were completed online.

Currently, 120 days prior to renewal, practitioners receive a postcard in the mail with renewal instructions - 78% of licensed practitioners renew this way. Practitioners log onto MQA Systems and either renews online or prints and mails the renewal form with payment. All practitioners have the opportunity to update their address, answer mandatory questions about convictions and Medicare fraud, and affirm their continuing education requirements have been met. Some professions have additional renewal requirements including updating their practitioner profile, statutorily required workforce surveys, and emergency treatment plans. For renewals completed online, practitioners print out a credit card receipt and a confirmation of license that indicates they have renewed their license. Once credit card fees are deposited in FLAIR and in the licensing system, the renewal is approved and the practitioner receives an official license in the mail. Renewals received through the mail are processed by a vendor and the money is receipted into

LicenseEase (COMPAS). Any renewals that require further processing are sent to MQA. Once the money for the renewal is deposited, a nightly process is run to approve the renewal and the practitioner receives an official license in the mail. Renewing establishments and some practitioners (22%) are sent their renewal form in the mail but have the option to renew online.

The MQA Services renewal system, back-end programs and processing staff interface with the following systems: LicenseEase (COMPAS), MQA Datamart, MQA Imaging system, FLAIR, Bank of America, SERVFL (the State of Florida's online system for managing public health and medical disaster responders), and MQA's continuing education electronic tracking system. Post renewal, the processing staff interfaces with other systems, depending on the profession including: the FDLE review system, the National Practitioner Data Bank (NPDB) and the HHS List of Excluded Individuals and Entities (LEIE).

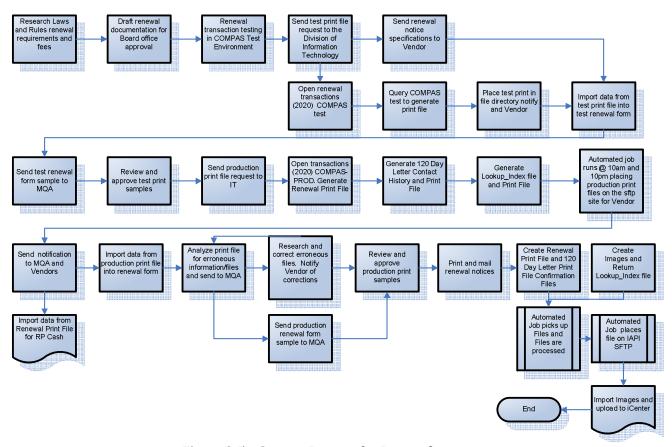


Figure 2-5 - Current Process for Renewals

As a result of the analysis of this process, the following anticipated benefits of the MQA Transformation project include:

- Reduced processing time by completing the online transaction in real time
- Other benefits including multi-language capability, forgotten password retrieval, E-mail transaction confirmation and configurable expert rules-based design

2.2.4.5. Enforcement & Compliance

MQA analyzes and investigates complaints, inspects facilities, assists in prosecuting violations of Florida regulatory statutes and administrative rules, monitors compliance of licensees with disciplinary final orders, and combats unlicensed activity. Last year, MQA received 21,035 complaints, completed 28,167 inspections, issued 1,542 citations, and resolved 2,325 cases through

final orders. Eight hundred and seventy-one unlicensed activity cases were investigated, and 395 were referred to law enforcement for criminal prosecution.

MQA Consumer Services staff reviews every complaint received by the Department to determine if there is legal sufficiency. Each complaint is entered into the LicenseEase (COMPAS) system. Activities, allegations, violations and findings that occur on the case are tracked in the LicenseEase (COMPAS) system. MQA is moving to an electronic case management system and paper case files will no longer be used. Case related information will be scanned and stored in the MQA Imaging system.

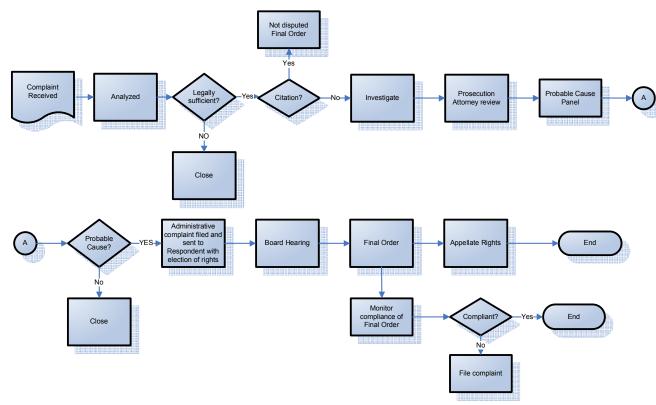


Figure 2-6 - Current Process for Enforcement and Compliance

As a result of the analysis of this process, the following anticipated benefits of the MQA Transformation project include:

 Reduction in time to process case using automated workflow functionality that assists with management of workload, case assignments, elevation and notification of high priority cases, and email notifications to enforcement staff

2.2.4.6. Reporting

To facilitate reporting, data from LicenseEase (COMPAS) is loaded into a reporting database. Users of MQA access this data to view various reports around applications, licenses, renewals, enforcement, and inspections. This data is used to manage workload and measure performance of the division. Crystal Reports (Business Objects) is primarily used for reporting today and would continue to be used in the upgraded environment. The Division of Information Technology has created a workgroup to explore alternative reporting solutions. At this time no recommendations have been made and MQA is continuing to use Crystal Reports (Business Objects).

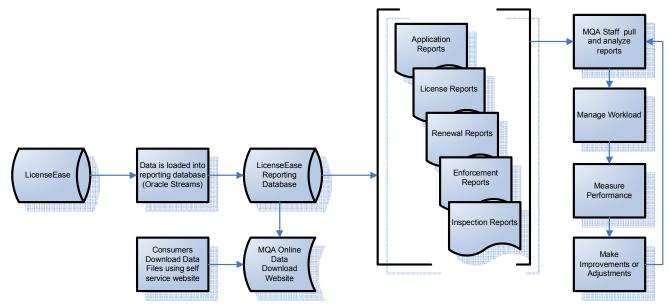


Figure 2-7 - Current Process for Reporting

2.2.5. Assumptions and Constraints

2.2.5.1. Assumptions

- Timely availability of project funding
- Multi-year, multi-phase project
- Roles, responsibilities, and level of effort defined in project charter with commitment from participants
- The upgraded system must be able to interface with state, local, and federal systems using industry standard technology (web services, XML, secure FTP, etc.)
- Enhancements to existing systems will be managed through a rigid change control process
- Data mart migration must be performed
- Versa:Regulation upgrade project (including mobile inspection upgrade) completed in 12 month period
- Versa:Online will be 2 year phased approach
- Additional resources identified and included in this proposal will be engaged to support MQA and DOH IT who have limited capacity

2.2.5.2. Constraints

- Availability of funds
- General system development and implementation risk
- Time for source selection and contracting impacts benefit realization
- The software tools supporting desired capabilities will be determined based on the solution proposed by the selected implementation vendor.
- Cost-benefit tradeoffs for gaps between requirements and component-based features/functions

2.3. Proposed Business Process Requirements

Purpose: To establish a basis for understanding the business processes requirements the proposed solution must meet and outline criteria the project will use in selecting an appropriate solution.

In order to meet the ever increasing needs of medical professionals, the MQA program requires a modern and integrated licensure system that provides more efficient transaction processing, greater consistency and improved data integrity with supported and stable platforms. During the project, detailed "To-Be" business process flows incorporating many proposed process and automated workflow improvements will be designed. These improved process flows, as well as the high-level requirements documented in this section, will be used as a starting point for the more detailed requirements gathering process.

The following high-level business requirements were gathered from a preliminary business analysis. These high-level requirements will certainly be updated as the project approaches initiation. The business solution alternatives and recommended business solution can be found in Section 5.5.

2.3.1.0verall

The following high-level business requirements should be met by all modules of the proposed system:

- System should utilize automated workflow to reduce processing time through auto-assignment, dashboard management, and integration with the existing MQA imaging system
- System should provide for improved correspondence functionality and ability to e-mail
- System should provide for breadcrumb navigation and improved notes functionality
- System should have ability to cashier funds
- System should have the ability to send information to an IVR (to support possible future need)
- System should maintain cash deposit history
- System should provide for online password retrieval and resets
- System should provide accurate performance reporting to stakeholders
- System should allow legislative changes to be quickly implemented
- System should have detailed timekeeping functionality to record internal and external effort applied to specific licensing and enforcement activity
- System should not require additional work-arounds for functionality and stability
- System should have advanced business process configuration functionality and not require core programming
- System should provide ability to store and retrieve historical transaction detail for all MQA elements
- System should be able to calculate all relevant fees
- System should protect data and information to MQA and DOH standards
- System should have built-in auditability

2.3.2.Examinations

The existing processes for this function supports the planning, coordinating, scheduling, scoring, reporting, reviews, and security of all examinations administered by the department. The following high-level business requirements necessary to support these functions in the new system are:

- System should have ability to track all examination activities
- System should have the ability to set up and schedule an examination
- System should track should be able to update examination results
- System should provide functionality to support the planning, coordinating, scheduling, scoring, and reporting around examinations administered by the department

2.3.3.<u>Inspections</u>

The existing processes for this function include conducting on-site inspections of pharmacies, dispensing practitioners, dental laboratories, electrolysis facilities, and massage establishments. The following high-level business requirements necessary to support these functions in the new system are:

- System should provide the ability for all inspections to be performed electronically through a mobile device
- System should update real-time from the mobile devices from the field
- System should provide basic data validation input filters on the mobile device to provide for greater data integrity and reduced data entry errors
- System should provide the ability to sort the inspection workload on demand through mobile devices and real-time processing
- System should have the ability to track all inspection activities and record inspection findings
- System should provide automated "ticklers" to follow-up on inspections and other outstanding items

2.3.4. Applications & Licensure

The existing processes for this function include evaluating the credentials of applicants for initial licensure to determine if statutorily-established minimum standards are met. The following high-level business requirements necessary to support these functions in the new system are:

- System should be directly integrated with the existing MQA imaging system
- System should track all application and licensure activities
- System should centrally locate and protect licensee personal data
- System should provide ability for licensees to be able to submit an information update and have it automatically applied to all related licenses
- System should provide the ability for a licensee to pay an application fee online and update the system in real time (thus eliminating the current delay between online payments, funds receipt, and posting in the system)
- System should provide the ability for online users to sign under penalty of perjury
- System should provide the ability to process applications and assist with the qualification of applicants
- System should be able to issue license documents
- System should maintain history of license information
- System should have the ability to produce data in response to requests for public information
- System should allow users to submit applications
- System should provide ability to track requirements met/not met for licensees
- System should provide ability for users to view license information
- System should be able to maintain history of pending applications
- System should have the ability to send renewal notices and delinquency notices via e-mail or regular mail

2.3.5.Renewals

The existing processes for this function include evaluating the credentials of applicants for license renewal to determine if statutorily-established minimum standards are met. The following high-level business requirements necessary to support these functions in the new system are:

- System should be directly integrated with the existing MQA imaging system
- System should track all renewal activities
- System should centrally locate and protect licensee personal data

- System should provide ability for licensees to be able to submit an information update and have it automatically applied to all related licenses
- System should provide the ability for a licensee to pay an application fee online and update the system in real time (thus eliminating the current delay between online payments, funds receipt, and posting in the system)
- System should provide the ability for online users to sign under penalty of perjury
- System should be able to issue license documents
- System should maintain history of license information
- System should have the ability to produce data in response to requests for public information
- System should allow users to apply for renewal
- System should provide ability to track requirements met/not met for licensees
- System should provide ability for users to view license information
- System should be able to maintain history of pending renewals
- System should have the ability to provide to users the required continuing education programs completed
- System should have the ability to send renewal notices and delinquency notices via e-mail or regular mail
- System should have the ability to generate renewed license

2.3.6. Enforcement & Compliance

The existing processes for this function include analyzing and investigating complaints, inspecting facilities, assisting in prosecuting violations of Florida regulatory statutes and administrative rules, monitoring compliance of licensees, and combating unlicensed activity. The following high-level business requirements necessary to support these functions in the new system are:

- System should provide reports identifying costs associated with enforcement
- System should allow consumers to access a licensee's professional standards violations
- System should have ability to record complaints and assist with conducting investigations
- System should monitor compliance and voluntary/disciplinary actions
- System should have ability to provide the ability to trend complaints
- System should provide ability to record compliant information, monitor enforcement and disciplinary cases, and initiate disciplinary action
- System should provide the ability to process petitions and appeals
- System should provide ability to enforce citation and penalty / probations
- System should maintain investigation information
- System should provide enforcement reports
- System should provide the ability to create enforcement letters
- System should provide ability to review enforcement information

3. Schedule IV-B Cost Benefit Analysis

Purpose: To calculate and document the expected return on investment for the proposed IT project.

Section 116 of House Bill 1263 (2012) directed the Division of Medical Quality Assurance (MQA) to develop a plan to improve the efficiency of its functions. The MQA Transformation Project is critical to meeting the goals established by this legislative mandate. The MQA Transformation Project is the foundation for enhancing the applications and IT infrastructure supporting DOH's licensing and inspection operations. These enhancements include self-service functionality that will allow users to obtain answers to many questions online that currently require interaction with the MQA call center. It also provides workflow functionality that represents the single biggest functional improvement offered in the upgrade and has the potential of dramatically improving operational efficiencies at MQA. It is a rules-based software product that is integrated with Versa:Regulation. It will assign applications or cases to MQA staff and allow managers to set assignment rules, create and manage work queues, monitor deadlines, set work alerts and more. Functionality will also be implemented to modernize inspections, allowing all inspections to be completed utilizing electronic forms and routing. These enhanced features will be supported by a new high availability IT infrastructure that will provide the foundation for real time processing of applicant and licensee financial transactions.

Improved automation and efficiencies throughout these areas will deliver positive, measureable impacts to the Florida economy by allowing qualified applicants to be licensed faster – getting Floridians to work, a critical initiative to rebuild Florida's economy.

3.1. Benefits Realization Table

The following table provides a breakdown and explanation of the benefits expected to be realized through the MQA Transformation Project:

	Benefits Realization Table					
#	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will the realization of the benefit be assessed / measured?	Realization Date (MM/YY)
1	Reducing time to process an initial application by five days – conservatively estimated at accelerating revenue into the State of Florida economy at \$14,230,866 annually.	Tangible	Applicants Employers Florida Economy	Accelerate business revenue	Reducing the average number of days to process an initial application	7/15
2	Reducing postage and handling related to mailing deficiency letters and renewal postcards – estimated at \$290,000 annually. Note: Contingent upon proposed legislation to allow email address to be part of the official address of record.	Tangible	DOH/State	Email correspondence to licensees	Reducing postage and handling costs	07/14
3	Standardizing and expanding electronic tablet utilization for all inspections – estimated at \$20,000 annually	Tangible	DOH/State	Upgrading mobile inspection platform and software	Eliminating data entry and paper-based forms	07/14
4	Reducing call center volume by providing online password reset – allowing for reduction in call wait times and improved customer service	Intangible	Applicants Licensees Citizens	Upgrading online services	Reducing call wait times and dropped calls	07/15

Table 3-1 - Benefit Realization Table

3.1.1. Reducing time to process an initial application by five days

This benefit is calculated by targeting the highest profile professions regulated by MQA:

- 1. Medical Doctor
- 2. Registered Nurse
- 3. Dentist
- 4. Pharmacist
- 5. Physical Therapist, and
- 6. Massage Therapist

These practitioners have an average starting salary of \$64,266 – with an average daily earning potential of \$247. If the MQA processing time is reduced by five days and assuming that 50% of the new initial licensees from these professions (representing a portion of the 200 license types administered by MQA) could start earning salary when licensed, results in a \$14,230,866 acceleration of input to the Florida economy. Recent studies support a much higher percentage of health professionals that have

awaiting jobs. The research also shows a multiplier effect of economic impact resulting from other positions and expenses that support the primary licensed professional. These studies would support a more aggressive and larger economic impact; however, a more conservative estimate is included for purposes of establishing this MQA Transformation Project benefit.

3.1.2. Reducing postage and handling

Currently, deficiency letters and renewal postcards are circulated via US Mail. The MQA Transformation Project includes functionality that would allow for this correspondence to be sent via email. Realization of this benefit remains contingent upon 2013 proposed legislation that would allow email addresses to be part of the official address record. Subject to the passing of legislation during the 2013 Legislative Session, this benefit would generate a \$290,000 annual benefit.

3.1.3. Standardizing and expanding electronic tablet utilization for inspections

More efficient handling of inspects and improved access to information by making electronic mobile inspection forms available to all staff conducting inspections would reduce postage and handling by \$20,000 annually.

3.1.4. Reducing call center volume

Currently, 40% of incoming calls are related to user login and password reset requests. These calls contribute significantly to an unacceptable level of dropped calls. By implementing enhanced self-service features anticipated in the MQA Transformation Project, current staffing levels can support the current call volume and eliminate dropped calls, thus improving overall customer satisfaction.

3.2. MQA Transformation Benefits Realization Strategy

MQA has developed a strategy for realizing the estimated benefits expected from modernizing its licensing system to improve business processes and their outcomes. The following figure summarizes how DOH will track and manage the MQA Transformation Project benefits realization:

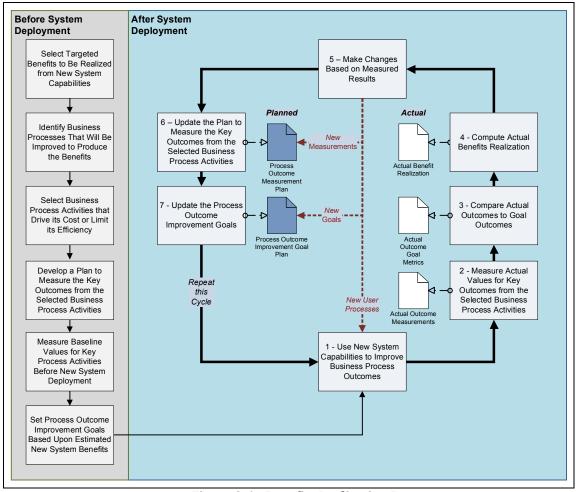


Figure 3-1 - Benefits Realization Process

The thoughtful and intentional realization of benefits cannot begin until a process is in place – with strong leadership, broad understanding and support from all stakeholders – to regularly obtain meaningful measurements of business process outcomes. The following paragraphs explain the benefits realization management activities. The management of MQA Transformation benefits realization begins by taking a number of preparatory steps before the new system deploys.

These steps will only be performed once and include:

Select the targeted benefits to be realized from the new system capabilities. This step has been started with the benefits identified in this feasibility study.

Identify the processes that will be improved to produce the benefits. The business processes related to the target benefits will be analyzed and validated in conjunction with key MQA program staff.

Select key activities from each business process that may serve as indicators of process

improvement. The relevant business processes will be broken into smaller sub-processes and activities in order to facilitate discussions and analysis of current costs and opportunities for improvement using the new system's capabilities. Estimated cost elements for each sub-process will be assembled into an MQA Transformation Project Benefits Realization Workbook. This will produce a large number of cost elements, which will be impractical to routinely track. Therefore, the values for a few key activities will be chosen as meaningful measurements of process improvement and cost reduction.

Develop a plan to measure these key activities (e.g. labor, duration, resources, quantity, quality, etc.).

The plan should include what is to be measured and by whom and should fully describe the method for taking the measurements so that different individuals would obtain the same results.

Measure baseline values for key process activities before the MQA Transformation Project is deployed. The measurement plan should be carried out until it is understood by all participants. Then baseline measurements should be taken before system deployment occurs so that before-and-after comparisons may be made.

Set process outcome improvement goals based upon the estimated system benefits. The cost reduction benefits from using the new system have been conservatively estimated. Once the estimated benefits are being realized, outcome improvement goals may be revised to obtain even greater benefits. The benefits realization management cycle can be employed as part of on-going continuous process improvement activities.

After implementation of the MQA Transformation Project, benefits realization management will consist of recurring cycles of the following actions:

- 1. Use the new system's capabilities to improve business process outcomes (e.g. lower cost, higher output, improved quality, etc.)
- 2. Measure the actual process outcomes
- 3. Compare the actual outcomes to the goal outcomes
- 4. Compute actual benefits realization
- 5. Make changes to system user processes or procedures, to the measurement plan, or to the process outcome goals based upon the actual measurement results
- 6. Review and update the key process outcomes measurement plan, as required
- 7. Review and update process outcomes improvement goals, as required

3.3. Cost Benefit Analysis (CBA) Forms

This section contains an explanation of the Trust Funds that DOH plans to use for this project and includes the required CBA forms from the Schedule IV-B Feasibility Study Guidelines.

CBAForm 1 - Net Tangible Benefits

Agency Department of Health Project MQA Modernization

Net Tangible	Benefits - Operational Cost	Changes (Cost:	s of Current Op	erations versus P	Proposed Opera	tions as a Resu	ult of the Project)	and Additiona	l Tangible Ben	efits CBAForm 1A	4					
Agency																
Program																
Cost																
Elements			FY 2013-14			FY 2014-15			FY 2015-1	6		FY 2016-17			FY 2017-18	
(Operation	ns Only No Project Costs)	(a)	(b)	(c) = (a)+(b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)
	, , ,	Existing	Operational	New Program	Existing	Operational	New Program	Existing	Operational	New Program	Existing	Operational	New Program	Existing	Operational	New Program
		Program	Cost Change	Costs resulting	Program	Cost Change	Costs resulting	Program	Cost Change	Costs resulting	Program	Cost Change	Costs resulting	Program	Cost Change	Costs resulting
		Costs		from Proposed	Costs		from Proposed	Costs		from Proposed	Costs		from Proposed	Costs		from Proposed
				Project			Project			Project			Project			Project
	Total FTE Costs (Salaries &	\$32,134,375	\$0	\$32,134,375	\$32,134,375	\$0	\$32,134,375	\$32,134,375	\$0	\$32,134,375	\$32,134,375	\$0	\$32,134,375	\$32,134,375	\$0	\$32,134,375
A.b Total		1,166.00	0.00	1,166,00	1,166.00	0.00	1,166.00	1,166.00	0.00	1,166,00	1.166.00	0.00	1,166.00	1,166.00	0.00	1,166.00
FTE		,		.,	,		· ·	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		· ·	,		· ·
A-1.a. State	FTEs (Salaries & Benefits)	\$28,214,046	\$0	\$28,214,046	\$28,214,046	\$0	\$28,214,046	\$28,214,046	\$0	\$28,214,046	\$28,214,046	\$0	\$28,214,046	\$28,214,046	\$0	\$28,214,046
A-1.b. State	FTEs (# FTEs)	883.00	0.00	883.00	883.00	0.00	883.00	883.00	0.00	883.00	883.00	0.00	883.00	883.00	0.00	883.00
A-2.a. OPS F	FTEs (Salaries)	\$1,832,653	\$0	\$1,832,653	\$1,832,653	\$0	\$1,832,653	\$1,832,653	\$0	\$1,832,653	\$1,832,653	\$0	\$1,832,653	\$1,832,653	\$0	\$1,832,653
A-2.b. OPS I	FTEs (# FTEs)	269.00	0.00	269.00	269.00	0.00	269.00	269.00	0.00	269.00	269.00	0.00	269.00	269.00	0.00	269.00
A-3.a. Staff	Augmentation (Contract Cost)	\$2,087,676	\$0	\$2,087,676	\$2,087,676	\$0	\$2,087,676	\$2,087,676	\$0	\$2,087,676	\$2,087,676	\$0	\$2,087,676	\$2,087,676	\$0	\$2,087,676
A-3.b. Staff	Augmentation (# of Contract	14.00	0.00	14.00	14.00	0.00	14.00	14.00	0.00	4400	44.00	0.00	44.00	14.00	0.00	44.00
FTEs)		14.00	0.00	14.00	14.00	0.00	14.00	14.00	0.00	14.00	14.00	0.00	14.00	14.00	0.00	14.00
B. Data Proc	essing - Costs	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452
B-1. Hardwai	re	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Softwar	re e	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452	\$33,452	\$0	\$33,452
B-3. Other	Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. External S	Service Provider - Costs	\$1,030,013	\$0	\$1,030,013	\$1,030,013	\$0	\$1,030,013	\$1,030,013	\$687,429	\$1,717,442	\$1,030,013	\$687,429	\$1,717,442	\$1,030,013	\$687,429	\$1,717,442
C-1. Consult	tant Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Mainten	ance & Support Services	\$118,000	\$0	\$118,000	\$118,000	\$0		\$118,000	\$283,500	\$401,500	\$118,000	\$283,500	\$401,500	\$118,000	\$283,500	\$401,500
C-3. Network	k / Hosting Services	\$473,172	\$0	\$473,172	\$473,172	\$0		\$473,172	\$403,929	\$877,101	\$473,172	\$403,929	\$877,101	\$473,172	\$403,929	\$877,101
	mmunications Services	\$438,841	\$0	\$438,841	\$438,841	\$0		\$438,841	\$0	\$438,841	\$438,841	\$0	\$438,841	\$438,841	\$0	\$438,841
C-5. Other	Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Fa		\$1,780,982	\$0	\$1,780,982	\$1,780,982	\$0	\$1,780,982	100		\$1,780,982	\$1,780,982	\$0	\$1,780,982	\$1,780,982	\$0	\$1,780,982
E. Others C	Costs	\$37,159,423	\$0	\$37,159,423	\$37,159,423	(\$310,000)	\$36,849,423	\$37,159,423	(\$310,000)	\$36,849,423	\$37,159,423	(\$310,000)	\$36,849,423	\$37,159,423	(\$310,000)	\$36,849,423
E-1. Training	j	\$136,525	\$0	\$136,525	\$136,525	\$0		\$136,525	\$0	\$136,525	\$136,525	\$0	\$136,525	\$136,525	\$0	\$136,525
E-2. Travel		\$868,403	\$0	\$868,403	\$868,403	\$0		\$868,403	\$0	\$868,403	\$868,403	\$0		\$868,403	\$0	\$868,403
E-3. Other	Operations	\$36,154,495	\$0	\$36,154,495	\$36,154,495	(\$310,000)	\$35,844,495	\$36,154,495	(\$310,000)	\$35,844,495	\$36,154,495	(\$310,000)	\$35,844,495	\$36,154,495	(\$310,000)	\$35,844,495
Total of Ope	rational Costs (Rows A	\$72,138,245	\$0	\$72,138,245	\$72,138,245	(\$310,000)	\$71,828,245	\$72,138,245	\$377,429	\$72,515,674	\$72,138,245	\$377,429	\$72,515,674	\$72,138,245	\$377,429	\$72,515,674
F.																
Additional			\$0			\$0			\$14,230,866			\$14,230,866			\$14,230,866	
Tangible			40			90			\$14,200,000			\$14,200,000			\$14,200,000	
Benefits:																
F-1.	Reduced License Time		\$0			\$0			\$14,230,866			\$14,230,866			\$14,230,866	
F-2	Specify		\$0			\$0			\$0			\$0			\$0	
F-3.	Specify		\$0			\$0			\$0			\$0			\$0	
Total Net																
Tangible			\$0			\$310,000			\$13,853,437			\$13,853,437			\$13,853,437	
Benefits:																

SPECIFY CHARACTER OF PROJECT BENEFIT ESTIMATE CBAForm 1B					
Choose Ty	/ре	Estimate Confidence	Enter % (+/-)		
Detailed/Rigorous		Confidence Level			
Order of Magnitude	V	Confidence Level	20%		
Placeholder		Confidence Level			

Figure 3-2 - Net Tangible Benefits

CBAForm 2 - Project Cost Analysis

Agency	Department of Health	Project	MQA Modernization
		•	

			PROJECT CO	OST TABLE	CBAForm 2A		
PROJECT COST ELE	MENTS	FY	FY	FY	FY	FY	TOTAL
		2013-14	2014-15	2015-16	2016-17	2017-18	
State FTEs (Salaries	& Benefits)	\$0	\$0	\$0	\$0	\$0	\$0
OPS FTEs (Salaries)		\$0	\$0	\$0	\$0	\$0	\$0
Contractors (Costs)		\$4,353,800	\$2,998,105	\$0	\$0	\$0	\$7,351,905
Deliverables		\$0	\$0	\$0	\$0	\$0	\$0
Major Project Tasks	Major Project Tasks		\$0	\$0	\$0	\$0	\$0
Hardware	Hosting/iPads	\$1,122,017	\$403,929	\$0	\$0	\$0	\$1,525,946
COTS Software		\$189,000	\$375,375	\$0	\$0	\$0	\$564,375
Misc. Equipment	Specify	\$0	\$0	\$0	\$0	\$0	\$0
Other Project Costs	PMO/OCM	\$1,077,000	\$1,077,000	\$0	\$0	\$0	\$2,154,000
	IV&V	\$277,200	\$277,200	\$0	\$0	\$0	\$554,400
TOTAL PROJECT CO	TOTAL PROJECT COSTS (*)		\$5,131,609	\$0	\$0	\$0	\$12,150,626
CUMUL	ATIVE PROJECT COSTS	\$7,019,017	\$12,150,626	\$12,150,626	\$12,150,626	\$12,150,626	

INVESTMENT SUMN	INVESTMENT SUMMARY		FY	FY	FY	FY	TOTAL
		2013-14	2014-15	2015-16	2016-17	2017-18	
General Revenue		\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund		\$7,019,017	\$5,131,609	\$0	\$0	\$0	\$12,150,626
Federal Match		\$0	\$0	\$0	\$0	\$0	\$0
Grants		\$0	\$0	\$0	\$0	\$0	\$0
Other	Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT (*)		\$7,019,017	\$5,131,609	\$0	\$0	\$0	\$12,150,626
CUMULATIVE	\$7,019,017	\$12,150,626	\$12,150,626	\$12,150,626	\$12,150,626		
(*) Total Costs and Inv) Total Costs and Investments are carried forward to CBAForm3 Project Investment Summary worksheet.						

Character of Project Costs Estimate - CBAForm 2B					
Choose Type		Estimate Confidence	Enter % (+/-)		
Detailed/Rigorous	>	Confidence Level	10%		
Order of Magnitude		Confidence Level			
Placeholder		Confidence Level			

Figure 3-3 - Project Cost Analysis

CBAForm 3 - Project Investment Summary

Agency	Department of Health	Project	MQA Modernization

1	2	•			
		3	4	5	
FY	FY	FY	FY	FY	
2013-14	2014-15	2015-16	2016-17	2017-18	TOTAL
\$7,019,017	\$5,131,609	\$0	\$0	\$0	\$12,150,626
\$0	\$310,000	\$13,853,437	\$13,853,437	\$13,853,437	\$41,870,311
(\$7,019,017)	(\$4,821,609)	\$13,853,437	\$13,853,437	\$13,853,437	\$29,719,685
0	0	0	0	0	
	\$7,019,017 \$0 (\$7,019,017)	\$7,019,017 \$5,131,609 \$0 \$310,000 (\$7,019,017) (\$4,821,609)	\$7,019,017 \$5,131,609 \$0 \$0 \$310,000 \$13,853,437 (\$7,019,017) (\$4,821,609) \$13,853,437	\$7,019,017 \$5,131,609 \$0 \$0 \$0 \$310,000 \$13,853,437 \$13,853,437 (\$7,019,017) (\$4,821,609) \$13,853,437 \$13,853,437	\$7,019,017 \$5,131,609 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

RETURN ON INVESTMENT ANALYSIS CBAForm 3B					
Payback Period (years) 2 6/7 Payback Period is the time required to recover the investment costs of the project.					
Breakeven Fiscal Year 2015-16		Fiscal Year during which the project's investment costs are recovered.			
Net Present Value (NPV) \$22,886,315		NPV is the present-day value of the project's benefits less costs over the project's lifecycle.			
Internal Rate of Return (IRR)	65.70%	IRR is the project's rate of return.			

Treasurer's Investment Interest Earning Yield CBAForm 3C							
Fiscal	FY	FY	FY	FY	FY		
Year	2013-14	2014-15	2015-16	2016-17	2017-18		
Cost of Capital	2.87%	4.17%	4.57%	5.14%	5.30%		

Figure 3-4 - Project Investment Summary

3.4. CBA Analysis and Results

The benefits that will be realized by the MQA Transformation Project are sizeable and make an extremely compelling business case to support the investment from the related Trust funds. The MQA Transformation Project is estimated to deliver the following annually recurring tangible benefits of \$13,839,262 when fully implemented.

3.4.1. Project Costs

The estimated **total** cost of implementing the MQA Transformation Project is \$12,150,626 over a two year period as follows:

FY 13-14	FY 14-15
\$7,019,017	\$5,131,609

DOH has computed the following summary values for the MQA Transformation Project:

Investment Term	Computed Value
Total Cost	\$12.2 M distributed over two fiscal years
Net Tangible Benefits	\$41.9 M benefits over five years
Return on Investment	\$29.7 M over five years
Breakeven Fiscal Year	FY 15-16
Net Present Value	\$22.9 M
Internal Rate of Return	65.70%

Table 3-2 - Investment Value Summary

DOH recommends that this proposed MQA Transformation Project be approved and authorized as vital to meeting the required operational efficiencies outlined in Section 116 of HB 1263 (2012).

4. Major Project Risk Assessment Component

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

4.1. Risk Assessment Tool

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

An in-depth risk assessment of the MQA Transformation project was performed using the risk assessment tool provided by the Technology Review Workgroup. The tool involves answering 86 questions about the project being considered, divided into eight assessment categories. The results of the assessment are summarized below. The actual file for the risk assessment containing the figures below can be found in Appendix D of this document.

4.2. Risk Assessment Summary

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

Figure 4-1 is a graphical representation of the results computed by the risk assessment tool. It shows the MQA Transformation project is on its way to achieving solid business strategy alignment with a manageable amount of risk; The results of this risk assessment are discussed in detail in Section 6 along with the Department's plan to continually identify, assess, and mitigate risk throughout the life of the project.

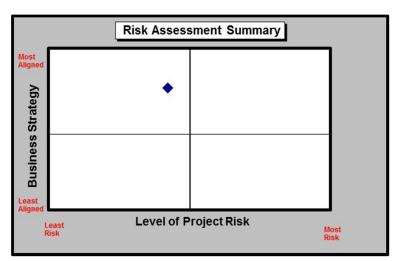


Figure 4-1 - Risk Assessment Summary

Figure 4-2 illustrates the risk assessment areas that were evaluated and the breakdown of the risk exposure assessed in each area. The results of this risk assessment are discussed in detail in Section 6 along with the Department's plan to continually identify, assess, and mitigate risk throughout the life of the project.

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

Figure 4-2 - Project Risk Area Breakdown

5. Technology Planning Component

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

5.1. Current Information Technology Environment

5.1.1.Current System

5.1.1.1. Description of current system

MQA currently uses a system called the Customer Oriented Medical Practitioner Administration System (COMPAS) that supports the licensing of health care professions regulated under MQA. COMPAS is the business name for the product entitled LicenseEase (COMPAS). This system was implemented over a 22-month period from July 2003 to May 2005 and replaced the Department's legacy system known as PRAES, operating in an Informix environment. There are several factors driving the need for the MQA Modernization from a technology perspective.

- 1. **Legislative Mandates** During the 2012 legislative session HB-1263 (Division of Medical Quality Assurance Efficiency Improvement Plan) directed the Division of Medical Quality Assurance (MQA) to develop a plan to improve the efficiency of its functions. One of the primary mandates from this legislation is a 33% improvement in the time to process and issue licenses. The current system processes transactions in batch instead of real-time. Somewhat related to this, when credit cards are processed online, license records are not updated with funds received until they are physically deposited into the account and licenses are not approved until this point. As a result, this results in a 3 to 4 day delay for licenses to be issued.
- 2. **Hardware Nearing End-of-Life** The Sun servers which LicenseEase (COMPAS) currently runs on will be out of support on June 30, 2013. After that date the servers may be impossible to repair based upon availability of replacement parts. In addition, the ∼30 to 35 Dell XT Tablets running Windows XP, used by some (not all) of the inspectors, will no longer be supported after April 2014.
- 3. **Front-End Software is or is Nearly Unsupported** LicenseEase (COMPAS) was implemented in 2003 is built on technology platforms, standards, and development tools used in the 1990s. Much of the software supporting this application is or is nearly unsupported as depicted in the following chart:

Software	Status
LicenseEase (COMPAS) Version 4	Will be unsupported after December 31, 2013.
	Vendor is no longer making enhancements
J-Initiator	No longer supported. Backend software used to
	generate letters in LicenseEase (COMPAS)

Software	Status
Windows XP	Will be out of support in April 2014. The team is
	exploring "work-arounds" to move towards
	Windows 7 but it still involves using J-Initiator
	which, as previously mentioned, is an unsupported
	platform as well.
Oracle Database 10.2.0.5 10gR2	Was originally released in July 2005. Premier
	support lasted through July 2010 and extended
	support ends in July 2013. It will not be supported
	beyond this date
Oracle App Server 10.1.2	Premier support expired December 2011. It is
	believed support for this will end in the next year or
	SO.

Table 5-1 - Support Status of Software

- 4. **Other Process Issues Related to Technology** There are a several other serious issues related to technology that have been identified as additional reasons the MQA Transformation effort is required including:
 - Current environment requires regular downtime When changes are necessary in the current LicenseEase (COMPAS) environment, modifications are performed through custom development of Oracle Forms. Because the current infrastructure is not "high availability" and does not include clustering, the environment has to be brought down when changes are made to Oracle forms. Although not always utilized, downtime is scheduled to take place on Tuesdays from 6:15p 10p (EST). This maintenance window can have a negative impact to those operating on CST.
 - Disaster Recovery— The DOH disaster recovery site in Tampa is not in synch with Tallahassee with respect to MQA business functions and is an incomplete solution. The Oracle database and Oracle application server are the only system components at the disaster site. No datamart or Windows IIS or DB servers exist. All complimentary Windows servers would need to be configured and setup in order to fully restore MQA services. During the restoration period, which could be extensive, LicenseEase (COMPAS) would likely only be available in a "view only" mode until services could be restored. More detail can be found in the Backup and Disaster Recovery section of this document.
 - "Work-arounds" being utilized to keep systems functioning in Unsupported Environment LicenseEase (COMPAS) relies on software from Sun called J-Initiator that allows a webenabled Oracle Forms client application to be run inside a web browser. Windows 7 desktop clients are certified only with the native Sun Java Runtime Engine (JRE). Oracle J-Initiator was built on top of Java 1.3. Java 1.3 is no longer supported by Sun and not compatible with Windows 7. Sun has no plans to certify Oracle J-Initiator with Windows 7. The workaround to address this issue involves replacing a file in J-Initiator with an updated version, which will then allow LicenseEase (COMPAS) to work on Windows 7. This workaround is not supported by Sun.
 - MQA Locked into single database platform LicenseEase (COMPAS) locks MQA into using Oracle as its database platform. Generally speaking, MS SQL Server is the DB platform standard for the Department. If MQA were to upgrade to Versa:Regulation, MQA would likely stay with Oracle database from an ease of migration standpoint. This said, by migrating to Versa:Regulation, MQA would have the option to migrate to MS SQL Server and eliminate the need for very costly infrastructure to support Oracle.
 - No path for upgraded technology MQA currently owns a copy of the code contained within LicenseEase (COMPAS.) As a result, they are responsible for all customization and upgrades. That said, the vendor is no longer providing any upgrades or

- enhancements to the existing software.
- System updates require customization When enhancements are made to the current environment, the backend code (Oracle forms) is modified if there is not a configurable solution. MQA is able to modify the Oracle forms because they own a copy of the LicenseEase code. If MQA upgraded to Versa:Regulation, these customizations would be addressed as part of the gap between the two systems. In addition, any further modifications after system implementation that cannot be addressed through configuration will utilize Iron Data's PCR (enhancement) process.

5.1.1.2. Current LicenseEase (COMPAS) Software

Customer Oriented Medical Practitioner Administration System (COMPAS) that supports the licensing of health care professions regulated under MQA. COMPAS is the business name for the product entitled LicenseEase. This system was implemented over a 22-month period from July 2003 to May 2005 and replaced the Department's legacy system known as PRAES, operating in an Informix environment. The system supports the following MQA functions:

- Licensing
- Application
- Revenue Receipt
- Enforcement
- Compliance
- Reporting
- Exams

The current system utilizes batch processing and the following technologies:

- Oracle forms and reports based GUI for internal users
- Object oriented platform for custom portal .net framework for web GUI
- Procedural language for batch processing and interfaces

There are 650 licensed LicenseEase (COMPAS) users, about 350 MQA reports, and more than 12,500 web visitors per day (based on current usage pattern.) At its peak (December 2011), there were over 64,000 e-commerce transactions in a month including initial online applications, renewals, license certifications, other payer invoices, and delinquent renewals, and other transaction types. There are 3 types of users including administrative users (system support services who is front line between customers and IT), board office processors and enforcement staff (power users), and data entry IAPI (vendor who handles document storage.)

5.1.1.3. Internal and External Interfaces

There are number of major internal and external interfaces that support the MQA related to the LicenseEase (COMPAS) system.

Internal Interfaces for LicenseEase (COMPAS) extracts and imports

internal internaces for biconsoluse (corn no) entraces and imports				
Interface	Description (if needed)			
MQA Services Reporting	Web-based intranet application for reporting and managing the e-Renewal and Profiling Updates			
	applications. Pulls data from LicenseEase (COMPAS) and MSSQL, through SQL Server			
LicenseEase (COMPAS) Datamart	Summarization, aggregation, and denormalization of data			

Interface	Description (if needed)
License Verification(License Lookup)	Extract for web users to provide public-accessible
	view of all basic license information contained in
	LicenseEase (COMPAS.) Pulls data from LicenseEase
	(COMPAS), through SQL Server
Practitioner Profile Application	Extract for web users to provide public-accessible
	view of physician profiling information contained in
	LicenseEase (COMPAS.) Pulls data from LicenseEase
	(COMPAS), through SQL Server
Hospital Discipline Reporting	Extract for web users to provide hospital discipline
	information (available only to hospitals.) Data
	maintained through intranet application
Online Exam Test Scores	Extract for web users for license candidates to view
	exam information. Pulls data from LicenseEase
	(COMPAS), through SQL Server
Final Order Look-up	Extract for web users to provide public-accessible
	image of final orders issued by the Dept. of Health
	against licensees. Pulls data from LicenseEase
	(COMPAS), through SQL Server
License Certification	Extract for web users to purchase license certification
	letters from MQA Compliance unit of licensee's
	practicing status with MQA. Batch processes to feed
	data into LicenseEase (COMPAS)
COOP	Extract for web users for extracting Continuous
	Operations information. Pulls data from Datamart
Image API	Exchange of information with Image API to facilitate
making 2. Land	printing of licenses

Table 5-2 - Internal Interfaces

External Interfaces for LicenseEase (COMPAS) extracts and imports

Interface	Description (if needed)
Datamart Data Download	Web-based intranet application for downloading
	license data. Pulls data from Datamart
Data Download (DBPR)	Intra-agency application for downloading license data
	for phamacy. Pulls data from Datamart
Daily release file for ImageAPI	Internal application for extracting PDFs to load into
	iCenter. Pulls data from MSSQL. Performed at 6:00a
	and 4:30p
Daily extract for NURSYS	Internal application for extract for NURSYS. Pulls data
	from Datamart
CE Broker	Application for downloading and loading continuing
	education data. Pulls data from ISF
CE Broker License Status extract	Application for extracting license status file loading
	continuing education data. Pulls data from ISF
Datamart extract	Nightly process to extract and transform LicenseEase
	(COMPAS) data for reporting schema. Pulls data from
	LicenseEase (COMPAS)
DOR	Application for downloading child support and
	enforcement. Creates data file for DOR
DFS – FLAIR	Application for downloading financial data to DOR.
	Creates data file for DOR

Interface	Description (if needed)
AHCA	Application for extracting Medicaid data for AHCA.
	Pulls data from datamart
FDLE	Application for importing FDLE results. FDLE files
American Registry of Radiologic	Application for extracting RADTECH data for AART.
Technologists	Pulls data from LicenseEase (COMPAS)
Veridoc	Application for extracting data for vendor Veridoc.
	Pulls data from datamart
HCCE	Application for extracting data for Health Care Clinic
	Establishment. Pulls data from datamart
FCN	Application for extracting survey data for FCN. Pulls
	data from datamart
FSMB	Application for extract data for FSMB. Pulls data from
	datamart
LEIE	Application for importing Medicaid data. Inserts data
	to datamart
MLI	Application for renewal vendor. Creates extract file
	for MLI
Remittance Processing (RP)	Application for applying money to licenses to
	LicenseEase (COMPAS)
Renewal Generation 1, 2 & 3	Application for applying money to licenses to
	LicenseEase (COMPAS)
Image API	Exchange of information with Image API to facilitate
	printing of licenses

Table 5-3 - External Interfaces

5.1.1.4. Current Hardware Infrastructure

The following diagram depicts the high level architecture of the ${\bf Production}$ LicenseEase (COMPAS) system:

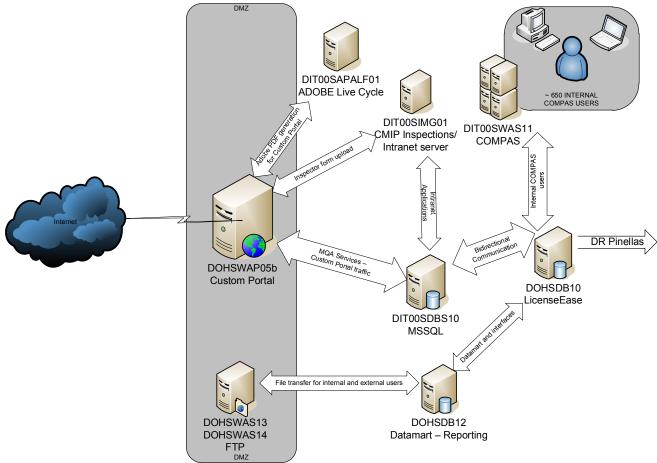


Figure 5-1 - Current Production Infrastructure

The following diagram depicts the high level architecture of the **Test** environment:

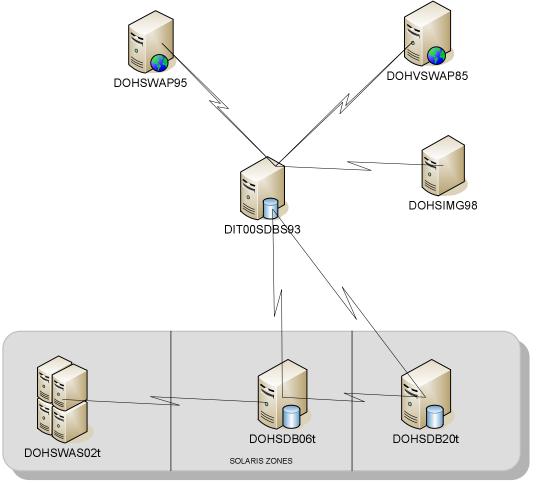


Figure 5-2 - Current Test Infrastructure

The following diagram depicts the high level architecture of the **Development** environment:

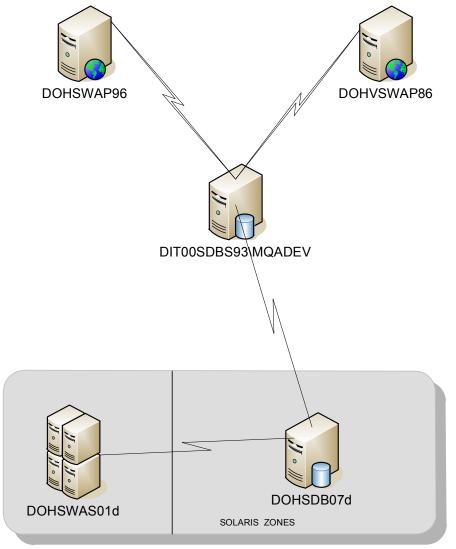


Figure 5-3 - Current Development Infrastructure

The following diagram depicts the high level architecture of the **Disaster Recovery** environment:

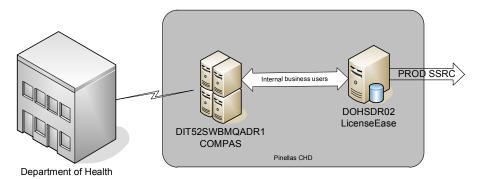


Figure 5-4 - Current Disaster Recovery Infrastructure

Some of the hardware characteristics of the existing infrastructure includes:

- Domain host DMS,
- Servers web, application, database

- Webserver Windows 2003, Virtual machine, 2 CPU, 4GB ram
- O Database server Solaris 10, Sun V480, 8 CPU, 32GB ram
- o Application server Solaris 10, Sun,

C

- Network Gig e, fabric VLAN switching, firewalls
- Storage: SAN storage for database server
- Archival media server

5.1.1.5. Scheduled Software/Hardware Maintenance

Servers have very good availability. In a recent report, all related servers had average 24x7 availability of 99.7%. As previously mentioned, though, a weekly maintenance is scheduled on Tuesdays from 6:15p to 10p (although not always utilized.) This downtime is not included in availability percentages as it is scheduled downtime. When changes are necessary in the current LicenseEase (COMPAS) environment, modifications are performed through custom development of Oracle Forms. Because the current infrastructure is not "high availability" and does not support clustering, the environment has to be brought down when changes are made to Oracle forms. This can particularly negatively impact those operating on CST. Activities that may take place during this scheduled downtime may include:

- ASP promotion to the public facing web server (UI)
- MSSQL db object promotion (stored procedure, triggers, views etc) backend
- MSSQL data patch script backend
- Oracle db object promotion (stored procedure, triggers, views, packages, functions etc) backend
- Oracle forms and report objects (application server pages for LicenseEase (COMPAS) UI) internal
- Oracle data patch script backend
- Unix shell script for interfaces backend
- Crystal Report objects internal
- Create new scheduled jobs (Window Scheduler/cron)
- Any other Clear Quest activities

In addition to the weekly scheduled downtime, the first Tuesday of the month is reserved for code promotion, followed by OS level patching performed by the SSRC. This window is managed by the SSRC. The SSRC begins posting maintenance messages on the public facing Initial Application and MQA Services websites @ 6:00 pm and lets the connections drain over 20 - 30 minutes while MQA monitors the database sessions. This allows applicants to complete payments in process. The remaining systems are shut down and the SSRC completes the system maintenance.

- Occasionally maintenance activities require LicenseEase (COMPAS) to be stopped @ 6:15.
- An Oracle form promotion requires a 15 minute outage. An example of a one hour outage is letter temporary table maintenance. This usually occurs every other month or as needed.
- If our vendor BoA has maintenance that will impact the public facing ecommerce applications we partially take down the website to limit the impact on cash receipt process

5.1.1.6. Backup and Disaster Recovery

The backup responsibility is performed by the SSRC. Following is a schedule provided by IT identifying the schedule of backups by server:

		Backup		
Server	Database	type	Start time	Retention
		Rman		
DOHSBD10	LEPROD	full	3:00	3 years
				full export - 1 year on disk,
				schema export - 5 days on
DHOSDB12	LEDMPROD	export	5:00	disk
DOLLCDD07D	LEDEN	Rman	22.20	2
DOHSDB07D	LEDEV	full	23:30	3 years
DOHSDB06T	LEUA	Rman full	22:00	2 voars
וטטמענחטע	LEUA	Rman	22:00	3 years
		offline	00:15 /	
DOHSDB20T	DM_DEV	bakcup	Sunday	3 years
DOMODEUT	Application	bakeup	Sunday	3 years
DIT00SWAS11	Server	OS full	19:00	3 years
211000111011	Application	001411	17.00	o y cars
DOHSWAS01D	Server	OS full	18:00	NA
	Application			
DOHSWAP02T	Server	OS full	18:00	NA
			Full	
			Saturday	
		SQLSafe	Differential	
DIT00SDBS93	MQADEV	full	daily	NA
			Full	
			Saturday	
	DEFAULT	SQLSafe	Differential	
	(TEST)	full	daily	NA
			Full daily	
		COLC.C	transaction	2
DITOCODDC10	DEEVILLA	SQLSafe	log 30	2 weeks on disk one set of
DIT00SDBS10	DEFAULT	full	minutes	tapes each month
DITOCADAL E01	תסת	TBD	TBD	Information not available at
DIT00SAPALF01	TBD	ממו	עמו	time of study Information not available at
DIT00SIMG01	TBD	TBD	TBD	time of study
DITOUSINGUT	עטו	עעו	עטו	Information not available at
DIT00SWAP05b	TBD	TBD	TBD	time of study
211000111111000	100	100	155	Information not available at
DOHSWAS02t	TBD	TBD	TBD	time of study
20110111110020	Table 5-4 - Serve	L		Jane or other

Table 5-4 - Server Data Retention Schedule

The failover process for disaster recovery involves making the physical standby server the master by "breaking" Oracle Data Guard and opening the database as READ/WRITE. The application server will also have to be started and any additional configuration changes to communicate with Tallahassee servers still in production. This approach has never been tested.

The solution at the disaster recovery site is incomplete and is complicated by the fact Tallahassee hosts the production environment and the disaster site is in Pinellas County at the County Health Department. The disaster recovery site is not in synch with the production environment in Tallahassee. The Oracle database and Oracle application server are the only system components at the disaster site. The disaster recovery site contains no Oracle datamart, no Windows IIS server(s), and no MSSQL DB servers. All complimentary Windows servers would need to exist and be stood

up in order to restore MQA Services fully. The licensing application, LicenseEase (COMPAS), would be best used for a "view only" environment until services can be restored as the disaster site is not setup to handle batch or process money. In the event a partial recovery site is acceptable, servers in Tallahassee and those processes would need to be reconfigured to point to the Pinellas CHD site.

5.1.1.7. Batch Processes

The current environment is setup to process in batch mode. Because MQA cannot move to real-time processing in the current environment, this is a contributing factor to the current inability of MQA to reduce processing time and meet some of the specific legislative objectives. The following diagrams depict the necessary batch processes that take place in the current environment.

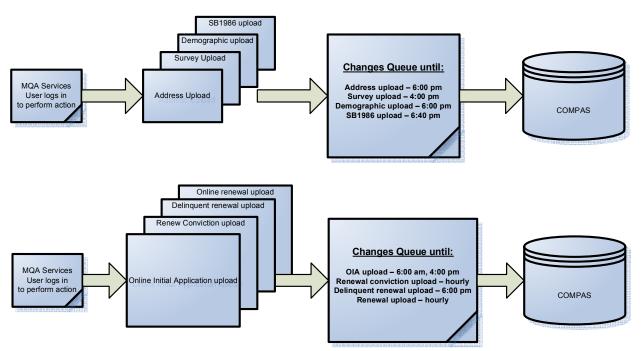


Figure 5-5 - Batch Process Flow

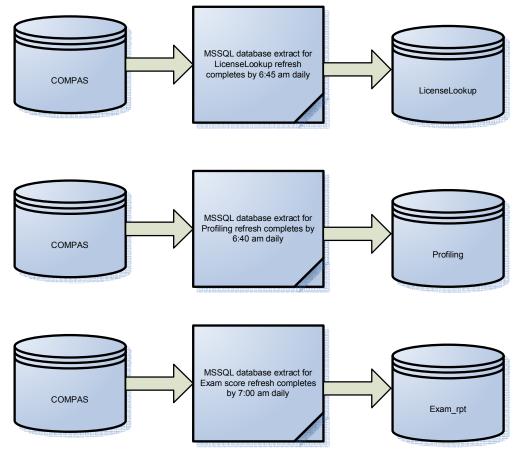


Figure 5-6 - Batch Processing Diagram

5.1.1.8. Current system resource requirements

						Programming Language /	
	# of users / user	Hardware		Database		Software	Internal /
System Name	types	Platform	Operating System	Software	Access	Characteristics	External
	oj pos	2 20002 0 2 3 1 2		5 5 2 6 7 6 2 6	1100033	GUI interface	
						(classic asp &	
						javascript)	
						e-commerce	
				SQL2008	Secured -	interface (BoA)	
		VM - ESX host,		(with	requires	real-time	
		2CPU 2GB RAM,		linked	login	payment txn	
		40GB disk		server to	contains	batch processing	
	licensed practitioners	storage -	Windows 2003 - IIS	Oracle	confidential	of practitioner	
Online Renewals	(over 1.1 million)	DOHSWAP05b	6	10g)	info	data	External
						GUI interface	
						(.NET &	
						javascript)	
						e-commerce	
				SQL2008	Secured -	interface (BoA)	
		VM - ESX host,		(with	requires	real-time	
		2CPU 2GB RAM,		linked	login	payment txn	
		40GB disk		server to	contains	batch processing	
Online Initial		storage -	Windows 2003 - IIS	Oracle	confidential	of practitioner	
Application	Public	DOHSWAP05b	6	10g)	info	data	External
				SQL2008	Secured -		
		VM - ESX host,		(with	requires		
0.11		2CPU 2GB RAM,		linked	login	CHILL C	
Online		40GB disk	147: 1 2002 HC	server to	contains	GUI interface	
Application	11	storage -	Windows 2003 - IIS	Oracle	confidential	(classic asp &	D . 1
Status Check	applicants	DOHSWAP05b	6	10g)	info	javascript)	External
		VM FCV l- :		SQL2008	Secured -	GUI interface	
		VM - ESX host, 2CPU 2GB RAM,		(with linked	requires	(classic asp &	
		40GB disk			login contains	javascript)	
Online Address	licensed practitioners		Windows 2003 - IIS	server to Oracle	contains	batch processing of practitioner	
Updates	(over 1.1 million)	storage - DOHSWAP05b	6 Windows 2003 - 115	10g)	info	data	External
opuates	(over 1.1 minion)	DOUSWALOSD	U	TOBY	11110	uata	External

	# of users / user	Hardware		Database		Programming Language / Software	Internal /
System Name	types	Platform	Operating System	Software	Access	Characteristics	External
		THE BOYL		SQL2008	Secured -	GUI interface	
		VM - ESX host,		(with	requires	(classic asp &	
	1. 1 (.1 1	2CPU 2GB RAM,		linked	login	javascript)	
O1: D 6:1:	licensed profiled	40GB disk	Windows 2003 - IIS	server to	contains confidential	batch processing	
Online Profiling	practitioners (over	storage -		Oracle		of practitioner	F . 1
Updates	93,000)	DOHSWAP05b	6	10g)	info	data	External
						GUI interface	
						(classic asp &	
						javascript)	
				COI 2000	Commad	e-commerce	
		VM ECV book		SQL2008	Secured -	interface (BoA) real-time	
		VM - ESX host,		(with linked	requires		
		2CPU 2GB RAM,			login contains	payment txn	
Online Dunlinete	li anna ad mua atiti an ana	40GB disk	Windows 2003 - IIS	server to	contains	batch processing	
Online Duplicate License	licensed practitioners (over 1.1 million)	storage - DOHSWAP05b		Oracle	info	of practitioner data	External
License	(over 1.1 million)	DUHSWAPUSD	6	10g)	11110	GUI interface	External
						(classic asp & javascript)	
						e-commerce	
				SQL2008	Secured -	interface (BoA)	
		VM - ESX host,		(with	requires	real-time	
		2CPU 2GB RAM,		linked	login	payment txn	
		40GB disk		server to	contains	batch processing	
Online OneTime	licensed practitioners	storage -	Windows 2003 - IIS	Oracle	confidential	of practitioner	
Fee Assessment	(over 1.1 million)	DOHSWAP05b	6	10g)	info	data	External
1 cc 1155c55fficfic	(over 1.1 minor)	Donowin oob	0	108)	IIIIO	GUI interface	External
						(classic asp &	
						javascript)	
						e-commerce	
				SQL2008	Secured -	interface (BoA)	
		VM - ESX host,		(with	requires	real-time	
		2CPU 2GB RAM,		linked	login	payment txn	
		40GB disk		server to	contains	batch processing	
Other Payer	subset of licensed	storage -	Windows 2003 - IIS	Oracle	confidential	of practitioner	
Invoicing	practitioners	DOHSWAP05b	6	10g)	info	data	External

						Programming Language /	
System Name	# of users / user	Hardware Platform	Operating System	Database Software	Access	Software Characteristics	Internal / External
System Name	types	Platform	Operating System	SQL2008	Secured -	Characteristics	External
		VM - ESX host,		(with	requires		
		2CPU 2GB RAM,		linked	login	GUI interface	
		40GB disk		server to	contains	(classic asp)	
Batch		storage -	Windows 2003 - IIS	Oracle	confidential	batch processing	
Reconciliation	F&A staff (< 5)	DOHSWAP05b	6	10g)	info	of financial data	Internal
reconcination	Tarisair (18)	Dellevilli oob	Ü	SQL2008	Secured -	or manerar auta	Internal
		VM - ESX host,		(with	requires	GUI interface	
		2CPU 2GB RAM,		linked	login	(classic asp &	
		40GB disk		server to	contains	Crystal Rpts)	
MQA Services		storage -	Windows 2003 - IIS	Oracle	confidential	batch processing	
Reporting	MQA staff (<50)	DOHSWAP05b	6	10g)	info	of financial data	Internal
						GUI interface	
						(classic asp &	
						javascript)	
						batch processing	
						of practitioner	
				SQL2008	Secured -	data	
		VM - ESX host,		(with	requires	Survey setups	
Online		2CPU 2GB RAM,		linked	login	(question	I
WorkForce	subset of licensed	40GB disk	Windows 2003 - IIS	server to	contains confidential	text,etc) reside in LicenseEase	Internal
Survey	practitioners	storage - DOHSWAP05b	6	Oracle 10g)	info	(COMPAS)	(setups) External
Sui vey	practitioners	DOIISWAFUSD	0	SQL2008	11110	(COMPAS)	External
		VM - ESX host,		(with			
		2CPU 2GB RAM,		linked			
Final Order &		40GB disk		server to			
Emergency		storage -	Windows 2003 - IIS	Oracle	public	GUI interface	
Action	Public	DOHSWAP05b	6	10g)	access	(.NET)	External
				SQL2008		,	
		VM - ESX host,		(with			
		2CPU 2GB RAM,		linked			
		40GB disk		server to		GUI interface	
License		storage -	Windows 2003 - IIS	Oracle	public	(classic asp &	
Verification	Public	DOHSWAP05b	6	10g)	access	javascript)	External

System Name	# of users / user types	Hardware Platform	Operating System	Database Software	Access	Programming Language / Software Characteristics	Internal / External
		VM - ESX host,		SQL2008 (with			
		2CPU 2GB RAM,		linked			
		40GB disk		server to		GUI interface	
Practitioner		storage -	Windows 2003 - IIS	Oracle	public	(classic asp &	
Profile	Public	DOHSWAP05b	6	10g)	access	javascript)	External
				SQL2008			
		VM - ESX host,		(with			
		2CPU 2GB RAM,		linked			
		40GB disk storage -	Windows 2003 - IIS	server to Oracle	public	GUI interface	
Data Download	Public	DOHSWAP05b	6	10g)	access	(.NET)	External
Data Download	Tublic	DOMONTHI COD		SQL2008	decess	(11121)	Enternar
		VM - ESX host,		(with			
		2CPU 2GB RAM,		linked			
		40GB disk		server to		GUI interface	
License		storage -	Windows 2003 - IIS	Oracle	public	(classic asp &	_
Certification	Public	DOHSWAP05b	6	10g)	access	javascript)	External
		DELL DE 2050		SQL2008	Secured -		
		DELL PE 2950 - 4 CPU, 4GB		(with linked	requires login		
		RAM, 1.1 TB		server to	contains	GUI interface	
	MQA staff (approx	disk storage -	Windows 2003 - IIS	Oracle	confidential	(classic asp)	
Time Tracking	600)	DIT00SIMG01	6	10g)	info	real time	Internal
J	,			SQL2008	Secured -		
		VM - ESX host,		(with	requires		
		2CPU 2GB RAM,		linked	login		
		40GB disk		server to	contains	GUI interface	
Online Exam Test	MQA staff & licensed	storage -	Windows 2003 - IIS	Oracle	confidential	(.NET)	Internal
Scores	practitioners	DOHSWAP05b	6	10g)	info	real time	& External
		VM - ESX host,		SQL2008 (with	Secured - requires		
		2CPU 2GB RAM,		linked	login	GUI interface	
Prescription Pad	licensed practitioners	40GB disk		server to	contains	(.NET)	
Vendor Monthly	who prescribe	storage -	Windows 2003 - IIS	Oracle	confidential	batch processing	
Reporting	controlled substances	DOHSWAP05b	6	10g)	info	of data	External

System Name	# of users / user types	Hardware Platform	Operating System	Database Software	Access	Programming Language / Software Characteristics	Internal / External
				SQL2008			
		VM - ESX host,		(with			
		2CPU 2GB RAM,		linked			
		40GB disk		server to		GUI interface	
MQA Services -		storage -	Windows 2003 - IIS	Oracle	public	(.NET)	
NursingCompare	Public	DOHSWAP05b	6	10g)	access	real time	External

Table 5-5 - Current System Resource Requirements

5.1.1.9. Application Descriptions

<u>LicenseEase 4 (COMPAS - Customer Oriented Medical Practitioner Administration System)</u>

Oracle web based - MQA Division accessible - system for tracking Health Practitioner licensing, regulation, enforcement and profiling information.

MOA Services

Web-based entryway offering access to a wide-range of license services-oriented applications for licensee professions regulated under MQA, health care businesses, citizens and visitors to Florida.

- MQA Services portal is a web-based, front end GUI interface built using ASP, which
 interfaces with the middle-tier SQL Server database. SQL Server uses stored
 procedures to link with the LicenseEase (COMPAS) system
- The primary interaction with LicenseEase (COMPAS) is to validate user logins

MQA Services - Online Renewal Application:

Provides the licensee the ability to renew licenses online and pay the appropriate fees.

- Online Renewals is a web-based, front end GUI interface built using ASP, which
 interfaces with the middle-tier SQL Server database. SQL Server uses stored
 procedures to link with the LicenseEase (COMPAS). The online renewal application
 also contains an e-commerce component which has an interface with Bank of
 America
- Licensee data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can then update their data and either pay for their renewal transaction, or enter an Other Payer Code (coupon code). Any updated licensee data is stored in SQL Server. Those updates are then batched for upload into LicenseEase (COMPAS). The financial transactional data is also stored in SQL Server, and uploaded into LicenseEase (COMPAS) once the settlement process and remittance process has been run. If an Other Payer code was entered, the Third Party Payer will be responsible for logging in to pay for the invoice (see Other Payer Invoicing)

MQA Services - Online Initial Licensure Application:

Provides the public the ability to apply online for initial licensure.

- Online Initial Application is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS). The online initial application also contains an e-commerce component which has an interface with Bank of America
- Applicants create an account, and then provide the data required according to the license requirements for that profession. At completion of data entry, the user can either pay for their initial application transaction or enter an Other Payer Code (coupon code). The applicant data is stored in SQL Server. Those updates are then batched for upload into LicenseEase (COMPAS). The financial transactional data is also stored in SQL Server, and uploaded into LicenseEase (COMPAS) once the

settlement process and remittance process has been run. If an Other Payer code was entered, the Third Party Payer will be responsible for logging in to pay for the invoice (see Other Payer Invoicing). Upon payment, their completed application is stored as a document in iCenter, the third party tool created and housed by Image API. The user has the ability to login to the system at a later time, to print a copy of their completed application, as well as any required supporting documentation. The application documents are retrieved from iCenter. The supporting documents are created at run-time, using an application developed in-house by DOH

MQA Services - Application Status Check:

Provides the applicant the ability to check the status of license applications online.

- Application Status Check is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Application Status data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user has the ability to print a copy of their completed application. The application documents are retrieved from iCenter

MOA Services - Online Address Changes:

Provides the licensee the ability to change their addresses (Mailing & Practice Location), phone numbers and email address.

- Online Address Changes is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Licensee data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can then update their data. Any updated licensee data is stored in SQL Server. The updates are then batched for upload into LicenseEase (COMPAS)

MOA Services - License Confirmation:

Provides the licensee the ability to print a confirmation of license executed after an on-line license renewal or delinquent renewal. This is to be used to confirm a license while the practitioner is waiting on the printed official paper license.

- License Confirmation is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Licensee data is retrieved from LicenseEase (COMPAS) to generate the confirmation of license and displayed to the end user

MOA Services - Profiling Updates:

Provides the licensee the ability to change their Profile data online.

- Profiling Updates is a web-based, front end GUI interface built using ASP, which
 interfaces with the middle-tier SQL Server database. SQL Server uses stored
 procedures to link with the LicenseEase (COMPAS)
- Licensee data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can then update their data. Any updated licensee data is stored in

SQL Server. Those updates are then batched for upload into LicenseEase (COMPAS). Some of the professions require that Profiling data goes through a Board Approval process. Once the updates have been approved, the updates are uploaded into LicenseEase (COMPAS)

MOA Services - Online Request for Duplicate License:

Provides the licensee the ability to order duplicate licenses online and pay the appropriate fees.

- Online Request for Duplicate License is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS). The online duplicate license request system also contains an e-commerce component which has an interface with Bank of America
- Licensee data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can then pay for their duplicate license transaction. The request for the license and the financial transactional data is stored in SQL Server, and uploaded into LicenseEase (COMPAS) once the settlement process and remittance process has been run

MOA Services - Online One Time Fee Assessment:

Provides the licensee the ability to pay for fees that are assessed by medical boards.

- Online One Time Fee Assessment is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS). The one-time fee assessment system also contains an e-commerce component which has an interface with Bank of America
- Licensee data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can then pay for their one-time fee assessment transaction. The financial transactional data is stored in SQL Server, and uploaded into LicenseEase (COMPAS) once the settlement process and remittance process has been run

MOA Services - Other Payer Invoicing:

Provides a third-party payer the ability to pay for an invoice. The invoice could contain licensees that have renewed online with an Other Payer Code, or applicants that have paid for an initial application with an Other Payer Code.

- Other Payer Invoicing is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS). Also contains an e-commerce component which has an interface with Bank of America
- Invoice data is retrieved from SQL Server and displayed to the end user. The user can then pay for their invoice transaction. The financial transactional data is stored in SQL Server, and uploaded into LicenseEase (COMPAS) once the settlement process and remittance process has been run

MOA Services - Relationship Management:

Provides licensees with the ability the manage their relationships with other professions

online.

- Relationship Management is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Relationship data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can add/update their data. The updates are stored in SQL Server, and uploaded into LicenseEase (COMPAS)

MOA Services - Batch Reconciliation:

Provides DOH Finance & Accounting staff the ability to reconcile MQA e-commerce transactions.

- Batch Reconciliation is a web-based, front end GUI interface built using ASP, which
 interfaces with the middle-tier SQL Server database. SQL Server uses stored
 procedures to link with the LicenseEase (COMPAS). It is an Intranet application that
 is a subsystem of the MQA Services Reporting System
- Financial data is retrieved from SQL Server and displayed to the end user. The user
 can then reconcile the batches of financial transactions, and assign batches to
 deposits. The data is stored in SQL Server, and uploaded into LicenseEase
 (COMPAS)

MOA Services Reporting System:

This Intranet system consists of four categories of functions designed for MQA business staff to control internet activity and report on internet activity from MQA Internet Services. The four functions are as follows:

- MQA internet activity controls include: Address Change Approval, Licensee Account Look-up, Licensee Activity Look-up, Update Set-Up Flags, Profile Change Approval, iPortal Message/Alert
- 2. Finance and Accounting internet activity controls include: Batch Reconciliation
- 3. Activity reporting: a wide range of business and financial reports provided to monitor activity from MQA Internet Services.
- 4. Renewal Forms Setups

MQA Services Reporting System is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS).

Data is retrieved from either SQL Server or LicenseEase (COMPAS) and displayed to the end user. Updates can be made for Address Change Approval and Profiling Change Approval. These updates are batched and uploaded to LicenseEase (COMPAS). Updates to Profession Setup data are stored in SQL Server. Reports are executed against data in SQL Server

MQA Services - Work Force Survey:

Provides the licensee the ability to respond to the required Physician's Workforce Survey online.

- Online Work Force Survey is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Survey questions are stored in LicenseEase (COMPAS) RSD's. The questions are retrieved from LicenseEase (COMPAS) via SQL Server stored procedures (using linked servers), and presented to the licensee. The licensee responds to the survey questions and that data is stored in SQL Server, and then uploaded into via batch processing

MOA Services - Final Order & Emergency Action Lookup:

Provides the public with the ability to search for disciplinary action taken against practitioners licensed with the Department of Health, Division of Medical Quality Assurance. Final Order and Emergency Action documents have been imaged and stored in a repository for retrieval.

- Final Order Lookup is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Licensee data is retrieved from LicenseEase (COMPAS) and displayed to the end user. In addition, images of the final order and emergency action documents are retrieved from iCenter

MOA Services - License Verification:

Provides the public with the ability to search for basic license information for all health care professions regulated by MQA.

- License Verification is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Key elements of data related to a licensee search are downloaded from LicenseEase (COMPAS) on a daily basis, and stored in a SQL Server database. When a search is performed, the search results are retrieved from the SQL Server database. When the end user drills down to the details of the individual licensee, the data is retrieved from LicenseEase (COMPAS) via SQL Server stored procedures (using linked servers), and presented to the end user

MQA Services - Practitioner Profiling Search:

Provides the public with the ability to search for license information for all profiled health care professions regulated by MQA.

- Practitioner Profiling Search is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Key elements of data related to a profiled licensee search are downloaded from LicenseEase (COMPAS) on a daily basis, and stored in a SQL Server database. When a search is performed, the search results are retrieved from the SQL Server database. When the end user drills down to the details of the individual licensee, the data is retrieved from LicenseEase (COMPAS) via SQL Server stored procedures (using linked servers), and presented to the end user

MOA Services - Data Download:

Provides the public with the ability to download, free of charge, board-profession data files as per Chapter 119 of the Florida Statutes. The data available for downloading are the board-profession licensure data files, profiling data files, and exam list data files.

Data Download is a web-based, front end GUI interface built using ASP.NET, which
interfaces with the middle-tier SQL Server database. SQL Server uses stored
procedures to link with the LicenseEase (COMPAS)

MOA Services - License Certification:

Provides the public with the ability to request license certification letters from MQA Compliance unit.

- License Certification is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS). Also contains an e-commerce component which has an interface with Bank of America
- The user provides address information (where the certification letter should be mailed), and then the user can pay for their transaction. The data request is stored in SQL Server. Those updates are then batched for upload into LicenseEase (COMPAS). The financial transactional data is also stored in SQL Server, and uploaded into LicenseEase (COMPAS) once the settlement process and remittance process has been run

MOA Services - Prescription Pad Vendor Monthly Reporting:

Provides the licensees that prescribe controlled substances the ability to provide a monthly report of the number of blank, counterfeit-proof prescription blanks that are purchased from DOH approved vendors.

- Prescription Pad Monthly Reporting is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Prescription Pad data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can add/update their data. The updates are stored in SQL Server, and uploaded into LicenseEase (COMPAS)

MOA Services - Pain Management Clinic Quarterly Reporting:

Provides pain clinics the ability to report their data on a quarterly basis. Designated physicians log into a secure website to submit the reports for their associated pain clinics. The information submitted is available on the MQA data download. Compliance reports have been developed to support the office in administrative functions in determining which clinics have not reported.

- Pain Management Clinic Reporting is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Pain Management Clinic data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can add/update their data. The updates are stored in SQL Server, and uploaded into LicenseEase (COMPAS)

Time Tracking:

This Intranet system provides DOH staff with an automated means of tracking time and expenses. Primary users include Department of Health Enforcement staff, employees in the Bureau of Health Care Practitioner Regulation, Bureau of Management Services, and Bureau of Operations.

- Time Tracking is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Users charge the time spent on different activities to the appropriate board offices, professions/occupations, cases/complaints, or administrative duties. Users can also charge expenses to a particular case/complaint. This system is also used to maintain the staff information and activity codes. The data is stored in SQL Server. This system only interacts with LicenseEase (COMPAS) for validation purposes (validation of Board Codes, Profession Codes, Staff Codes, and Case/Complaint numbers). This system does not upload data to LicenseEase (COMPAS)

Online Exam Test Scores:

This 2-part application system consists of a web-based public-accessible Examination Grade Report Search Page and an intranet administration application. The public search page is used by applicants, who have taken various board exams, to search online by professional board, exam title, exam date, and their candidate identification number in order to retrieve their exam scores. The Intranet Administration application allows for selection of professions for online exam services and selection of which exams to display.

- Online Exam Test Scores is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Exam data is retrieved from LicenseEase (COMPAS) via SQL Server stored procedures (using linked servers), and presented to the end user

Hospital Discipline Report System:

This system is a security web-based system at the Department of Health (DOH) that will be used by Hospitals and other medical facilities to report disciplinary actions to the department, and used by DOH to review, retrieve and retain those reports.

- Hospital Discipline System is a web-based, front end GUI interface built using ASP, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Discipline data is retrieved from LicenseEase (COMPAS) and displayed to the end user. The user can add/update their data. The updates are stored in SQL Server, and uploaded into LicenseEase (COMPAS)

MOA Services - Nursing Compare:

Provides the public with the ability to search and compare Nursing Schools that are registered in the State of Florida.

- Nursing Compare is a web-based, front end GUI interface built using ASP.NET, which
 interfaces with the middle-tier SQL Server database. SQL Server uses stored
 procedures to link with the LicenseEase (COMPAS)
- The data is retrieved from LicenseEase (COMPAS) via SQL Server stored procedures (using linked servers), and presented to the end user

iCenter:

Document storage and retrieval application authored and supported by Image API. Provides the public, as well as internal users, with the ability to view practitioner documents.

• iCenter is a web-based, front end GUI interface built and supported by a third party vendor, which interfaces with many of DOH's applications

Inspection Reporting System:

This Intranet system provides DOH staff with the ability to print reports designed for MQA Enforcement, Inspections. Alleviated the need for additional LicenseEase (COMPAS) licenses for users who only needed LicenseEase (COMPAS) reports.

- Inspection Reporting System is a web-based, front end GUI interface built using ASP, which interfaces with the Crystal Reports server, and the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS) datamart. The datamart is a non-transactional database designed for reporting. The data is a replica of LicenseEase (COMPAS) production and is created by way of Oracle's streaming replication technology. In normal operating circumstance, the date stamp on the datamart is only seconds in difference from the production database
- Data is retrieved from the LicenseEase (COMPAS) Datamart, and displayed to the end user in a Crystal Report

NPDB Data Review System:

This Intranet system provides DOH staff a licensure system interface to NPDB (National Practitioner Data Bank) enabling import/export of licensee data required for the NPDB screening process. A review component of the interface enables data comparison between licensure system information and violations information returned from NPDB.

- NPDB Data Review System is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Data is retrieved from the LicenseEase (COMPAS), and displayed to the end user

FDLE Data Review System:

This Intranet system provides DOH staff a licensure system interface to FDLE (FL Dept of Law Enforcement) enabling import/export of licensee data required for the FDLE criminal background screening process. A review component of the interface enables data comparison between licensure system information and information returned from FDLE.

- FDLE Data Review System is a web-based, front end GUI interface built using ASP.NET, which interfaces with the middle-tier SQL Server database. SQL Server uses stored procedures to link with the LicenseEase (COMPAS)
- Data is retrieved from the LicenseEase (COMPAS), and displayed to the end user

MOA LicenseEase (COMPAS) - FLAIR Interface:

Manages the daily financial transaction export from LicenseEase (COMPAS) to FLAIR. Interface is manually executed by IT staff.

 LicenseEase (COMPAS) – FLAIR Interface system is a front end GUI interface VB Desktop Application

MOA Customer Functional Directory:

This Intranet system helps MQA serve customers by providing an online index of all MQA units, basic service information, job functions, and employees responsible for each job function.

- Customer Functional Directory is a web-based, front end GUI interface built using ASP which interfaces with the SQL Server database
- Does not have an interface with LicenseEase (COMPAS); however this application provides link to other online MQA Services applications, and there could be changes involved to the links as part of the VR upgrade

Web Services:

For additional information regarding web services, please see spreadsheet of internal/external interfaces.

MOA AHCA Criminal Background Screening Web Service:

Returns criminal background screening results from the MQA licensure datamart.

MOA Public Licensure Information Web Service:

The SERVFL system is a new application sponsored by the Office of Public Health Nursing. MQA coordinated with this office, the Project Management Office, and CFI (vendor of the FEHVR application) to develop a web service that allows the SERVFL system to look up licenses in the LicenseEase (COMPAS) database for verification purposes. Practitioners can register as a volunteer using the SERVFL website and then their license is automatically verified against LicenseEase (COMPAS). The SERVFL system continues to verify each volunteer every 30 days so they can pick up changes in license status. In cases of emergency or disaster, the SERVFL system will organize teams of volunteers and do a final verification against the LicenseEase (COMPAS) database before deployment of practitioners.

Prescription Drug Monitoring Program (PDMP) Web Service:

The web service is established by the DOH for use by the PDMP to automate the license verification process. The PDMP will call the web service, passing identifying criteria for a practitioner, and the web service will return a verification code to indicate if there is a match or not. This will eliminate the manual verification workload that is being performed

by staff currently.

5.1.2. <u>Strategic Information Technology Direction</u>

The Department has identified the following as the strategic direction for Information Technology:

- Incorporate real-time renewal processing
- Implement cost effective approach in provisioning a redundant high available solution
- Incorporate cloud services where appropriate and in compliance with HIPAA and security best practices
- Follow Software Development Life Cycle including FIPS publication 199 and FIPS publication 200
- Limit manual processes
- Integrate external customer self-service through public interface
- Incorporate document and workflow change management into the business processes
- Evaluate enterprise information system integration with similar Department solutions
- Implement a flexible platform to accommodate legislative and policy changes

5.2. Proposed Solution Description

The proposed solution is to modernize MQA by upgrading from LicenseEase (COMPAS) Version 4 to Versa:Regulation 2.5 and upgrading the related infrastructure that is or is close to being unsupported. The costs of the project will include not only the upgrade to Versa:Regulation and the infrastructure cost, but will also include system integrator and PMO related costs. Part of the need for the system integrator and PMO is to support MQA who currently does not have the staff capacity to 100% dedicate to the transformation efforts. DBPR performed a similar effort, but had the ability to dedicate some of the staff and did not implement automated workflow, so their cost to upgrade was less than what is being proposed for MQA.

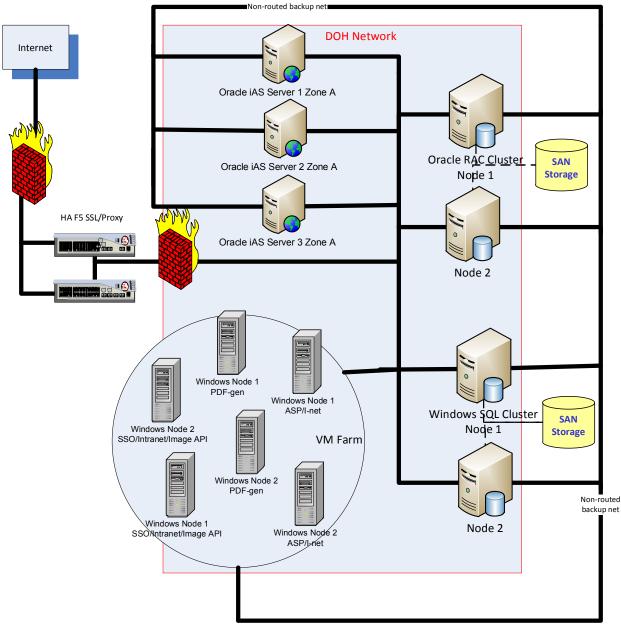


Figure 5-7 - Proposed System Architecture

More information on the proposed solution can be found in the "Analysis of Alternatives" section of this document.

5.3. Capacity Planning

Capacity Planning involves planning, measuring and monitoring of system capacity in support of delivering a service. When implemented correctly, a well-maintained Capacity Plan allows an enterprise to manage system costs tightly by capitalizing on the just-in-time availability of hardware. A focus on capacity planning will ensure an appropriate use of resources and sufficient capability is available in time to meet production workload needs.

For purposes of the MQA Transformation project, the vendor (Iron Data) for the proposed solution (Versa:Regulation) in conjunction with IT and the SSRC have reviewed the current environment, issues associated with the current environment, requirements for the upgraded solution, and the following transaction volumes to extrapolate the necessary infrastructure to effectively support

MQA and its needs. A copy of the estimated infrastructure needs can be found in Appendix B of this document.

Online Sales & Logins

		Ü				Total Amount			
		Total Online				of			
		Sales	Online	Initial	Other Sales	Online	Online	Initial	Other Sales
Fiscal Year	Logins	Transactions	Renewals	Application	transactions	Transactions	Renewals	Application	Transactions
FY 2007 - 2008	424,551	280,039	257,163	7,390	15,486	\$42,268,141	\$38,644,014	\$1,537,653	\$2,086,474
FY 2008 - 2009	690,992	270,913	247,244	14,617	9,052	\$35,928,232	\$32,643,635	\$3,008,620	\$275,977
FY 2009 - 2010	1,353,519	370,463	324,380	36,849	9,234	\$58,341,023	\$51,245,418	\$6,856,995	\$238,610
FY 2010 - 2011	1,363,178	374,351	326,586	37,373	10,392	\$45,332,553	\$45,332,553	\$5,965,822	\$491,233
FY 2011 - 2012	1,531,101	422,703	366,432	44,322	11,949	\$63,600,010	\$55,552,489	\$7,699,183	\$348,338
Notes:									
Source - MQA Services									
Online Renewals includes regular renewals and delinquent renewals									
Other Sales transactions include duplicate licenses, license certification, CD orders of license data and one time fee assessments.									
License Certification and CD orders of license data do not require a login to MQA services									

Figure 5-8 - Historical Transaction Volumes

Historical Licensees per FTE

	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11	FY11-12
Practitioner	889,326	1,017,772	831,131	863,975	905,237	971,265	1,016,028	1,059,958
Establishment	18,849	18,543	20,116	19,813	21,371	22,031	24,359	23,809
Total Licensees	908,175	1,036,315	851,247	883,788	926,608	993,296	1,040,387	1,083,767
FTE	561.5	575.5	575.5	596.5	600.5	609.5	609.5	608.5
Licensees per FTE	1,617	1,801	1,479	1,482	1,543	1,630	1,707	1,781

Figure 5-9 - Historical Licensees per FTE

5.4. Analysis of Alternatives

This section describes the analysis of alternative approaches considered for modernizing the MQA environment. Four options are presented: Status Quo with Windows 7 Workaround, Upgrade Backend Infrastructure Only, Procure New Licensing Software and Upgrade Infrastructure, and Upgrade LicenseEase (COMPAS) to Versa:Regulation and Upgrade Infrastructure.

To conduct the alternatives analysis the following steps were performed: Identified and defined a list of potential alternative system implementation methods.

- Developed high-level business and technical requirements that the new system must be capable of addressing
- Established a set of uniform evaluation criteria against which each alternative was measured
- Evaluated each of the alternatives through the application of the evaluation criteria
- Determined the best alternative for the Department

5.4.1. Alternative 1 – Status Ouo with Windows 7 Workaround (Not Recommended)

For this alternative, the current processes would be utilized, using the existing LicenseEase (COMPAS) system and infrastructure and a work-around would be utilized to overcome to allow for LicenseEase (COMPAS) to be used with Windows 7. This option is essentially the option to simply "live" in the current environment.

The following depicts the changes made/not made to the software and infrastructure for this alternative:

Hardware / Software Element	Current Issue	Change Made or Not Made
LicenseEase (COMPAS) Version 4	Will be unsupported after December 31, 2013. Vendor is no longer making enhancements	Not Upgraded
Sun Servers	Will be out of support on June 30, 2013	Not Upgraded
Oracle Database 10.2.0.5 10gR2	Was originally released in July 2005. Premier support lasted through July 2010 and extended support ends in July 2013. It will not be supported beyond this date	Not Upgraded
Oracle App Server 10.1.2	Premier support expired December 2011. It is believed support for this will end in the next year or so	Not Upgraded
J-Initiator	No longer supported. Backend software used to generate letters in LicenseEase (COMPAS)	Not Upgraded
Windows XP Workstation	Will be out of support in April 2014	Upgraded to Windows 7 and configured with work around involving installation of in-house developed specific .dll allowing desktop to work with unsupported J- Initiator

Table 5-6 - Alternative 1 Hardware / Software Impacts

LicenseEase (COMPAS) relies on software from Sun called J-Initiator allowing a web-enabled Oracle Forms client application to be run inside a web browser. Windows 7 desktop clients are certified only with the native Sun Java Runtime Engine (JRE). Oracle J-Initiator was built on top of Java 1.3. Java 1.3 is no longer supported by Sun and is not compatible with Windows 7. Sun has no plans to certify Oracle J-Initiator with Windows 7. The workaround is to replace a file in J-Initiator with an updated version, which will then allow LicenseEase (COMPAS) to work on Windows 7. This workaround is not supported by Sun.

The advantages and disadvantages for this option include:

Advantages	Disadvantages
 Will allow use of LicenseEase (COMPAS) to continue Lowest cost and level of effort alternative 	 LicenseEase (COMPAS) will no longer be supported after December 31, 2013 Does not address other unsupported elements of the software / hardware infrastructure Uses "work-arounds" which the business would like to avoid as much as possible Work-around itself would not be a supported feature either Risk of an unrecoverable catastrophic failure remains with this option due to the unsupported hardware and software that would still be in place MQA would be out of alignment with other state agencies who have installed or upgraded to Versa:Regulation

Table 5-7 - Alternative 1 Advantages & Disadvantages

5.4.2. <u>Alternative 2 – Upgrade Backend Infrastructure Only (Not Recommended)</u>

For this alternative, the current processes would be utilized; using the existing LicenseEase (COMPAS) system and the backend architecture would be upgraded.

The following depicts the changes made/not made to the software and infrastructure for this alternative:

Hardware / Software	Current Issue	Change Made or Not
Element		Made
LicenseEase (COMPAS)	Will be unsupported after	Not Upgraded
Version 4	December 31, 2013. Vendor is	
	no longer making enhancements	
Sun Servers	Will be out of support on June 30, 2013	Upgraded
Oracle Database	Was originally released in July	Upgraded
10.2.0.5 10gR2	2005. Premier support lasted	
	through July 2010 and extended	
	support ends in July 2013. It will	
	not be supported beyond this	
O and a A and Communication	date	11 1 . 1
Oracle App Server	Premier support expired	Upgraded
10.1.2	December 2011. It is believed	
	support for this will end in the	
T T	next year or so	T L TDD
J-Initiator	No longer supported. Backend software used to generate letters	Upgraded to JRE
	in LicenseEase (COMPAS)	
Windows XP	Will be out of support in April Upgraded to Window	
Workstation	2014	and JRE to match server

Table 5-8 - Alternative 2 Hardware / Software Impacts

The advantages and disadvantages for this option include:

Advantages	Disadvantages
Addresses other unsupported elements of the software / hardware infrastructure	 LicenseEase (COMPAS) will no longer be supported after December 31, 2013 Iron Data has stated there is an issue with compatibility between JRE and LicenseEase (COMPAS) Requires installing JRE on same server as server used to compile custom development necessary to support LicenseEase (COMPAS). IT has expressed serious concerns around server being shared with JRE and possible impact to integrity and stability of the development environment Risk of an unrecoverable catastrophic failure remains with this option due to LicenseEase (COMPAS) being unsupported and possible issues with JRE and License Issues and JRE and the development server MQA would be out of alignment with other state agencies who have installed or upgraded to Versa:Regulation

Table 5-9 - Alternative 2 Advantages & Disadvantages

5.4.3. <u>Alternative 3 – Procure New Licensing Software and Upgrade Infrastructure (Not Recommended)</u>

This option replaces LicenseEase (COMPAS) with a new Licensing system from a new vendor. Just as with the upgrade to Versa:Regulation, this option would require upgrading the supporting infrastructure as well.

The following depicts the changes made/not made to the software and infrastructure for this alternative:

Hardware / Software Element	Current Issue	Change Made or Not Made
LicenseEase (COMPAS) Version 4	Will be unsupported after December 31, 2013. Vendor is no longer making enhancements	Retired and different and new licensing system implemented
Sun Servers	Will be out of support on June 30, 2013	Upgraded
Oracle Database 10.2.0.5 10gR2	Was originally released in July 2005. Premier support lasted through July 2010 and extended support ends in July 2013. It will not be supported beyond this date	Upgraded
Oracle App Server 10.1.2	Premier support expired December 2011. It is believed support for this will end in the next year or so	Upgraded

Hardware / Software	Current Issue	Change Made or Not
Element		Made
J-Initiator	No longer supported. Backend	Upgraded to JRE or
	software used to generate letters	replaced
	in LicenseEase (COMPAS)	
Windows XP	Will be out of support in April	Upgraded to Windows 7
Workstation	2014	

Table 5-10 - Alternative 3 Hardware / Software Impacts

As part of this option, MQA would need to go through an extensive selection process and would be required to redefine all requirements to ensure functionality realized in the LicenseEase (COMPAS) environment in combination with the benefits that would have been expected with an upgrade to Versa:Regulation (Alternative 4.) In addition, the solution selection would not leverage the existing database structure or processes previously developed. The cost for this option is anticipated to be the highest. The cost to upgrade the backend infrastructure is expected to be the same for alternatives 2, 3, and 4 since all of these options upgrade the infrastructure, but this option adds additional cost for the additional elements and complexity required including:

- Data migration between dissimilar structures
- More detailed requirements gathering and design
- Additional change management with transition to completely new system

As part of the analysis of alternative 4, MQA performed a market scan and found several other options that could be available. The following chart best describes the pros and cons of the other available licensing solutions:

		FUNCTIONALITY USED									
PRODUCT	License Application	Enforcement	Renewals	Online Portal	Continuing Education	License Verification	Inspections	Document Imaging		Coorespondence	Related License
License2000	~	~	~	~		,	~			~	
GL Suite	~	~	,	~		,				~	~
CAVU	,	~	,	~	,	,	~	`	~	~	~
License2000 - My License Suite	,	~	,	~	,	,	~	`	~	~	~
License2000 and Pearson VUE PULSE			~	~	~	~	>				
Versa:Regulation Suite	~	~	>	~	,	>	>	`	>	~	~
CSDC, Inc. AMANDA	~	>	>	~		*	>	`		*	*
ALMS - Maine	~	,	,	~	,	,	>	,		*	~
Utah Interactive - NIC Inc.	~		~	~	~	,					[

Figure 5-10 - Market Scan of Licensure Systems

License 2000 - License 2000 is a rules-based, commercial-off-the-shelf (COTS) application with a proven track record of success. License 2000 provides regulatory agencies with an end-to-end credentialing management solution integrating application processing, licensee administration, enforcement management (complaint, compliance, and rehabilitation), examination tracking and scheduling, reporting, and automated renewal processing.

GL Suite - GL Suite is a browser-based, commercial off-the-shelf (COTS) software system that handles all aspects of government regulation and licensing. GL Suite is easy to use, configurable, and tailored to custmer needs.

CAVU - (Purchased by IronData in 2010) - CAVU is a highly-secure, Web-based commercial-off-the-shelf (COTS) solution that is ideally suited for agencies that prefer cost effective Microsoft technology and a SQL Server database. It is designed to meet the diverse needs of regulatory agencies of all sizes, from single autonomous boards to multi-board agencies and large centralized departments.

License 2000 - My License Suite - MyLicense Office is the next generation of the License 2000

product family re-architected as a three tier (n-tier) application. MyLicense Office is an end-toend system for regulation management that combines all of an Department's licensing and enforcement functions into an integrated solution.

PULSE is Pearson VUE's Uniform Licensing Solution for E-Government—a multiboard licensing and certification management system that helps agencies streamline their processes, maximize efficiencies, and minimize cost. PULSE provides complete beginning-to-end processing that streamlines your Department's examination, application, licensing, renewal, enforcement, and compliance operations.

AMANDA is a web-based commercial-off-the-shelf (COTS) product that enables business process automation for local, county, state and provincial government agencies. Its flexible and configurable design provides an ideal platform for configuring powerful licensing, permitting, planning, compliance, and courts justice solutions.

NIC is the nation's leading provider of official government web sites, online services, and secure payment processing solutions. The NIC family of companies provides eGovernment solutions for more than 3,000 federal, state, and local agencies that serve 97 million people in the United States.

A recent implementation in California for a brand new system installation (as opposed to an upgrade) had a total price tag of over \$53.5 million. Although the scope varies to some degree, the cost alone provides an indicator of how much a new installation would cost compared to an upgrade of the existing solution.

The advantages and disadvantages for this option include:

Advantages	Disadvantages
 Addresses other unsupported elements of the software / hardware infrastructure Risk of unrecoverable catastrophic failure is minimized 	Additional cost (over Alternative 4) would be realized because of data migration, more detailed requirements and design efforts, and additional change management
	 MQA would be out of alignment with other state agencies who have installed or upgraded to Versa:Regulation Alternatives with the most project risk

Table 5-11 - Alternative 3 Advantages & Disadvantages

5.4.4.<u>Alternative 4 – Upgrade LicenseEase (COMPAS) to Versa:Regulation and Upgrade Infrastructure (Recommended)</u>

This option upgrades LicenseEase (COMPAS) version 4 to Versa:Regulation. Versa:Regulation is the upgrade to LicenseEase (COMPAS) offered by the vendor. In addition, this option would also include upgrading the supporting infrastructure as well.

The following depicts the changes made/not made to the software and infrastructure for this alternative:

Hardware / Software	Current Issue	Change Made or Not
Element		Made

Hardware / Software Element	Current Issue	Change Made or Not Made
LicenseEase (COMPAS) Version 4	Will be unsupported after December 31, 2013. Vendor is no longer making enhancements	Upgraded to Versa:Regulation
Sun Servers	Will be out of support on June 30, 2013	Upgraded
Oracle Database 10.2.0.5 10gR2	Was originally released in July 2005. Premier support lasted through July 2010 and extended support ends in July 2013. It will not be supported beyond this date	Upgraded
Oracle App Server 10.1.2	Premier support expired December 2011. It is believed support for this will end in the next year or so	Upgraded
J-Initiator	No longer supported. Backend software used to generate letters in LicenseEase (COMPAS)	No longer required
Windows XP Workstation	Will be out of support in April 2014	Upgraded to Windows 7

Table 5-12 - Alternative 4 Hardware / Software Impacts

As part of this option, MQA would be able to leverage the requirements and modifications made to LicenseEase (COMPAS) and the data structures are expected to be 90% the same between the current LicenseEase (COMPAS) and the Versa:Regulation systems. In addition, the upgrade offers desired additional functionality around workflow, online, and mobile inspections. The cost for this option would be less than Alternative 3 due to the following:

- Data migration is between structures 90% the same (per the vendor)
- Data migration between dissimilar structures
- More detailed requirements gathering and design
- Additional change management with transition to completely new system

The advantages and disadvantages for this option include:

Advantages	Disadvantages

- Addresses other unsupported elements of the software / hardware infrastructure
- Risk of unrecoverable catastrophic failure is minimized
- Less cost option than procuring completely new and different licensure system
- Data migration and business should be significantly easier than Alternative 3
- MQA would be in alignment with other state agencies who have installed or upgraded to Versa:Regulation

- Still more expensive than alternatives 1 & 2
- More project risk than alternatives 1 & 2

Table 5-13 - Alternative 4 Advantages & Disadvantages

5.4.5. Assessment Process

Six evaluation criteria were used to evaluate the alternatives, based on key objectives for. The following sections outline the evaluation criteria, criteria weighting, and criteria scoring used to determine the "best business solution alternative" for the development of the MQA Transformation effort.

	Evaluation Criteria
Criteria	Factors
1. Reduction in Time for License Issuance	Meets goal/legislative mandate to reduce time to issue license
2. Addresses Software / Hardware Support / End-of-Life Issues	 Addresses issues with front end and back end software and hardware that is or is nearly unsupported
	Mitigates risk of unrecoverable catastrophic system failure
3. Ease of Implementation	Difficulty in transition to new system
4. Cost	Project costs
	Affordability
	Feasibility
	Expected changes in operations and maintenance costs
	Benefits, ROI and payback period

	Evaluation Criteria
Criteria	Factors
5. Project Risk	Cost – potential that the project will exceed defined budgetary constraints
	Schedule – potential that the project timeline will be exceeded
	Resources – potential that necessary staff will not be available or may be reassigned after project initiation
	Scope – potential that the baseline project requirements will be exceeded
	Technology – potential that the chosen technology platform will become obsolete or unsupported prior to the solution achieving its desired results
	Organizational – potential that the project will not receive internal/external support to the extent necessary to achieve a successful outcome
	Goals – potential that the project will not achieve its stated purposes
	Resistance – potential that the solution will be unacceptable to the end users

Table 5-14 - Alternative Evaluation Criteria

5.4.6. Evaluation Weighting Criteria

Each of the five criteria was weighted for overall strategic importance to MQA. The justification and weighting can be found in the table below.

Criteria Weighting Factors					
Criteria	Weighting	Factors			
1. Reduction in	40	Extent as to how much time is reduced for			
Time for License		issuing licenses to medical practitioners			
Issuance					
2. Addresses	20	Extent to how much the issues are addressed			
Software /		with software and infrastructure being at the			
Hardware		end of their life			
Support / End-of-					
Life Issues					
3. Ease of	10	Level of effort and difficult to implement the			
Implementation		identified solution			
4. Cost	20	The overall costs associated with procurement,			
		application preparation (whether enhancement,			
		development, or configuration), deployment,			
		operations, and maintenance			
5. Project Risk	10	The extent to which the alternative mitigates			
		the perceived risks associated with the MQA			
		transformation effort			

Table 5-15 - Alternative Weighing Factors

5.4.7. Evaluation Scoring Criteria

A four-point scale was used to score each of the alternatives. Categorical scores for each alternative were determined by multiplying the evaluation scoring and the weighting factor to derive a total score for each criterion.

	Scoring Scale			
Score	Criteria			
0	The alternative does not enable or add value to MQA.			
1	The alternative will provide some small value to MQA.			
2	The alternative will provide significant value to MQA.			
3	The alternative will provide maximum value to MQA.			

Table 5-16 - Alternative Scoring Criteria

5.4.8. <u>Scoring Results for the Four Alternatives</u>

				ative 1 ows 7 around	Infrast	ative 2 kend ructure rade	Different	ative 3 ement Licensing tem	10	ative 4 ade to egulation
#	Categories	Weight	Score	Total	Score	Total	Score	Total	Score	Total
1	Reduction in Time for License Issuance	25	0	0	0	0	3	75	3	75
	Addresses Software / Hardware Support / End-of- Life Issues	25	0	0	1	25	3	75	3	75
3	Ease of Implementation	20	3	60	1	20	1	20	2	40
4	Cost	20	3	60	2	40	0	0	1	20
5	Project Risk	10	3	30	2	20	1	10	2	20
				150		105		180		230

Figure 5-11 - Alternative Scoring Results

5.4.9. Scoring Results Explained

Rationale for each score is provided for each alternative below.

Alternative 1 - Windows 7 Workaround				
Criteria	Score	Rationale		
1. Reduction in Time for License Issuance	0	Because this option continues to use batch processing, does not utilize automated workflow, and does not enhance provide tablets for all inspectors, this option is not anticipated to reduce the time it takes to license a medical professional.		
2. Addresses Software / Hardware Support / End-of- Life Issues	0	The only software being updated in this option is Windows. The LicenseEase (COMPAS), backend systems and infrastructure are not upgraded. This alternative does not deal with the risk of a unrecoverable catastrophic failure.		

Alternative 1 – Windows 7 Workaround				
Criteria	Score	Rationale		
3. Ease of Implementation	3	As the patch has already been developed, implementation for this option should be easy. The option still needs to be tested, but then would just require installing the .dll on the client machines.		
4. Cost	3	There is virtually no cost with this option as IT has already developed the solution. There could be some minimal costs associated with the time it takes the staff to fully test and deploy the solution.		
5. Project Risk	3	Because the solution is relatively simple and low cost, there is not expected to be any material amount of risk associated with this effort.		

Table 5-17 - Alternative 1 Scoring Rationale

Alternative 2 – Backend Infrastructure Upgrade				
Criteria	Score	Rationale		
1. Reduction in Time for License Issuance	0	Because this option continues to use batch processing, does not utilize automated workflow, and does not enhance provide tablets for all inspectors, this option is not anticipated to reduce the time it takes to license a medical professional.		
2. Addresses Software / Hardware Support / End-of- Life Issues	1	With this alternative, the backend infrastructure is upgraded, but the alternative does not upgrade LicenseEase (COMPAS) which will be out of support after December 31, 2013. This alternative does not fully deal with the risk of an unrecoverable catastrophic failure. It could actually make it worse as there are known compatibility issues with JRE and LicenseEase (COMPAS). In addition, there are concerns with JRE and it running on the development server.		
3. Ease of Implementation	1	The actual upgrade of the hardware should not be a difficult undertaking, but it is very possible difficulties would arise due to the incompatibility of JRE and LicenseEase (COMPAS) as well as the possible issues with JRE and the development environment.		
4. Cost	2	This cost of this option would be the same cost for the infrastructure upgrade for alternatives 3 & 4. This option is less expensive, however, as it does not require upgrading or replacing the licensing system.		
5. Project Risk	2	The reasons for this score are essentially the same as "Ease of Implementation". The actual upgrade of the hardware should not be a difficult undertaking. There is some level of project risk for this option around timeline as due to the incompatibility of JRE and LicenseEase (COMPAS) as well as the possible issues with JRE and the development environment.		

Table 5-18 - Alternative 2 Scoring Rationale

Alternative 3 – Implement Different Licensing System				
Criteria	Score	Rationale		
1. Reduction in Time for License Issuance	3	Option should provide for real-time processing, should utilize automated workflow, and should put tablets in the hands of all inspectors. As a result, there should be a reduction in the time for licenses to be issued to medical professionals.		
2. Addresses Software / Hardware Support / End-of- Life Issues	3	This option upgrades all necessary software and hardware to a supported state. As a result, it addresses the current risk of an unrecoverable catastrophic system failure.		
3. Ease of Implementation	1	This is anticipated to be the most difficult implementation of the identified alternatives. This would require a potentially difficult data mapping and migration exercise. In addition, current requirements and design could not be leveraged resulting in the need to perform full requirements and design sessions. Furthermore, this alternative provides for more difficult change management as the entire face and backend of the system would be different than the current LicenseEase (COMPAS) solution.		
4. Cost	0	Because this alternative is essentially a complete replacement, it is the highest cost alternative.		
5. Project Risk	1	This alternative brings in a new vendor with potentially new technology. The same project risks with any brand new solution would exist with this alternative. New implementations often bring greater risk of timeline and cost slippage due to project difficulties.		

Table 5-19 - Alternative 3 Scoring Rationale

Alternative 4 - Upgrade to Versa:Regulation			
Criteria	Score	Rationale	
1. Reduction in Time for License Issuance	3	Option should provide for real-time processing, should utilize automated workflow, and should put tablets in the hands of all inspectors. As a result, there should be a reduction in the time for licenses to be issued to medical professionals.	
2. Addresses Software / Hardware Support / End-of- Life Issues	3	This option upgrades all necessary software and hardware to a supported state. As a result, it addresses the current risk of an unrecoverable catastrophic system failure.	

Alternative 4 – Upgrade to Versa:Regulation				
Criteria	Score	Rationale		
3. Ease of Implementation	2	Because this is an upgrade, the backend data structure between LicenseEase (COMPAS) and Versa:Regulation is estimated be 90% the same. This simplifies the transition to the new system dramatically over alternative 3. In addition, existing functionality can be leveraged for requirements and design of the new solution. This said, this alternative is certainly going to be more difficult than alternative 1 and alternative 2 is a component of this option.		
4. Cost	1	The costs associated with this option would be less than alternative 3 but would be more than the other two options due to the elements mentioned in "Ease of Implementation".		
5. Project Risk	2	This alternative leverages a known software vendor as it is the same vendor as the current solution. This brings a level of knowledge on how migration should take place that is not available with alternative 3. It does have more complexities and moving parts than alternatives 1 & 2 so there is more project risk associated with this alternative.		

Table 5-20 - Alternative 4 Scoring Rationale

5.4.10. Technology Recommendation

The Feasibility Study process has concluded that it is in the best interest of MQA to proceed with the upgrade of LicenseEase (COMPAS) version 4 to Versa:Regulation 2.5. This option addresses the mandate for reducing time to license medical professionals, addresses the aging and largely unsupported software and infrastructure, and leverages existing data structure and business processes and from a cost perspective makes the most sense. The other alternatives considered either do not sufficiently address the critical issues MQA is facing or would significantly increase the cost and risk associated to get to a place where MQA needs to be.

Additional advantages of upgrading from LicenseEase (COMPAS) to Versa: Regulation include:

- Real-time system. Includes real-time connection to online payments through interface for Florida ePay interface (payment service provider.) Issue with licenses not being approved until funds have physically been deposited would be corrected
- Ability to leverage new functionality with Versa:Mobile and Versa:Online (included with Versa:Regulation upgrade
- Automated workflow. As mentioned before this is probably the single biggest improvement associated with the upgrade and will be a key contributor to reaching the Governor's and MQA's goals for the time it takes to license medical professionals
- Not requiring Java to be installed
- Ability to expand online services through configuration (instead of custom develop as required in today's environment)
- Ability to pull images from database as system integrates who imaging solution into one. Images are available real-time

- Because MQA would no longer "own" the code, regular upgrades would be included as part of the solution
- Database schema is 90% the same as LicenseEase (COMPAS)
- Technology alignment with other state licensing agencies including the potential for a common back-office for these agencies

6. Project Management Planning Component

6.1. Project Charter

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

**Note: The following project charter is a draft. The final version will be completed after a vendor has been selected through procurement. MQA and the selected vendor will negotiate the final scope, deliverables, delivery dates, and milestones required for the MQA Transformation project.

6.1.1. Project Executive Summary

7. The Florida Department of Health, through its Division of Medical Quality Assurance (MQA), determines whether health care practitioners meet minimum licensure requirements. Currently, Florida has over 1,083,767 licensed health care practitioners. The division, in conjunction with 22 boards and 6 councils, is responsible for regulatory activities of 200-plus license types in more than 41 health care professions and 8 types of facilities. MQA's three key business processes are licensure, enforcement and information as depicted in Figure 6-1.

LICENSURE

Licensure activities include preparing and administering licensure examinations; issuing and renewing licenses; tracking licensure conditions and restrictions; monitoring compliance with continuing education and financial responsibility requirements; and evaluating and approving training programs and continuing education providers.

ENFORCEMENT

Enforcement activities include receiving, analyzing, and investigating complaints and reports; tracking licensees' compliance with disciplinary sanctions; inspecting health care facilities; issuing citations and emergency suspension and restriction orders; conducting disciplinary proceedings; and combating unlicensed activity.

INFORMATION

Information and data activities include providing easy access to licensure and disciplinary information and ensuring that data is accurate, timely, consistent and reliable; and collecting and reporting workforce data.

Figure 6-1 - MQA Key Business Processes

The Division of Medical Quality Assurance (MQA) is established under section 20.43(3)(g), F.S., to regulate health care practitioners for the preservation of the health, safety, and welfare of the public. The following boards and professions are established to carry out this charge:

- Board of Acupuncture
- Board of Medicine
- Board of Osteopathic Medicine
- Board of Chiropractic Medicine
- Board of Podiatric Medicine.
- Naturopathy
- Board of Optometry
- Board of Nursing

- Board of Athletic Training
- Board of Orthotists and Prosthetists
- Electrolysis Council
- Board of Massage Therapy
- Board of Clinical Laboratory Personnel
- Advisory Council of Medical Physicists

- Council on Certified Nursing Assistants
- Board of Pharmacy
- Board of Dentistry
- Council of Licensed Midwifery
- Board of Speech-Language Pathology and Audiology
- Board of Nursing Home Administrators
- Board of Occupational Therapy
- Board of Respiratory Care

- Board of Opticianry
- Board of Hearing Aid Specialists
- Board of Physical Therapy Practice
- Board of Psychology
- School Psychologists
- Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling
- Emergency Medical Services Advisory Council
- Dietetics and Nutrition Practice Council

At the end of FY 2011-12, MQA licensed, registered, or certified 1,083,767 health care practitioners, 23,809 facilities and establishments, and 48,330 continuing education providers. 100,958 initial license applications were received and 94,761 new licenses issued.

MQA's current licensing system, LicenseEase (COMPAS), is rapidly approaching the end of its software life. MQA is a long time user of LicenseEase, which was implemented in 2003 as an upgrade to the original 1994 PRAES system. The design, build, and implementation of the Versa commercial off-the-shelf (COTS) product, LicenseEase, created an enterprise licensing solution for MQA and replaced 4 legacy licensing systems in use at the time. This comprehensive system supports the Division's application processing, licensing, permitting, enforcement, discipline, and compliance functionalities. MQA has invested heavily in staff training and business processes that have made the system a success.

The current version of the LicenseEase software will soon no longer be supported. As with any software solution, over the past 10 years Versa (which was purchased by Iron Data Solutions, LLC, in January 2010) has dramatically improved the software's capabilities and functionalities. The enhanced licensing and regulation product is known as Versa:Regulation. The Iron Data's Versa product suite also offers Versa:Online to support online services and Versa:Mobile to support mobile inspections on tablets.

Finally, upgrades to the technical infrastructure, which will allow real-time renewal processing and other business efficiencies, will require significant additional expenditures to MQA, if hosted at one of the State data centers. In the current pricing model, the MQA/SSRC managed services costs will increase to an estimated \$1,035,366/annually to host the upgraded infrastructure. The current annual expenditure for MQA is \$473,172.

MQA is now embarking on a major project to modernize the current licensing and regulatory system and enhance the capabilities to better serve the citizens of the State of Florida. To accomplish this major business modernization effort MQA will upgrade the current LicenseEase (COMPAS) system to Versa:Regulation, install Versa:Online and Versa:Mobile. MQA's intent is to upgrade to Versa:Regulation and Versa:Mobile during FY 2013-2014 with full implementation by June 2014. Versa:Online would be fully implemented by May 2015. Although in-house resources will be devoted to this project, a Legislative Budget Request for a special appropriation is necessary to fund the total systems integration costs associated with this much needed licensing/regulation modernization effort.

7.1.1. Project Overview and Purpose

The project outlined in this feasibility study not only sets out to deliver an enhanced licensing and regulatory system by upgrading the current LicenseEase system but also to enrich the

capabilities available to the citizens of Florida by installing an enhanced online portal component and utilizing a more cost effective tablet-based mobile solution for conducting field inspections.

7.1.2. Project Objectives

The primary objectives of the MQA Transformation project are to:

- Replace the existing infrastructure that has reached its end of life and expand on the
 existing architecture. Currently, MQA has one database server, one application server,
 and one internet server to support the LicenseEase system and web based services. The
 current architecture is minimal and does not offer redundancy, reaches performance
 peaks, and requires weekly scheduled downtime in order to perform maintenance and
 promote system changes
- Implement workflow functionality available on the Versa:Regulation package and configure for each profession
- Implement Versa:Online and configure online applications for licensure for each profession
- Implement Versa: Mobile and configure professions to have the ability to conduct mobile inspections on tablets
- Complete the project in multiple phases reducing the risk of MQA SME resource contention and take advantage of the enhanced licensing and regulatory capabilities early on in the project
- Review backlog of change requests and enhancements pending for the current LicenseEase system and determine which requests are still needed, what functionality exists in the Versa:Regulation product, and any enhancement requests that will need to be incorporated into the Versa:Regulation upgrade
- Leverage existing Oracle database technology investment and knowledge
- Move to a product that is fully web-based and at the early stages of its product life cycle
- Take advantage of new functions and features that have been developed within the Versa licensing and regulation product suite over the past 10 years
- Benefit from future enhancements available only with current levels of Versa products
- Manage the risk of a significant upgrade with current staff resources, knowledge, and skills
- Stay with a trusted partner that knows and supports MQA 's business processes
- Preserve the major investment in MQA's existing database structures and efficient business processes
- Leverage the existing knowledge of staff resulting in minimal training necessary because the system approach and database design are upwards compatible to LicenseEase
- Provide better customer service to the citizens of Florida

7.1.3. Project Scope

Upon receipt of budget approval, an Invitation to Negotiate (ITN) will be prepared and disseminated to elicit responses from capable providers with relevant experience in Versa licensing systems upgrades and modernizations (workflow) on systems using LicenseEase (COMPAS).

The project will re-engineer existing business processes with a focus on using the licensing COTS functionality out-of-the-box. This means that the conversion will be more of a migration that mitigates the risk and effort encountered in the last major licensing upgrade.

Tasks included in the scope of this project include:

- Install and configure hardware & software systems to house the next generation of licensing and regulatory systems
- Upgrade Versa LicenseEase to latest version of Versa:Regulation
- Install and configure Versa: Online for access by the user community
- Install and configure Versa: Mobile on purchased tablets
- Migration of both configuration and license data from the existing databases
- Integration testing to completely test all software components reliably with each other and with any external agencies
- User acceptance testing to include the development of test cases/scripts to validate all business and technical requirements are met
- A "Train the Trainer" training approach for each of the functional components of the system
- Provide training for 650 users of the system in their areas of responsibility
- Provide system administration training and support
- Provide technical architecture consulting services
- Test all 215 license types of converted configuration data to resolve any migration issues
- Conversion of all letter templates and reports
- Upgrade MQA's Datamart for compatibility with the Versa:Regulation schema
- Port MQA required specific LicenseEase custom code unless business requirements are met with out-of-the-box Versa:Regulation functionality
- Transfer MQA's LicenseEase 650 user licenses to Versa:Regulation's 650 named user licenses
- Conduct performance testing to adhere to system performance requirements
- Provide workflow process re-engineering for specified business processes

Also Included in the Project Scope:

- Project management
- Organizational change management
- Independent Verification and Validation (IV&V)
- Requirements validation
- System architecture design
- Operations and maintenance planning

The following is considered out of scope.

Anything not included in the Project Scope section of this document

7.1.4. Project Deliverables

Table 6-2 contains a preliminary list of project deliverables. The final deliverables list, which will include acceptance criteria, will be developed in conjunction with the selected implementation vendor and will be appropriate to the technology solution chosen.

Deliverable	Deliverable Description
Deliveranie	Deliveranie Descrintion

Deliverable	Deliverable Description
Project Charter	Document formally authorizing the existence of
,	the project and provides the Project Manager
	with the authority to apply organizational
	resources to project activities. Specifies the
	scope, approach, goals, objectives, constraints,
	and risks for the project
Project Management Plan	Includes the following documents as required
, ,	by the MQA Project Director and/or the PMO:
	Work Breakdown Structure
	Resource Loaded Project Schedule
	Change Management Plan
	Communication Plan
	 Document Management Plan
	Scope Management Plan
	Quality Management Plan
	Risk Management Plan
	Issue Management Plan
	Resource Management Plan
	Conflict Resolution Plan
	Baseline Project Budget
Bi-Weekly Project Status Reports	Bi-weekly status reports to project
	management team and monthly progress
	reports to the Project Steering Committee
Meeting Minutes	Record of decisions, action items, issues, and
	risks identified during formal stakeholder
	meetings
Gap Analysis Report	Gap Analysis Report to include:
	Customizations made to LicenseEase by
	MQA technical team that need to be
	considered for upgrade
	• Enhancement requests to LicenseEase to
	determine whether the functionality exists
	in Versa Regulation or whether the
	functionality is custom to MQA
	Documented requirements for items identified in Cap Analysis
Europtional /n on Europtional Deguinements	identified in Gap Analysis
Functional/non-Functional Requirements Document	This deliverable shall include, at a minimum:
	Unique identification of each requirement
	A clear description of the functional and
	non-functional requirements for the system
	A traceability matrix to include: requirement
	ID, requirement type, process, activity,
	requirement description, priority, and
	source
Interface Control Document (ICD)	Describes the relationship between the MQA
	Licensing system and target external agencies.
	The ICD governs the data exchanged between
	the two systems and provides information
	describing the data exchange syntax and
	semantics that have been agreed upon for use

Deliverable	Deliverable Description
Workflow Design Specification	Detailed workflow design for information processing in the new business licensing system for each new business process workflow to be implemented
Technical Design Specification	Detailed technical design for data and information processing in the new business licensing system for any of the customized components to include: • Data Model/ERD • Data Dictionary • Technical Architecture
Knowledge Transfer Plan	Details the steps taken to adequately transfer knowledge about the system to the resources that ultimately will be responsible for postimplementation support
Data Conversion/Migration Plan	Plan for migrating data from existing system to the new database structures; to include detailed data conversion mapping
Organizational Change Management Plan	Describes the overall objectives and approach for managing organizational change during the project, including the methodologies and deliverables that will be used to implement OCM for the project.
OCM Status Reports	Bi-weekly status reports to project management team and monthly progress reports to the Project Steering Committee
Stakeholder Analysis	Identifies of the groups impacted by the change, the type and degree of impact, group attitude toward the change and related change management needs
Training Plan	Defines the objectives, scope and approach for training all stakeholders who require education about the new organizational structures, processes, policies and system functionality
Training Materials	Material used in the performance of executing the Training Plan
Change Readiness Assessment	Surveys the readiness of the impacted stakeholders to "go live" with the project and identifies action plans to remedy any lack of readiness
IV&V Project Charter	A document issued by the Project Sponsor that formalizes the scope, objectives, and deliverables of the IV&V effort

Deliverable	Deliverable Description	
IV&V Status Reports	Documents the results of IV&V activity to determine the status of project management processes and outcomes including but not limited to:	
Test Plans	Detailed test plans for unit testing, system testing, performance testing, and user acceptance testing	
Test Cases	Documented set of actions to be performed within the system to determine whether all functional requirements have been met	
Implementation Plan	Detailed process steps for implementing the new licensing system for all stakeholders impacted	
System Operation and Maintenance Plan	Detailed plan for how the finished system will be operated and maintained	
Lessons Learned	Document all best practices and obstacles navigated during the life of the Versa Regulation Upgrade project	

Table 6-1 - Preliminary List of Project Deliverables

Note: The project team members will collectively define the specific contents of each deliverable based on discussions conducted through the course of the project.

7.1.5. Affected Stakeholders and Groups

The impact of this project on other organizations or stakeholders needs to be determined to ensure that the right people and functional areas are involved and communication is directed appropriately. Table 6-3 provides a listing of the organizations and various stakeholders that will be impacted by the implementation of the MQA Transformation project.

Organizations / Stakeholders	How Are They Affected, or How Are They Participating?
 MQA Board Office Staff MQA Enforcement Unit (including Consumer Services, Investigation Services, Prosecution Services, and Compliance Monitoring) MQA Call Center MQA Clerk's Office MQA Practitioner Reporting and Exam Services MQA License Services Unit MQA Systems Support Services 	Key internal users of target licensing system. Involvement includes participants in JAD sessions, and reviewers and approvers of requirements and design specifications
Department of Health Division of Information Technology (DIT)	Target licensing system must ultimately integrate with the DIT technical architecture. Project must follow PMO standards. Selected DIT staff will provide information pertaining to current systems, participate in JAD sessions and approve technical requirements and design
Consumers	Key external users of the target system. External users will be required to register in the new system to create an online account so they can conduct business electronically with MQA. Examples include: online applications for licensure, online renewals, and checking status of application online
Image API	Vendor that provides application and hosting services for the MQA Imaging System, which will interface with the target licensing system

Table 6-2 - Stakeholders Affected by the MQA Transformation Project

7.1.6. Project Milestones

It is anticipated the project will be managed according to the milestones listed in **Table 6-3**. Go/no-go checkpoints may be added to the project schedule where appropriate based on the chosen solution. Checkpoints will require Project Sponsor sign-off prior to commencing the next activity.

Milestone	Planned Completion	Deliverable(s) Completed
Legislative Approval	May 2013	Updated Schedule IV-B Feasibility Study
Vendor Procurement	July 2013	Updated Schedule IV-B Feasibility Study
		Procurement Documentation
Contract Signing	July 2013	Vendor Contract
Project Kick-off	July 2013	Project Charter
Project Management Plans	August 2013	Project Management Plan
Approved		Master Project Schedule
Business Process	August 2013	Review of initial Gap Analysis and plan to
Re-engineering (BPR)		conduct requirements gathering sessions
GAP Analysis - Detailed	September 2013	Conduct JAD sessions to define the
Requirements		detailed requirements for each gap.
License Configuration	December 2013	Configuration Specifications
Data	June 2014	Data Conversion Plan
Conversion/Migration		
Versa:Regulation Upgrade	June 2014	Functional Versa:Regulation System
Versa:Mobile	September 2014	Versa:Mobile Requirements Document
Implementation		
Workflow Implementation	September 2014	Workflow Design Specification
Versa:Online	September 2014	Versa:Online Requirements Document
Implementation	0 . 1 . 0044	
User Acceptance Testing	October 2014	User Acceptance Test Plan
		User Acceptance Test Scripts
	0 1 004	User Acceptance Test Results Report
Performance Testing	October 2015	Performance Test Plan
		Performance Test Scripts
	D 1 0044	Performance Test Results Report
Organizational Change	December 2014	Organizational Change Management Plan
Management		OCM Status Reports
m	D 1 0044	Change Readiness Assessment
Training	December 2014	Training Plan
C. I.	D 1 2044	Training Materials
Go Live	December 2014	Go Live Readiness Assessment Report
Operations and	June 2015	Operation and Maintenance Plan
Maintenance Support	I 2015	- Wassat Complete B
Warranty	June 2015	Warranty Completion Report
Ongoing Project	Throughout	Status Reports, Risk and Issue Logs
Management Deliverables	Project Lifecycle	Glossary of Terms
D : Cl	I 004E	Meeting minutes
Project Close	June 2015	Lessons Learned

Table 6-3 - Project Milestones

7.1.7. Change Control Process

Projects of this magnitude should expect change as the project progresses through the design, development and implementation phases. All change requests will be formally documented and validated by the PMO and the Change Control Board (CCB), which will be comprised of key project stakeholders according to the Change Management Plan. Once validation has occurred, the appropriate stakeholders will assess the change and determine the associated time and cost implications.

Upon acceptance of the change request and its validation by the PMO, the tasks to implement the change will be incorporated into the project plan and a project change order will be initiated. A priority will be assigned and the request will be scheduled accordingly. Figure 6-2 illustrates the proposed change request process.

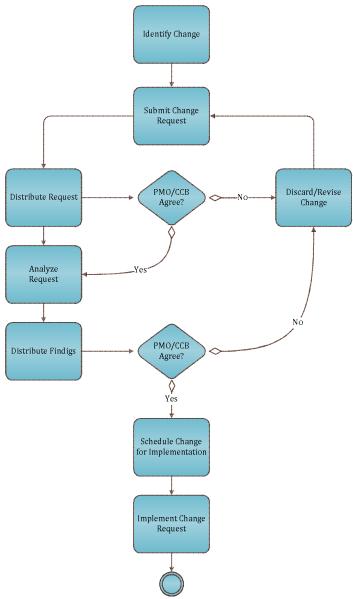


Figure 6-2 - Proposed Change Control Process

7.2. Work Breakdown Structure

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

The Work Breakdown Structure (WBS) is generated to define, at a summary level, all work that will take place within the project. It serves as a common framework for planning, scheduling, estimating, budgeting, configuring, monitoring, reporting on, directing, implementing and controlling the entire project. Additionally, the WBS is the framework for the management structure. The WBS is used to document and form the basis for:

- Project deliverables
- Effort required for creation of deliverables
- Assignment of responsibility for accomplishing and coordinating the work

According to PMI standards, a WBS is structured properly if it:

- Is representative of work as an activity, and this work has a tangible result
- Is arranged in a hierarchical structure
- Has an objective or tangible results referred to as a deliverable

A preliminary Work Breakdown Structure for the MQA Transformation project is presented in Figure 6-3. Note that execution phases may change to align with the chosen solution. The WBS will be finalized by the MQA Project Manager, working closely with the selected systems integration vendor. Any changes will be required to conform to MQA and PMO standards.

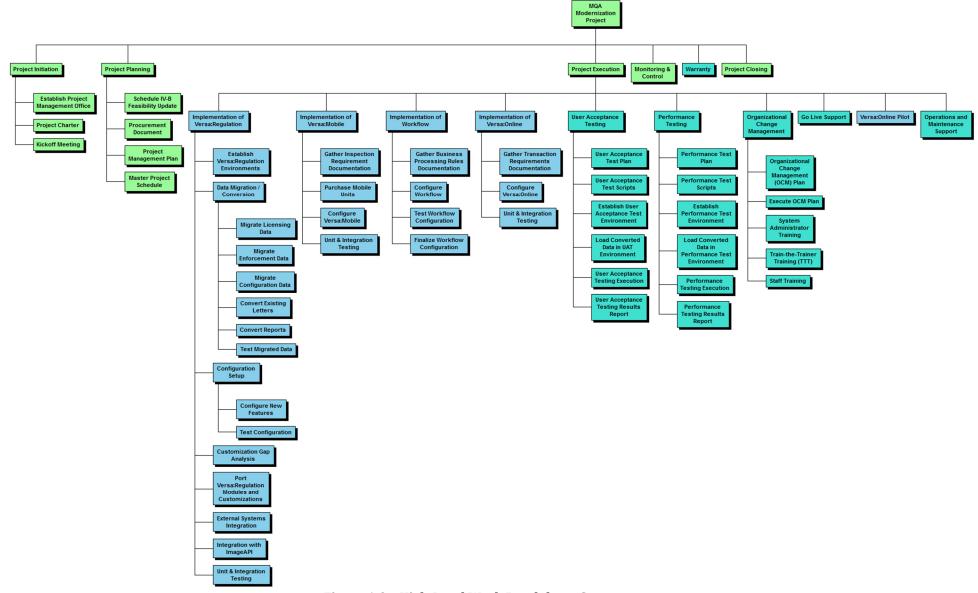


Figure 6-3 - High-Level Work Breakdown Structure

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7.3. Resource Loaded Project Schedule

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

Figure 6-4 presents the preliminary project high-level representation of the overall timeline for the MQA Transformation project. The preliminary schedule includes planning activities currently underway and expected to be conducted in preparation for the project start. Preparations include the Schedule IV-B Feasibility Study development, requirements analysis, and business process analysis to develop the current state and future state business processes. After obtaining authorization to move forward with the procurement, the necessary procurement documents will be created in support of the ITN procurement.

A detailed preliminary resourced project schedule is included in Appendix A. The development of the final project schedule will be the responsibility of the MQA Project Manager and selected implementation vendor(s).

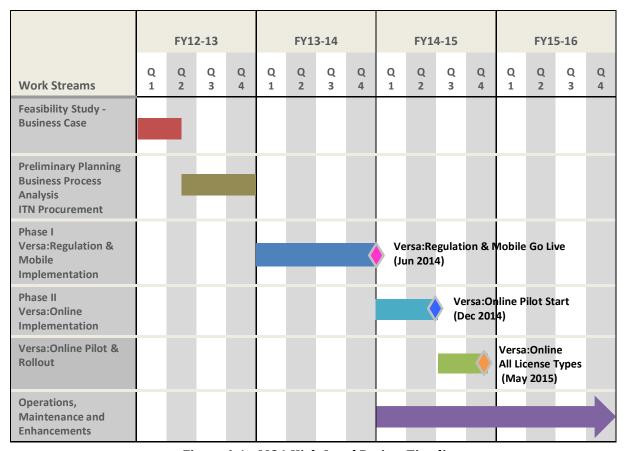


Figure 6-4 - MQA High-Level Project Timeline

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7.4. Project Budget

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

The cost information used as the basis for a preliminary project budget is based on the analogous estimating method using costs estimates from multiple Versa Licensing system upgrades including two agencies in Tallahassee – Department of Business and Professional Regulation (DBPR) and the Office of Financial Regulation (OFR). The age of the current licensing system was taken into account when estimating the effort to bring the aging system to current hardware and software technology levels. This significant transformation of the MQA's licensing and regulation system will also require an organizational change management implementation to provide an effective rollout of the new features and capabilities of the licensing system to 650+ users throughout the State of Florida.

These numbers represent an estimate to be used for budgetary planning purposes only, with the acknowledgement that actual project costs could vary by as much as plus or minus 20%. The cost by year is based on tasks described in the Work Breakdown Structure (WBS) but may change based on the final deliverable payment schedule and contract negotiations secured during the procurement process.

Additional cost was added for Organizational Change Management (OCM), Project Management and IV&V services: OCM is estimated at 1 FTE's at an hourly cost of \$175, Project Management services estimated at 2 FTE's with a rate of \$160 per hour, and IV&V is estimated at 4% of total project costs. Since the project will span multiple State fiscal budget years, the total project cost projects are shown in Figure below.

		PROJECT COST TABLE CBAForm 2A					
PROJECT COST ELE	MENTS	FY	FY	FY	FY	FY	TOTAL
		2013-14	2014-15	2015-16	2016-17	2017-18	
State FTEs (Salaries	& Benefits)	\$0	\$0	\$0	\$0	\$0	\$0
OPS FTEs (Salaries)		\$0	\$0	\$0	\$0	\$0	\$0
Contractors (Costs)		\$4,353,800	\$2,998,105	\$0	\$0	\$0	\$7,351,905
Deliverables		\$0	\$0	\$0	\$0	\$0	\$0
Major Project Tasks		\$0	\$0	\$0	\$0	\$0	\$0
Hardware	Hosting/iPads	\$1,122,017	\$403,929	\$0	\$0	\$0	\$1,525,946
COTS Software		\$189,000	\$394,144	\$0	\$0	\$0	\$583,144
Misc. Equipment	Specify	\$0	\$0	\$0	\$0	\$0	\$0
Other Project Costs	PMO/OCM	\$1,077,000	\$1,077,000	\$0	\$0	\$0	\$2,154,000
·	IV&V	\$277,200	\$277,200	\$0	\$0	\$0	\$554,400
TOTAL PROJECT CO	TOTAL PROJECT COSTS (*)		\$5,150,377	\$0	\$0	\$0	\$12,169,394
CUMULATIVE PROJECT COSTS		\$7,019,017	\$12,169,394	\$12,169,394	\$12,169,394	\$12,169,394	

Figure 6-5 - CBAForm 2 - Project Cost Analysis

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7.5. Project Organization

Purpose: To determine whether an appropriate project organizational and governance structure will be in place and operational in time to support the needs of the project.

Executive Steering Committee (ESC) members will include senior MQA management demonstrating commitment to the success of the project by their willingness to provide both oversight and advocacy for the licensing transformation effort. The ESC will be chaired by the Project Sponsor and provide guidance and executive support to the team. One of the ESC's most important roles will be to keep the project's charter firmly in view and assist the Project Director in resisting the everpresent forces that will seek to alter the project's objectives. They will also support the Project Director in guarding against scope growth and assist him or her in responding to external changes that impact the project.

During monthly steering committee meetings with the project management team, the committee will evaluate the project's adherence to the planned schedule, scope and use of resources. Finally, the Executive Steering Committee will act as advocates for the project whenever possible and especially when needed to bolster the confidence and resolve of other key stakeholders. The MQA Project Management Team will be headed by the Project Director and will include the Systems Administration & Configuration Manager, Versa:Regulation & Versa:Mobile Project Manager, Versa:Online Project Manager, and Systems Integrator Project Manager. This team will be responsible for day-to-day oversight of the project. In addition, the Project Management Team will be supported by the DOH IT department providing application and reporting development resources.

For a project of this size and duration, the Department will implement a Project Management Office (PMO) to create project management plans, monitor project issues and risks, and provide general support to the Project Director throughout the project. The PMO should be staffed with at least one Certified Project Management Professional.

The project business stakeholders identified in Table 6-4 include seasoned MQA staff from the program's core business areas. These key stakeholders will be instrumental in the implementation and testing of the enhanced licensing system and will assist in the review and approval of all project deliverables.

Figure 6-6 shows the proposed project organization and the relationship between its components.

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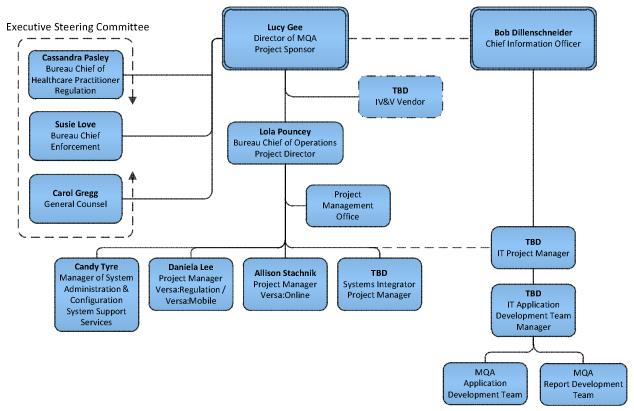


Figure 6-6 - Proposed Project Organization

The following table identifies, where known, the names of the people assigned a role in the project organization and a brief summary of their responsibilities.

Role Name	Description	Assigned To
Executive Steering	Provides oversight to the project	Lucy Gee
Committee	Contributes to the scope and strategic	Cassandra Pasley
	direction for the project	Susie Love
	Establishes policies	Carol Gregg
	Identifies project risks and risk response strategies	
	Resolves escalated issues	
	Decides on project changes in terms of	
	scope, budget, or schedule	
Project Sponsor	Has Programmatic decision making authority	Lucy Gee
	Champions the project within the customer's organization	
	Provides guidance on overall strategic direction	
	Provides business resources for project success	
	Has Programmatic responsibility for	
	successful development and	
	implementation of the project	
	Chairs the Executive Steering Committee	

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Role Name	Description	Assigned To
Project IT Sponsor	 Has IT decision making authority Champions the project within the customer's organization Provides guidance on overall strategic direction Provides IT resources for project success Has responsibility for successful development and implementation of the project 	Bob Dillenschneider
Project Director	 Has overall responsibility for the successful development and implementation of the project Oversees the development and implementation of the project Oversees the Project Management Office for the project Liaison with IT Sponsor for resources Liaison with Project Sponsor for business resources and day-to-day activities Reports to the Executive Steering Committee 	Lola Pouncey
Project Management Office	 Responsible for day-to-day project oversight Provides overall guidance and direction to the Systems Integrator Coordinates with the Project Director for resources Works with Systems Integrator Project Manager to ensure stakeholder needs are met Has daily decision making authority Oversees and manages project plan Coordinates project resources, budgets and contract management Reviews and provides feedback on project deliverables Responsible for project management areas including scope, risk, quality and change control Coordinates project status communications Liaison with external agencies as needed 	TBD

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Role Name	Description	Assigned To
Systems Integrator Project Manager	 Steering Committee Member Responsible for Systems Integrator project management activities Maintain all project documentation, including detailed project plan Obtain MQA Project Director approval of documents including charter, requirements, design, and scope change requests Ensure adherence to the process and project management standards and guidelines in System Integrator's project management plan Prepare formal project reports and presentations Ensure deliverables conform to MQA standards Facilitate project related workshops as required 	Selected Systems Integrator Vendor
IV&V Vendor	 Verifies that the system is developed in accordance with validated requirements and design specifications Validates that the system performs its functions satisfactorily Monitors project management processes and provides feedback on any deficiencies noted Reviews and provides feedback on project deliverables Presents to Executive Management team on IV&V activities 	TBD

Table 6-4 - Project Organization Members - Roles & Descriptions

7.6. Project Quality Control

Purpose: To understand project quality requirements and ensure that effective quality control processes and procedures are in place and operational in time to support the needs of the project.

The project will follow the Project Management Institute's Project Management Methodology with up-front milestones delineating timeline, budget, and quality specifications for each deliverable. Each deliverable will be assigned detailed acceptance criteria in the project contract. Quality will be monitored and controlled by the Project Management Team and deliverables will be accepted only when the acceptance criteria have been met. The PMO will provide oversight and assistance to the entire Project Team to ensure that standards are followed.

Project Area	Description	
Testing	The vendor will follow the established standards of the MQA PMO for	
Management	Testing Management. This includes unit testing, integration testing, system	
	testing, load testing and user acceptance testing	
Approval	All deliverables will require individual stakeholder approval and sign-off	
	upon completion of the final draft	

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Project Area	Description	
Software	The vendor will follow the established standards of the MQA PMO for	
Configuration	Software Configuration Management. This includes Stakeholder sign-off,	
Management	documentation, and version control	
Contract	The MQA PMO will be involved in contract management. All contracts	
Management	must pass executive and legal approval. In addition, external project	
	oversight will be required for contract negotiation	

Table 6-5 - MQA Quality Standards by Project Area

In addition to these formal areas of quality control, the following practices will be maintained during the life of the project.

- Peer reviews of artifacts
- Project team acceptance and approval
- Periodic project team meetings
- Project status meetings
- Periodic contractor, contract manager, project manager and project team meetings
- Change control management processes
- Contract manager and MQA Project Director acceptance and approval
- Maintain detailed requirements definitions under configuration management
- Defined test plan with standard levels of technical and acceptance testing, and
- Project team acceptance and approval

Additional quality controls will be built into the procurement documents and contract for the execution phase. At a minimum the selected vendor will be required to follow these quality controls:

- Periodic contractor, contract manager, project manager and project team meetings
- Change control management processes
- Risk management and mitigation response planning
- Contract manager and MQA Project Manager acceptance and approval

Quality will be monitored throughout the project by the PMO. Multiple levels of acceptance by all stakeholders will be built into the process to ensure project quality control.

7.7. External Project Oversight

Purpose: To understand any unique oversight requirements or mechanisms required by this project.

An Independent Verification and Validation (IV&V) effort will be in place throughout the life of the project. The purpose of IV&V is to provide an unbiased review and assessment of the project to help ensure it is meeting its desired goals, it adheres to internally documented or recognized industry standards and guidelines, the products or deliverables meet the requirements and are of high quality, appropriate controls are defined and utilized, and that the stakeholders in the process are effectively involved and aligned. Specific objectives of the IV&V effort for this project will include:

- Providing validation that the awarded implementation vendor:
 - Complies with the terms of the contract,
 - Performs and provides deliverables to the satisfaction of MQA,
 - Fulfills the technical and non-technical requirements of the contract,
 - Completes the project within the expected timeframe,
 - Demonstrates value and is committed to achieving the goals outlined by MQA, and,

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- Acts in the best interests of MQA and surfaces issues in a timely and comprehensive manner
- Providing an independent, forward looking perspective on the project by raising key risks, issues and concerns and making actionable recommendations to address them
- Enhancing management's understanding of the progress, risks and concerns relating to the project and providing information to support sound business
- Provide ongoing advice and direction to the Executive Management Team, the Project Steering Committee, the Project Director and MQA Executive Leadership throughout each phase of the project. No external project oversight is required for the implementation of the MQA Transformation Project

7.8. Risk Management

Purpose: To ensure that the appropriate processes are in place to identify, assess, and mitigate major project risks that could prevent the successful completion of this project.

The purpose of risk management is to identify the risk factors for the project and establish a risk management plan to minimize the probability or reduce the impact that the identified risks will negatively impact the project thus reducing the risk exposure.

The project management methodology chosen for this project will include processes, templates, and procedures for documenting and mitigating risk. Risk analysis, tracking and mitigation appropriate for the project type and aligned with the framework of Project Management standards will be ongoing throughout all phases of the project. Risks are actively identified, detailed, and prioritized. Risk response strategies are determined and elaborated providing specific actions for appropriately addressing each risk. Risks are monitored, mitigated and closed throughout the lifecycle.

7.8.1. <u>Risk Response Strategies</u>

Risk management involves prioritizing, evaluating and implementing the appropriate risk exposure reducing activities in response to the risk assessment. Assessing each risk will allow the project management team to determine the most appropriate risk response strategy to employ for addressing the project risk.

Risk response strategies include:

- **Risk Assumption**. Accept the potential risk as unavoidable, continue the project, and implement controls to lower the risk to an acceptable level
- **Risk Avoidance**. Avoid the risk by eliminating the cause of the risk, the consequence of the risk, or both (e.g. forego certain aspects of the project that are particularly risky)
- **Risk Mitigation.** Taking steps to lessen risk by lowering the probability of a risk occurrence or reducing its impact should the risk occur
- **Risk Transference**. Transfer or share risk through options that compensate for the adverse impact, such as performance bonding and insurance

7.8.2.Risk Management Plan

All phases of the project will follow the standards defined by the Project Management Office (PMO). PMO standards include processes, templates, and procedures for documenting and mitigating risk.

A Risk Management Plan (RMP) will be developed as a component of the overall Project Management Plan and adhered to throughout all phases of the project. The RMP will include

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clear risk management procedures including standard checkpoints and mitigation strategies. Execution of a well-defined RMP with clear mitigation strategies for each risk is critical to the success of the MQA Transformation project. Periodic reviews of existing known risks will be conducted according to the RMP as a critical component of the project management processes used throughout the project life cycle.

A view of the risk management process is provided in **Figure 6-7** below. A brief description of the high-level steps is provided in Table immediately following the risk management process workflow.

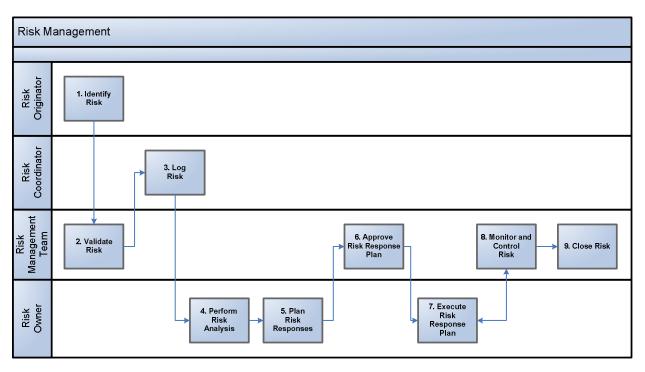


Figure 6-7 - Risk Management Workflow Steps and Descriptions

	Workflow Step	Description
1.	Identify Risk	A risk is identified by any member of the project and reported to the Project Management Team (PMT)
2.	Validate Risk	The PMT determines whether a potential risk should be made an actual risk to be monitored for the project. The risk is vetted and categorized
3.	Log Risk	The Project Manager records the risk in the Risk Register
4.	Perform Risk Analysis	A risk analysis is conducted to assign probability and impact values to determine the overall risk exposure (factor of probability and impact) to the project. A priority of high, medium, or low is assigned based on the risk exposure. A Risk Owner will be assigned at this point
5.	Plan Risk Response	For those risks determined by the Project Management Team to require a risk response, a risk response set of actions will be developed by the Risk Owner
6.	Approve Risk Response Plan	The risk response plan will be reviewed by the authoritative body for approval. Typically, this is the Project Manager or Project Management Team

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Workflow Step		Description	
7.	Execute Risk Response	Risk Owner implements the risk response plan	
8.	Monitor and Control Risk	The PMT oversees the implementation of the risk response plan, tracking identified risks, monitoring residual risks, and identifying new risks	
9.	Close Risk	Risks that are no longer a threat to the project are closed	

Table 6-6 - Risk Management High-Level Workflow

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7.8.3. Project Risks and Mitigation

Table 6-7 provides an overview of the strategies that MQA will employ to mitigate the medium and high level risks identified by the risk assessment tool and documented in Section IV. Any new risks will be added to the risk register when identified following the risk management processes as defined in the Risk Management Plan.

#	Risk description and Impact	Probability	Impact	Mitigation	Assigned Owner		
Technology Exposure Assessment (High Risk)							
1	Internal technical staff will not have sufficient experience with the proposed technology in the production environment	High	High	 Include architectural consulting services in the scope of work for the project to assess the current environment against the proposed production environment(s) to identify gaps in technology infrastructure Internal technical staff will work closely with the vendor technical resources to provide knowledge transfer and increase understanding of production environment(s) Internal technical staff will take part in technical systems training to be included within the scope of work for the awarded vendor 	MQA Project Manager		
Organizational Change Management Assessment (Medium Risk)							

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#	Risk description and Impact	Probability	Impact	Mitigation	Assigned Owner
2	Moderate changes to business processes impacting 650+ health care providers directly with a new online component will be required as part of the move toward greater self-sufficiency and away from manual processes; some users will be reluctant to these changes and slow to adopt	High	Medium	 A clear vision of project objectives will be defined and maintained by executive leadership throughout the life of the project in order to minimize the real or perceived impact of process changes on key stakeholders The Organizational Change Management Plan will address mitigation strategies associated with expected changes as they are identified Organizational Change Management activities must be given top priority throughout the project in order to facilitate the transition of the Department from its current mode of operation toward the efficiencies of a modern business system Plan for and provide adequate training for user community 	MQA Project Manager
3	Staff inexperience with incorporating change management activities could lead to acceptance reluctance of the new system and business process changes that are the outcome of the implementation	Medium	High	 A Organizational Change Management (OCM) Plan will be developed to communicate the on-going activities meant to address the changes to people, process and technology Obtain Organizational Change Management subject matter expertise to coach and assist with the OCM Plan development 	MQA Project Manager
Fis	cal Assessment (Medium Risk)				

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#	Risk description and Impact	Probability	Impact	Mitigation	Assigned Owner
4	Unanticipated requirements may increase the cost estimate for the project; 215 unique license types to be implemented	Low	Medium	 A well-defined Project Charter finalized with the high-level business and technical requirements completed and included within the procurement documents Request prospective vendors to identify missing requirements that are needed to satisfy the business goals of the project in their responses including why it is needed The potential for cost overruns will be minimized by executing stringent change control and scope management practices 	MQA Project Manager
Pro	ject Organization Assessment (M	ledium Risk)			
5	Due to the current workload, MQA business subject matter experts will be dedicated 50% or less to the project	Medium	Medium	 Project managers and analysts will be as flexible as possible when scheduling meetings or JAD sessions All project meetings and JAD sessions will have clear and documented objectives, and should include only SMEs that are required to achieve those objectives Adequate time will be provided for the review and approval of project deliverables All training and testing activities involving SMEs will be thoroughly planned and efficiently executed MQA Executive Management will regularly acknowledge SMEs for their contributions to the project 	MQA Project Manager; Vendor Project Manager

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#	Risk description and Impact	Probability	Impact	Mitigation	Assigned Owner
6	The Division does not have the necessary knowledge, skills and abilities to staff the project team with in-house resources	Medium	Low	The Division will use the state's competitive procurement process to engage qualified and reputable vendors who are able to provide the necessary knowledge, skills and abilities	MQA Project Sponsor; MQA Project Director; MQA Project Manager
Pro	oject Management Assessment (M	ledium Risk)			
7	Inadequate project management and oversight could result in project time and cost overruns	Medium	Low	 An experienced, full-time MQA Project Manager will be assigned to the project A Project Management Office will be established for the duration of the project to ensure industry best practices in project management are employed Additional project oversight will include an Executive Steering Committee Well defined Risk Mitigation strategies will be developed for all identified project risks All project plans, risks and issues will be continuously reviewed and refined as the project progresses The project schedule will include multiple checks and balances to ensure the project is meeting expectations and allocated timelines The potential for cost overruns will be minimized by executing stringent change control and scope management practices 	MQA Project Manager; Vendor Project Manager

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#	Risk description and Impact	Probability	Impact	Mitigation	Assigned Owner		
Pro	Project Complexity Assessment (Medium Risk)						
8	The fact that many stakeholders are dispersed across the state in remote locations will make project communication more challenging; the result could be missed requirements and/or unreasonable expectations	Medium	Low	 Ensure communication plan addresses statewide communication Make communication among team members a priority and provide equal opportunities for remote team members to participate meaningfully Facilitate remote participation by employing collaborative tools such as conference calls, video-conferencing and web-enabled project management tools. Provide training regionally and develop a regional or local strategy for providing user support at start-up and beyond 	MQA Project Manager; Vendor Project Manager		

Table 6-7 - Risks and Mitigation Strategies

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7.9. Organizational Change Management

Purpose: To increase the understanding of the key requirements for managing the changes and transformation that the users and process owners will have to implement for the proposed project to be successful.

Effective Organizational Change Management (OCM) will be integral to the success of this project, and will be a critical success factor for ensuring staff participation in business process workflow improvement, implementation and user acceptance. Significant organizational change is expected as a result of automating workflow for existing business processes. Throughout the MQA Transformation project, OCM will be effectively implemented through communication, awareness, and training.

MQA will adhere to the standards of the PMO for Organizational Change Management. A specific OCM methodology has not been identified at this phase, but will be identified in the Organizational Change Management Plan created in the execution phase of the project.

At a minimum, the following will be included in the Organizational Change Management Plan:

- Description of roles, responsibilities, and communication between vendor and customer
- Skill/Role gap analysis between the existing system and the proposed system
- OCM Communication Plan

The following key roles will have varying degrees of responsibility for executing the change management plan and delivering a consistent, positive message about change throughout the life of the project:

- Organizational Change Management Lead
- MQA Project Manager
- Project Sponsor
- MQA Executive Management

7.10. Project Communication

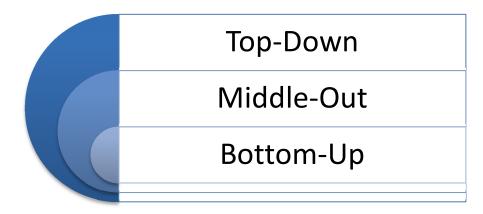
Purpose: To ensure that effective communication processes are in place to disseminate information and receive feedback from users, participants, and other project stakeholders to facilitate project success.

Communications management is a broad area comprised of the processes necessary to provide effective communications among project stakeholders. It identifies communications processes used to develop and disseminate communications, identify stakeholder information needs, define materials and frequencies of communications, and identify roles and responsibilities of communicators. Communications management is most effective when there is definition of what needs to be communicated, who is responsible for communicating with whom, when the communications need to occur, and how it will be communicated.

Disseminating knowledge among stakeholders is essential to the project's success. Project sponsors, core project team members and key stakeholders must be kept informed of the project status and how changes to the status affect them. The more people are kept informed about the progress of the project and how it will help them in the future, the more they will participate and benefit.

At this phase, the specific communication needs of project stakeholders and the methods and frequency of communication have not been established. This will be done during the project planning activities. Generally speaking, the project communication methodology will espouse the following types of information dissemination:

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Each type will be utilized on the ensuing project. A brief description of each type follows.

Top-Down

It is crucial that all participants in this project sense a high degree of executive support and guidance for this effort. The executive leadership of the organization (project sponsor) needs to speak with a unified, enthusiastic voice about the project and what it holds for everyone involved. The project will require dedicated, 'hands-on' organizational change management if it is to be successful. Not only will the executives need to speak directly to all levels of the organization, they will need to listen to all levels as well. The transition from the project management practices of today to the practices envisioned for tomorrow will be driven by a sure and convinced leadership focused on a vision and guided by clearly defined, strategic, measurable goals.

Middle-Out

Full support at all levels of management is important for sustainable improvement. At this level (as with all levels), there must be an effort to find and communicate the specific benefits of the changes. People need a personal stake in the success of the project management practices.

A detailed Communication Plan will be completed. Requirements for effective communication methods will be incorporated into the project for implementing the enhanced system. These will include project kick off, regular status meetings, regular status reports, regular review and evaluation of project issues and risks, milestone reporting, periodic project evaluation, regular product demonstrations and reviews, a web-based discussion board, project website, etc.

Bottom-Up

To solidify the buy-in and confidence of the personnel involved in bringing the proposed changes to reality, it will be important to communicate the way in which the solutions were created. If the perception in the organization is that the core project team created the proposed changes in isolation, resistance is likely to occur. However, if it is understood that all participants were consulted, acceptance will be likely.

7.11. Special Authorization Requirements

Purpose: To understand any project specific authorizations that must be received for the proposed project or solution.

There are no special authorization requirements for the MQA Transformation Project.

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8. Appendices

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

A. Preliminary MQA Transformation Project Schedule

ID	Name	Duration	Start Date	Finish Date	Resource(s)
1 1	Name MQA Modernization Preliminary Planning	214 days	9/4/2012	6/28/2013	Hesource(s)
2	Schedule IV-B Feasibility Study Development	30 days	9/4/2012	10/15/2012	
3	Requirements Analysis	66 days	11/1/2012	1/31/2013	
4	Business Process Analysis (Current State, Future State)	66 days	2/1/2013	5/3/2013	
5	ITN Procurement	40 days	5/6/2013	6/28/2013	
6	MQA Licensing Modernization Project	504 days	7/1/2013	6/30/2015	
7	Contract Start	0 days	7/1/2013	7/1/2013	
8	Project Initiation	17 days	7/1/2013	7/24/2013	
9	Project Management Office	9 days	7/1/2013	7/12/2013	
	, ,	,			PMO Lead,MQA Project Director,MQA Project
10	Mobilize Project Management Team	2 days	7/1/2013	7/2/2013	Sponsor
11	Setup PM Document Repository	2 days	7/3/2013	7/5/2013	PMO Team
12	Develop Project Management Document Templates	5 days	7/8/2013	7/12/2013	PMO Team
13	Project Charter	15 days	7/3/2013	7/24/2013	
14	Finalize Project Charter	5 days	7/3/2013	7/10/2013	PMO Lead
15	Internal Review of Project Charter	2 days	7/11/2013	7/12/2013	PMO Team
16	Update Project Charter Based on Internal Review	1 day	7/15/2013	7/15/2013	PMO Lead
17	Submit Project Charter	0 days	7/15/2013	7/15/2013	
18	MQA Review of Project Charter	3 days	7/16/2013	7/18/2013	MQA Project Director,MQA Project Sponsor
19	Update Project Charter Based on MQA Review	2 days	7/19/2013	7/22/2013	PMO Lead
20	Submit Final Project Chart MOA Final Project Charter	0 days	7/22/2013	7/22/2013	MOA Project Director MOA Project Charter
21	MQA Final Review of Project Charter Project Charter Approved	2 days	7/23/2013	7/24/2013 7/24/2013	MQA Project Director,MQA Project Sponsor
22 23	Kickoff Meeting	0 days 5.14 days	7/24/2013 7/16/2013	7/24/2013 7/23/2013	
24	Prepare Project Kickoff Presentation	3 days	7/16/2013	7/18/2013	PMO Lead
25	Internal Review / Update of Project Kickoff Presentation	2 days	7/19/2013	7/16/2013	PMO Team
	internal review / epacte of r reject racion r resentation	L days	1710/2010	7722/2010	PMO Lead,MQA Project Director,MQA Project
					Manager (Versa:Online),MQA Project Manager
					(Versa:Regulation/Mobile),MQA Project
26	Project Kickoff Presentation	0.14 days	7/23/2013	7/23/2013	Sponsor,PMO Team, Vendor Project Manager
27	Project Planning	39 days	7/1/2013	8/23/2013	
28	Project Management Plan	29 days	7/16/2013	8/23/2013	
29	Draft Project Management Plan	5 days	7/16/2013	7/22/2013	PMO Team
30	Internal Review of Project Management Plan	2 days	7/23/2013	7/24/2013	PMO Team
31	Update Project Management Plan Based on Internal Review	2 days	7/25/2013	7/26/2013	PMO Team
32	Submit Project Management Plan	0 days	7/26/2013	7/26/2013	
					MQA Project Director,MQA Project Manager
		l			(Versa:Online),MQA Project Manager
33	MQA Review of Project Management Plan	10 days	7/29/2013	8/9/2013	(Versa:Regulation/Mobile)
34	Update Project Management Plan Based on MQA Review	5 days	8/12/2013	8/16/2013	PMO Team
35	Submit Final Project Management Plan	0 days	8/16/2013	8/16/2013	MQA Project Director,MQA Project Manager
					(Versa:Online),MQA Project Manager
36	MQA Final Review of Project Management Plan	5 days	8/19/2013	8/23/2013	(Versa:Regulation/Mobile)
37	Project Management Plan Approved	0 days	8/23/2013	8/23/2013	(versa.negulation/Nobile)
38	Master Project Schedule	29 days	7/1/2013	8/9/2013	
39	Finalize Master Project Schedule	5 days	7/1/2013	7/8/2013	PMO Team
40	Internal Review of Master Project Schedule	2 days	7/9/2013	7/10/2013	PMO Team
41	Update Master Project Schedule Based on Internal Review	2 days	7/11/2013	7/12/2013	PMO Team
42	Submit Master Project Schedule	0 days	7/12/2013	7/12/2013	
					MQA Project Director,MQA Project Manager
					(Versa:Online),MQA Project Manager
43	MQA Review of Master Project Schedule	10 days	7/15/2013	7/26/2013	(Versa:Regulation/Mobile)
44	Update Master Project Schedule Based on MQA Review	5 days	7/29/2013	8/2/2013	PMO Team
45	Submit Final Master Project Schedule	0 days	8/2/2013	8/2/2013	
					MQA Project Director,MQA Project Manager
1			1 .		(Versa:Online),MQA Project Manager
46	MQA Final Review of Master Project Schedule	5 days	8/5/2013	8/9/2013	(Versa:Regulation/Mobile)
47	Master Project Schedule Approved	0 days	8/9/2013	8/9/2013	
48	Project Execution	488.86 days	7/23/2013	6/30/2015	
49	Organizational Change Management	358 days	7/23/2013	12/24/2014	
50	Organizational Change Management (OCM) Plan	18 days	7/23/2013	8/16/2013	
51	Draft Organizational Change Management Plan	5 days	7/23/2013	7/30/2013	OCM Lead
	Internal Review of Organizational Change Management		7/00/00/0	0/4/22:2	001101 11
52	Plan	2 days	7/30/2013	8/1/2013	OCM Staff
F0	Update Communications Management Plan Based on	O days	0/1/0010	0/5/0010	OCMI and
53	Internal Review	2 days	8/1/2013	8/5/2013	OCM Lead
E A		0 days	8/5/2013	8/5/2013	MQA Project Director,MQA Project Manager
54	Submit Organizational Change Management Plan				
54	Submit Organizational Change Management Plan				
		5 days	8/5/2013	8/12/2013	(Versa:Online),MQA Project Manager
54	MQA Review of Organizational Change Management Plan	5 days	8/5/2013	8/12/2013	
55		n	8/5/2013 8/12/2013		(Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
	MQA Review of Organizational Change Management Plan Update Organizational Change Management Plan Based or			8/12/2013 8/14/2013 8/14/2013	(Versa:Online),MQA Project Manager

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ID	Name	Duration	Start Date	Finish Date	Resource(s)
					MQA Project Director, MQA Project Manager
	MQA Final Review of Organizational Change Management				(Versa:Online),MQA Project Manager
58	Plan	2 days	8/14/2013	8/16/2013	(Versa:Regulation/Mobile)
59	Organizational Change Management Plan Approved	0 days	8/16/2013	8/16/2013	
60	Execute OCM Plan	260 days	8/16/2013	8/28/2014	OCM Lead, OCM Staff
61	System Administrator Training	19 days	8/28/2014	9/25/2014	Training Staff
62	Train-the-Trainer Training (TTT)	20 days	8/28/2014	9/26/2014	Training Staff
63	Staff Training	60 days	9/26/2014	12/24/2014	Training Staff
64	Phase I - Versa:Regulation & Mobile	235 days	7/25/2013	6/30/2014	
65	Data Migration / Conversion	210 days	8/22/2013	6/23/2014	D . O . O . "
66	Data Conversion Plan	20 days	8/22/2013	9/19/2013	Data Conversion Staff
67	Migrate Licensing Data Migrate Enforcement Data	30 days 30 days	9/20/2013 9/20/2013	10/31/2013 10/31/2013	Data Conversion Staff Data Conversion Staff
68 69	Migrate Emorcement Data Migrate Configuration Data	20 days	11/1/2013	12/3/2013	Data Conversion Staff
70	Convert Existing Letters	120 days	12/4/2013	5/23/2014	Reports Development Staff
71	Convert Existing Letters Convert Reports	120 days	12/4/2013	5/23/2014	Reports Development Staff
72	Test Migrated Data	20 days	5/27/2014	6/23/2014	Data Conversion Staff
73	Implementation of Versa:Regulation	170 days	7/25/2013	3/28/2014	Data Conversion Stan
74	Establish Versa:Regulation Environments	20 days	7/25/2013	8/21/2013	
75	Build Development Environment	10 days	7/25/2013	8/7/2013	Technical Staff
76	Build Integration Testing Environment	10 days	8/8/2013	8/21/2013	Technical Staff Technical Architect
77	Configuration Setup	80 days	8/22/2013	12/17/2013	Technical Architect
78	Configuration Setup Configure New Features	40 days	8/22/2013	10/17/2013	Development Staff
79	Test Configuration (215 License Types)	40 days	10/18/2013	12/17/2013	Development Staff[400%]
79 80	Customization Gap Analysis	20 days	7/25/2013	8/21/2013	Development Staff
55	Odotomization dap relatyon		7,23/2010	5,21,2010	Development Staff,MQA Project Manager
81	Port Versa:Regulation Modules and Customizations	100 days	8/22/2013	1/16/2014	(Versa:Regulation/Mobile)
82	External Systems Integration	100 days	8/22/2013	1/16/2014	Development Staff[149%]
83	Integration with ImageAPI	100 days	8/22/2013	1/16/2014	Development Staff[149%]
84	Unit & Integration Testing	50 days	1/17/2014	3/28/2014	Development Staff
85	Implementation of Versa:Mobile	60 days	1/3/2014	3/28/2014	Development otan
-	Implementation of versalinosite	oo dayo	1/0/2014	0/20/2014	MQA Project Manager
					(Versa:Regulation/Mobile),Process
86	Gather Inspection Requirement Documentation	10 days	1/3/2014	1/16/2014	Analysts, Process Consultant
00	dather inspection requirement becamentation	10 days	1/0/2014	1/10/2014	Priarysts, 100cos Consultant
87	Purchase Mobile Units	10 days	1/17/2014	1/31/2014	MQA Project Manager (Versa:Regulation/Mobil
88	Configure Versa:Mobile	20 days	2/3/2014	2/28/2014	Process Analysts, Process Consultant
89	Unit & Integration Testing	20 days	3/3/2014	3/28/2014	Development Staff
90	Implementation of Phase I Workflow	60 days	1/3/2014	3/28/2014	Development otan
91	Gather Business Processing Rules Documentation	10 days	1/3/2014	1/16/2014	Process Analysts, Process Consultant
92	Configure Workflow	20 days	1/17/2014	2/14/2014	Process Analysts
93	Test Workflow Configuration	20 days	2/17/2014	3/14/2014	Process Consultant
94	Finalize Workflow Configuration	10 days	3/17/2014	3/28/2014	Process Analysts, Process Consultant
95	User Acceptance Testing Planning & Prep	112 days	10/18/2013	4/1/2014	1 Tocess Analysis, 1 Tocess Consultant
96		112 days	10/10/2010		
30	Hear Accentance Test Plan	37 days	10/18/2013		
97	User Acceptance Test Plan	37 days	10/18/2013	12/12/2013	Test Manager
97	Draft User Acceptance Test Plan	10 days	10/18/2013	12/12/2013 10/31/2013	Test Manager
97 98	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan			12/12/2013	Test Manager Test Team
98	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal	10 days 5 days	10/18/2013 11/1/2013	12/12/2013 10/31/2013 11/7/2013	Test Team
98 99	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review	10 days 5 days 2 days	10/18/2013 11/1/2013 11/8/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013	
98 99	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal	10 days 5 days	10/18/2013 11/1/2013	12/12/2013 10/31/2013 11/7/2013	Test Team Test Manager
98 99	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review	10 days 5 days 2 days	10/18/2013 11/1/2013 11/8/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013	Test Manager MQA Project Director,MQA Project Manager
98 99 100	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan	10 days 5 days 2 days 0 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
98 99 100	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan	10 days 5 days 2 days	10/18/2013 11/1/2013 11/8/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013	Test Team Test Manager MQA Project Director,MQA Project Manager
98 99 100	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA	10 days 5 days 2 days 0 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
98 99 100 101	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review	10 days 5 days 2 days 0 days 10 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013 11/27/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
98 99 100 101	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA	10 days 5 days 2 days 0 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager
98	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review	10 days 5 days 2 days 0 days 10 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013 11/27/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager
98 99 100 101 102 103	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan	10 days 5 days 2 days 0 days 10 days 5 days	10/18/2013 11/1/2013 11/18/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
98 99 100 101 102 103	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan	10 days 5 days 2 days 0 days 10 days 5 days 5 days 5 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager
98 99 100 101 102 103 104 105	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved	10 days 5 days 2 days 0 days 10 days 5 days 5 days 5 days 0 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/12/2013 11/27/2013 12/6/2013 12/6/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
98 99 100 101 102 103 104 105 106	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Plan Approved	10 days 5 days 2 days 0 days 10 days 5 days 5 days 0 days 95 days 95 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
98 99 100 101 102 103 104 105 106 107	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts	10 days 5 days 2 days 0 days 10 days 5 days 5 days 0 days 95 days 40 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 12/12/2013 12/12/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team
98 99 100 101 102 103 104 105 106 107	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts	10 days 5 days 2 days 0 days 10 days 5 days 5 days 0 days 95 days 95 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
99 99 100 101 101 102 103 104 105 106 107 108	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan WGA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal	10 days 5 days 2 days 0 days 10 days 5 days 5 days 5 days 9 days 40 days 10 days	10/18/2013 11/1/2013 11/12/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 12/12/2014 1/13/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team
98 99 100 101 102 103 104 105 106 107 108	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal Review	10 days 5 days 2 days 10 days 10 days 5 days 5 days 0 days 5 days 95 days 40 days 10 days 5 days	10/18/2013 11/1/2013 11/18/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/14/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014 1/13/2014 1/28/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team
98 99 100 101 102 103 104 105 106 107 108	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan WGA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal	10 days 5 days 2 days 0 days 10 days 5 days 5 days 5 days 9 days 40 days 10 days	10/18/2013 11/1/2013 11/12/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 12/12/2014 1/13/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager
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98 99 100 101 101 102 103 104 105 106 107 108 109 110	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Submit User Acceptance Test Scripts Update User Acceptance Test Scripts Submit User Acceptance Test Scripts Submit User Acceptance Test Scripts Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts	10 days 5 days 2 days 10 days 10 days 5 days 5 days 0 days 5 days 95 days 40 days 10 days 5 days	10/18/2013 11/1/2013 11/18/2013 11/12/2013 11/13/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/14/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014 1/13/2014 1/28/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager MQA Project Director,MQA Project Manager
99 99 100 101 102 103 104 105 106 107 108 1109 1110	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal Review Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts	10 days 5 days 2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 0 days 5 days 10 days 5 days 0 days 95 days 40 days 10 days 5 days 20 days	10/18/2013 11/1/2013 11/12/2013 11/12/2013 11/12/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2013 11/13/2014 1/29/2014 2/4/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014 1/13/2014 1/28/2014 2/4/2014 2/4/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
98 99 1100 1101 1102 1103 1104 1105 1106 1107 1108 1110 1111	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal Review Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on MQA Review	10 days 5 days 2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 0 days 5 days 10 days 5 days 0 days 95 days 40 days 10 days 5 days 20 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/12/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2014 1/29/2014 2/4/2014 2/5/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014 1/13/2014 1/28/2014 2/4/2014 3/4/2014 3/4/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager
98 99 100 101 101 102 103 104 105 106 107 108 110 1111	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal Review Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts	10 days 5 days 2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 0 days 5 days 10 days 5 days 0 days 95 days 40 days 10 days 5 days 20 days	10/18/2013 11/1/2013 11/12/2013 11/12/2013 11/12/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2013 11/13/2014 1/29/2014 2/4/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014 1/13/2014 1/28/2014 2/4/2014 2/4/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager
98 99 100 101 102 103 104 105 106 107 108 110 111	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal Review Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on MQA Review	10 days 5 days 2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 0 days 5 days 10 days 5 days 0 days 95 days 40 days 10 days 5 days 20 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/12/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2014 1/29/2014 2/4/2014 2/5/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/1/2014 1/13/2014 1/28/2014 2/4/2014 3/4/2014 3/4/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Regulation/Mobile) Test Manager
98 99 100 101 102 103 104 105 106 107 108 110 111 111 111 112 113	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Submit User Acceptance Test Scripts MQA Review Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Submit User Acceptance Test Scripts Update User Acceptance Test Scripts Update User Acceptance Test Scripts Update User Acceptance Test Scripts Based on MQA Review Submit Final User Acceptance Test Scripts	10 days 5 days 2 days 10 days 10 days 5 days 5 days 0 days 5 days 10 days 5 days 10 days 95 days 40 days 10 days 10 days 10 days 10 days	10/18/2013 11/1/2013 11/1/2013 11/12/2013 11/12/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2014 1/29/2014 2/4/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/11/2014 1/13/2014 1/28/2014 2/4/2014 2/4/2014 3/18/2014 3/18/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Regulation/Mobile) Test Manager
98 99 100 101 102 103 104 105 106 107 108 110 111 111 1112 1113	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal Review Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Based on MQA Review Submit Final User Acceptance Test Scripts MQA Final Review of User Acceptance Test Scripts	10 days 5 days 2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 0 days 95 days 40 days 10 days 5 days 40 days 10 days 10 days 10 days 10 days	10/18/2013 11/1/2013 11/8/2013 11/12/2013 11/12/2013 11/27/2013 12/5/2013 12/5/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2014 1/29/2014 2/4/2014 2/5/2014 3/5/2014 3/18/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 4/1/2014 1/13/2014 1/28/2014 2/4/2014 3/4/2014 3/18/2014 4/1/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Regulation/Mobile)
98 99 100 101	Draft User Acceptance Test Plan Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Submit User Acceptance Test Scripts MQA Review Submit User Acceptance Test Scripts MQA Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Submit User Acceptance Test Scripts Update User Acceptance Test Scripts Update User Acceptance Test Scripts Update User Acceptance Test Scripts Based on MQA Review Submit Final User Acceptance Test Scripts	10 days 5 days 2 days 10 days 10 days 5 days 5 days 0 days 5 days 10 days 5 days 10 days 95 days 40 days 10 days 10 days 10 days 10 days	10/18/2013 11/1/2013 11/1/2013 11/12/2013 11/12/2013 11/27/2013 12/5/2013 12/6/2013 12/12/2013 11/13/2013 11/13/2013 11/13/2014 1/29/2014 2/4/2014	12/12/2013 10/31/2013 11/7/2013 11/12/2013 11/12/2013 11/12/2013 11/26/2013 12/5/2013 12/5/2013 12/12/2013 12/12/2013 4/11/2014 1/13/2014 1/28/2014 2/4/2014 2/4/2014 3/18/2014 3/18/2014	Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Regulation/Mobile) Test Manager

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	Name Name	Duration	Start Date	Finish Date	Resource(s)
118	User Acceptance Testing	45 days	4/14/2014	6/16/2014	
119	User Acceptance Testing Execution	40 days	4/14/2014	6/9/2014	Test Team
120	User Acceptance Testing Results Report	5 days	6/10/2014	6/16/2014	Test Lead
121	Performance Testing Planning & Prep	73 days	2/26/2014	6/9/2014	
122	Performance Test Plan	38 days	2/26/2014	4/18/2014	
123	Draft Performance Test Plan	10 days	2/26/2014	3/11/2014	Test Manager
124	Internal Review of Performance Test Plan	5 days	3/12/2014	3/18/2014	Test Team
	Update Performance Test Plan Based on Internal				
125	Review	3 days	3/19/2014	3/21/2014	Test Manager
126	Submit Performance Test Plan	0 days	3/21/2014	3/21/2014	
					MQA Project Director, MQA Project Manager
					(Versa:Online),MQA Project Manager
127	MQA Review of Performance Test Plan	10 days	3/24/2014	4/4/2014	(Versa:Regulation/Mobile)
128	Update Performance Test Plan Based on MQA Review	5 days	4/7/2014	4/11/2014	Test Manager
129	Submit Final Performance Test Plan	0 days	4/11/2014	4/11/2014	1 Got Manager
123	Submit i mai i enormance rest i ian	0 days	4/11/2014	4/11/2014	MQA Project Director,MQA Project Manager
					(Versa:Online),MQA Project Manager
120	MQA Final Review of Performance Test Plan	5 days	4/14/2014	4/18/2014	(Versa:Regulation/Mobile)
130	Performance Test Plan Approved		4/14/2014 4/18/2014	4/18/2014	(versa.negulation/iviobile)
131		0 days			
132	Performance Test Scripts	55 days	3/24/2014	6/9/2014	T . T
133	Identify Performance Test Scripts	20 days	3/24/2014	4/18/2014	Test Team
134	Internal Review of Performance Test Scripts	10 days	4/21/2014	5/2/2014	Test Team
	Update Performance Test Scripts Based on Internal				
135	Review	5 days	5/5/2014	5/9/2014	Test Manager
136	Submit Performance Test Scripts	0 days	5/9/2014	5/9/2014	
					MQA Project Director,MQA Project Manager
		I	1		(Versa:Online),MQA Project Manager
137	MQA Review of Performance Test Scripts	10 days	5/12/2014	5/23/2014	(Versa:Regulation/Mobile)
	Update Performance Test Scripts Based on MQA				, , , , , , , , , , , , , , , , , , , ,
138	Review	5 days	5/27/2014	6/2/2014	Test Manager
139	Submit Final Performance Test Scripts	0 days	6/2/2014	6/2/2014	- oct manager
	Capitite Final Fortomance Test Compts	o dayo	0/2/2011	0/2/2011	MQA Project Director,MQA Project Manager
					(Versa:Online),MQA Project Manager
140	MOA Final Pavious of Parformance Test Carinta	5 days	6/3/2014	6/9/2014	(Versa:Regulation/Mobile)
	MQA Final Review of Performance Test Scripts		_		(versa.negulation/iviobile)
141	Performance Test Scripts Approved	0 days	6/9/2014	6/9/2014	
142	Build Performance Test Environment	10 days	4/21/2014	5/2/2014	Technical Staff
143	Load Converted Data in Performance Test Environment	10 days	5/5/2014	5/16/2014	Test Team
144	Performance Testing	20 days	5/19/2014	6/16/2014	
145	Performance Testing Execution	10 days	5/19/2014	6/2/2014	Test Team
146	Performance Testing Results Report	10 days	6/3/2014	6/16/2014	Test Lead
147	Go Live Support Planning & Prep	40 days	5/5/2014	6/30/2014	
148	Operations & Maintenance Plan	40 days	5/5/2014	6/30/2014	PMO Team
149	Go Live Readiness Assessment	20 days	6/3/2014	6/30/2014	OCM Lead,OCM Staff,PMO Team
150	Service Desk Support Training	20 days	6/3/2014	6/30/2014	Training Staff
151	Go Live! - Versa:Regulation & Mobile	0 days	6/30/2014	6/30/2014	Training Ctari
152	Phase II - Versa:Online	125 days	7/1/2014	12/30/2014	
153	Implementation of Phase II Workflow		7/1/2014	8/26/2014	
		40 days			D 4 1 1 D 0 11 1
154	Gather Business Processing Rules Documentation	10 days	7/1/2014	7/15/2014	Process Analysts, Process Consultant
155	Configure Workflow	10 days	7/16/2014	7/29/2014	Process Analysts
156	Test Workflow Configuration	10 days	7/30/2014	8/12/2014	Process Consultant
157	Finalize Workflow Configuration	10 days	8/13/2014	8/26/2014	Process Analysts, Process Consultant
158	Implementation of Versa:Online	60 days	8/27/2014	11/20/2014	
ı [MQA Project Manager (Versa:Online),Process
159	Gather Transaction Requirements Documentation	20 days	8/27/2014	9/24/2014	Analysts, Process Consultant
160	Configure Versa:Online	20 days	9/25/2014	10/22/2014	Process Consultant
161	Unit & Integration Testing	20 days	10/23/2014	11/20/2014	Process Consultant
162	User Acceptance Testing Planning & Prep	102 days	7/1/2014	11/24/2014	
163	User Acceptance Test Plan Update	37 days	7/1/2014	8/21/2014	
164	Update User Acceptance Test Plan	10 days	7/1/2014	7/15/2014	Test Manager
165				7713/2017	
100		5 dave	7/16/2014	7/22/2014	Test Team
	Internal Review of User Acceptance Test Plan	5 days	7/16/2014	7/22/2014	Test Team
166	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal				
166	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review	2 days	7/23/2014	7/24/2014	Test Manager
166 167	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal				Test Manager
	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review	2 days	7/23/2014	7/24/2014	Test Manager MQA Project Director,MQA Project Manager
167	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan	2 days 0 days	7/23/2014 7/24/2014	7/24/2014 7/24/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan	2 days	7/23/2014	7/24/2014	Test Manager MQA Project Director,MQA Project Manager
167	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA	2 days 0 days 10 days	7/23/2014 7/24/2014 7/25/2014	7/24/2014 7/24/2014 8/7/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
167 168 169	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review	2 days 0 days 10 days 5 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
167	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA	2 days 0 days 10 days	7/23/2014 7/24/2014 7/25/2014	7/24/2014 7/24/2014 8/7/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager
167 168 169	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review	2 days 0 days 10 days 5 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
167 168 169	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review	2 days 0 days 10 days 5 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager
167 168 169 170	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan	2 days 0 days 10 days 5 days 0 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
167 168 169 170	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan	2 days 0 days 10 days 5 days 0 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014 8/21/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager
167 168 169 170	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved	2 days 0 days 10 days 5 days 5 days 0 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014 8/15/2014 8/21/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014 8/21/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
167 168 169 170 171 172 173	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Plan Approved User Acceptance Test Scripts	2 days 0 days 10 days 5 days 0 days 5 days 0 days 65 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014 8/15/2014 8/21/2014 8/22/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014 8/21/2014 8/21/2014 11/24/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
167 168 169 170 171 172 173 174	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts	2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 20 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014 8/15/2014 8/21/2014 8/22/2014 8/22/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014 8/21/2014 8/21/2014 11/24/2014 9/19/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team
167 168 169 170 171 172 173	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts	2 days 0 days 10 days 5 days 0 days 5 days 0 days 65 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014 8/15/2014 8/21/2014 8/22/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014 8/21/2014 8/21/2014 11/24/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile)
167 168 169 170 171 172 173 174 175	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts Update User Acceptance Test Scripts Update User Acceptance Test Scripts Based on Internal	2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 20 days 10 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014 8/15/2014 8/21/2014 8/22/2014 8/22/2014 9/22/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014 8/21/2014 8/21/2014 11/24/2014 9/19/2014 10/3/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team Test Team
167 168 169 170 171 172 173 174	Internal Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on Internal Review Submit User Acceptance Test Plan MQA Review of User Acceptance Test Plan Update User Acceptance Test Plan Based on MQA Review Submit Final User Acceptance Test Plan MQA Final Review of User Acceptance Test Plan User Acceptance Test Plan Approved User Acceptance Test Scripts Draft User Acceptance Test Scripts Internal Review of User Acceptance Test Scripts	2 days 0 days 10 days 5 days 0 days 5 days 0 days 5 days 20 days	7/23/2014 7/24/2014 7/25/2014 8/8/2014 8/14/2014 8/15/2014 8/21/2014 8/22/2014 8/22/2014	7/24/2014 7/24/2014 8/7/2014 8/14/2014 8/14/2014 8/21/2014 8/21/2014 11/24/2014 9/19/2014	Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Manager MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager (Versa:Regulation/Mobile) Test Team

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					MQA Project Director,MQA Project Manager
470	101 D : (1) 1 T : 0 : 1	40.1	10/10/0011	10/01/0011	(Versa:Online),MQA Project Manager
178	MQA Review of User Acceptance Test Scripts	10 days	10/13/2014	10/24/2014	(Versa:Regulation/Mobile)
170	Update User Acceptance Test Scripts Based on MQA	10	10/07/0014	11/7/0014	Took Monanay
179 180	Review Submit Final User Acceptance Test Scripts	10 days 0 days	10/27/2014 11/7/2014	11/7/2014 11/7/2014	Test Manager
180	Submit Final Oser Acceptance Test Scripts	0 days	11/7/2014	11/7/2014	MQA Project Director,MQA Project Manager
					(Versa:Online),MQA Project Manager
181	MQA Final Review of User Acceptance Test Scripts	10 days	11/10/2014	11/24/2014	(Versa:Regulation/Mobile)
182	User Acceptance Test Scripts Approved	0 days	11/24/2014	11/24/2014	(Versa:Hegulation/HVDDIIe)
183	Build User Acceptance Test Environment	10 days	10/23/2014	11/5/2014	Technical Staff
184	Load Converted Data in UAT Environment	5 days	11/6/2014	11/13/2014	Test Team
185	User Acceptance Testing	25 days	11/14/2014	12/22/2014	rostroam
186	User Acceptance Testing Execution	20 days	11/14/2014	12/15/2014	Test Team
187	User Acceptance Testing Results Report	5 days	12/16/2014	12/22/2014	Test Lead
188	Performance Testing Planning & Prep	73 days	9/11/2014	12/26/2014	1001
189	Update Performance Test Plan	38 days	9/11/2014	11/3/2014	
190	Update Performance Test Plan	10 days	9/11/2014	9/24/2014	Test Manager
191	Internal Review of Performance Test Plan	5 days	9/25/2014	10/1/2014	Test Team
	Update Performance Test Plan Based on Internal				
192	Review	3 days	10/2/2014	10/6/2014	Test Manager
193	Submit Performance Test Plan	0 days	10/6/2014	10/6/2014	
					MQA Project Director, MQA Project Manager
					(Versa:Online),MQA Project Manager
194	MQA Review of Performance Test Plan	10 days	10/7/2014	10/20/2014	(Versa:Regulation/Mobile)
195	Update Performance Test Plan Based on MQA Review	5 days	10/21/2014	10/27/2014	Test Manager
196	Submit Final Performance Test Plan	0 days	10/27/2014	10/27/2014	
					MQA Project Director,MQA Project Manager
		L .			(Versa:Online),MQA Project Manager
197	MQA Final Review of Performance Test Plan	5 days	10/28/2014	11/3/2014	(Versa:Regulation/Mobile)
198	Performance Test Plan Approved	0 days	11/3/2014	11/3/2014	
199	Performance Test Scripts	55 days	10/7/2014	12/26/2014	
200	Identify Performance Test Scripts	20 days	10/7/2014	11/3/2014	Test Team
201	Internal Review of Performance Test Scripts	10 days	11/4/2014	11/18/2014	Test Team
000	Update Performance Test Scripts Based on Internal	F ele	11/10/0014	11/05/0014	Took Monanay
202	Review	5 days	11/19/2014	11/25/2014	Test Manager
203	Submit Performance Test Scripts	0 days	11/25/2014	11/25/2014	MOA Duningt Diverton MOA Duningt Manager
					MQA Project Director,MQA Project Manager (Versa:Online),MQA Project Manager
204	MQA Review of Performance Test Scripts	10 days	11/26/2014	12/11/2014	(Versa:Regulation/Mobile)
204	Update Performance Test Scripts Based on MQA	10 days	11/26/2014	12/11/2014	(versa:Regulation/Mobile)
205	Review	5 days	12/12/2014	12/18/2014	Test Manager
206	Submit Final Performance Test Scripts	0 days	12/18/2014	12/18/2014	Test Manager
200	Submit Final Fenomiance Test Scripts	0 days	12/10/2014	12/10/2014	MQA Project Director,MQA Project Manager
					(Versa:Online),MQA Project Manager
207	MQA Final Review of Performance Test Scripts	5 days	12/19/2014	12/26/2014	(Versa:Regulation/Mobile)
208	Performance Test Scripts Approved	0 days	12/26/2014	12/26/2014	(VC13a.1 regulation / IVIDDIIC)
209	Build Performance Test Environment	10 days	11/4/2014	11/18/2014	Technical Staff
210	Load Converted Data in Performance Test Environment	10 days	11/19/2014	12/4/2014	Test Team
211	Performance Testing	15 days	12/5/2014	12/26/2014	
212	Performance Testing Execution	10 days	12/5/2014	12/18/2014	Test Team
213	Performance Testing Results Report	5 days	12/19/2014	12/26/2014	Test Lead
214	Go Live Support Planning & Prep	20 days	12/2/2014	12/30/2014	
215	Go Live Readiness Assessment	20 days	12/2/2014	12/30/2014	OCM Lead,OCM Staff,PMO Team
216	Service Desk Support Training	20 days	12/2/2014	12/30/2014	Training Staff
217	Go Live! - Versa:Regulation & Mobile	0 days	12/30/2014	12/30/2014	
218	Versa:Online Pilot	20 days	12/30/2014	1/29/2015	
219	Pilot Start	0 days	12/30/2014	12/30/2014	
220	Pilot End	0 days	1/29/2015	1/29/2015	
221	Versa:Online Rollout	80 days	1/30/2015	5/21/2015	
222	Versa:Online Rollout 1 (50 License Types)	20 days	1/30/2015	2/26/2015	Implementation Support Staff
223	Versa:Online Rollout 2 (50 License Types)	20 days	2/27/2015	3/26/2015	Implementation Support Staff
224	Versa:Online Rollout 3 (50 License Types)	20 days	3/27/2015	4/23/2015	Implementation Support Staff
225	Versa:Online Rollout 4 (65 License Types)	20 days	4/24/2015	5/21/2015	Implementation Support Staff
226	Operations and Maintenance Support	252 days	7/1/2014	6/30/2015	
227	O & M Support	252 days	7/1/2014	6/30/2015	Implementation Support Staff,PMO Team
228	Monitoring & Control	500 days	7/1/2013	6/24/2015	
					Vendor Project Manager,PMO Lead,IV&V
229	Bi-Weekly Status Reports	500 days	7/1/2013	6/24/2015	Team,PMO Team
					Vendor Project Manager,PMO Lead,IV&V
230	Bi-Weekly Status Meetings	500 days	7/1/2013	6/24/2015	Team,PMO Team
					Vendor Project Manager,PMO Lead,IV&V
231	Bi-Weekly Schedule Maintenance	500 days	7/1/2013	6/24/2015	Team,PMO Team
					Vendor Project Manager,PMO Lead,IV&V
232	Issue & Action Item Management	500 days	7/1/2013	6/24/2015	Team,PMO Team
					Vendor Project Manager,PMO Lead,IV&V
233	Risk Management	500 days	7/1/2013	6/24/2015	Team,PMO Team
200					
200					Vendor Project Manager,PMO Lead,IV&V Team,PMO Team

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ID	Name	Duration	Start Date	Finish Date	Resource(s)
235	Warranty	252 days	7/1/2014	6/30/2015	
236	Warranty - Phase I	126 days	7/1/2014	12/31/2014	Warranty Team
237	Warranty - Phase II	126 days	1/2/2015	6/30/2015	
238	Project Closing	11 days	6/11/2015	6/25/2015	
239	Review Issues Log	1 day	6/11/2015	6/11/2015	PMO Lead
240	Inventory and Archive Project Artifacts	1 day	6/12/2015	6/12/2015	PMO Team
241	Draft Lessons Learned	5 days	6/15/2015	6/19/2015	PMO Team
					PMO Lead,MQA Project Director,MQA Project
					Manager (Versa:Online),MQA Project Manager
242	Review Lessons Learned with MQA	1 day	6/22/2015	6/22/2015	(Versa:Regulation/Mobile)
243	Prepare for Project Closeout Meeting	2 days	6/23/2015	6/24/2015	PMO Lead
					PMO Lead, MQA Project Director, MQA Project
					Manager (Versa:Online),MQA Project Manager
244	Project Closeout Meeting	1 day	6/25/2015	6/25/2015	(Versa:Regulation/Mobile)
245	Contract End	0 days	6/25/2015	6/25/2015	

Table A-1 - Preliminary MQA Transformation Project Schedule

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B. SSRC Hardware Estimates



C. CBA Forms



D. Risk Analysis Tool



E. LicenseEase (COMPAS) Enhancement List

Following identifies code enhancements made to LicenseEase (COMPAS). Analysis needs to be performed to determine how many of these will be addressed with upgrade.

Reference #	Type of Change	Description
2004-011		N1 Default security level.doc
2004-013		N3 Letter button on compliance screen.doc
2004-016A		N6 Discipline Disp Tolled and Stayed.
2004-020A		N10 Confidential Work Product Notes
2004-001		A8 Changes to AAA4 - Expire Applications
2004-002		A10 Add detail records to confirmation of print file processing
2004-003		A13 Web Account and Password
2004-005 (and Gap AL27)		A12 FDLE Background Check Submission
2004-006		E2 Add exam history in EX13
2004-009		I3 Inspection List.doc
2004-018		Default Complaint Status
2004-023		N12 Enforcement- Inspection exports
2004-024		RN/ANRP Upgrade Temp License
2004-025		Additional Training LE Sys Admin
2004-020B		N10 Confidential Work Product Notes
2004-026		Ability to Change Profession code in NF12
2004-028		We need to have the ability to run the chronological reports from the NF12 screen.
2004-029		Amendments to the Chronological Report
2004-016B		N6 Discipline Disp Tolled and Stayed.
2004-031		RSD Indicator columns .doc
2004-030		Education RSD (Exam Stats Report)
2004-027		Add the responsible party code to the name
2004-032		Deposit number and date displayed on CA16 Find Cash Receipts
2004-033		Final Order Reference Number
2004-034		Validation number Automatic/Manual
2004-035		Discipline Alerts - Modifier Alerts
2004-036		Provide Certificate Number History

Reference #	Type of Change	Description
2004-039		Add validation number
2004-041		Grade Report Query
2004-043		Admission Card Formatting
2004-037		Mass discipline update
2004-044		Display the disciplinary status of the delinquent licensee
2004-045		Ability to record cash batches with non-sequential validation numbers
2004-046		Scope for web account and password
2004-051		Make RSD Configurable in the AFP view - to resolve printing Prescriber Numbers and other data from hisotric RSDs that are not printing
2004-052		Create Maintenance screen for Configurable RSDs - Companion PCR to PCR 2004-051
2004-053		Add Mail Date to the Grade Report
2004-054		Change the restriction for the requirement of a FO# to allow entry of Accesion # and/or Rec Control # within the complaint on the FO tab and on the Mass Final Order Update screen.
2004-055		Addition of client code to the chronology report
2004-056		Exam provider management - modify Education RSD to allow for In State, Out of State, and Foreign codes. Check with IT for schema changes as indicated in Notes.
2004-059		Automatic Population of Repetitive Data in Fields on the Mass Final Order Update Screen (flmq03)
2004-062		FLMQ39 Report needs to allow option to select sort order similar to parameter screen for Master Inspection Report
2004-063		Replace county code with Country for the FTP interface and the demographics update.
2004-064		Score report formatting and score upload.
2004-065		ALB4 - Reset License Status
2004-066		Alphabetize the Eligible Candidate List on the EX11 screen.
2004-067		Modifications to FLMQ39 Write Inspections Report
2004-068 and CQ 18198		Modify the ALC4 report to include the certificate number.
2004-069		Add the PRAES Document Number to LicenseEase (COMPAS) flmq16 screen.

Reference #	Type of Change	Description
2004-070		Modify AL24 list screen to include the license number
2004-073		EMS Address Clean Up Data Patch
2004-074		EMS License Status Data Patch
2004-075		Assign License Number to Temporary licenses for Rad Techs to maintain the same # throughout temporary and permanent license.
2005-076		NREMT Interface file needed to upload EMT scores into LicenseEase (COMPAS).
2005-077		Make se20 name search case insensitive
2005-078 and CQ 20710		Exclude Military Only License Status from FDLE Batch Process Extract – flmq53
2005-084		Compliance Monitoring Enhancment
2005-079		Modify the programs for batch scheduling of inspections to allow fiscal year scheduling.
2005-080 and CQ 23450		Establish default values for CE Credit Code, CE Provider Number, CE Start Date, CE End Date, CE Credit Hours, and CE Requirement fields when creating new 7611 CE courses via the 1020 transaction (board 8076)
2005-082		Product Registration Functionality Gap
2005-083		Modify application transactions to search for all open, pending or closed complaints/cases no matter if it is a pubic case. Also, need enforcement module modified to search for respondents in the license module if there is no license tied to the respondent to confirm that they did not receive a license after the case was opened.
2006-085		Modify flmq63 to calculate the derived score for Exam Type 'L'. The formula is overall score from ARRT divided by 145 multiplied by 100.
2006-086		Addition of both the enhanced imaging functionality and the Drugs, Devices and Cosmetics (DDC) requirements to the existing mobile inspection (CMIP) functionality.
2006-087		Modify LicenseEase (COMPAS) inspector's admin setup include a clone feature that would clone the setup for one inspector to a newly created inspector. The purpose is to provide a quick and easy feature to copy one inspector's setup to another.
2007-089		Password protection when accessing LicenseEase (COMPAS) from CMIP

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Reference #	Type of Change	Description
2007-091		CMIP-Update Schema.
2007-092 and CQ 33537		Add a method to conduct audits on financial responsibility (similar to CE32)
2004-004		A14 App & Cash APIs
2004-014B		N4 Carry forward compliance data.doc
2004-058		Experior/C.N.A Interface for exchange of testing data.
Gap AL1		Unassociated Documents function See also AL20. Document repository screen
Gap AL2		(Use algorithms to set expiration dates for Nursing, Medicine, and CNAs.) Renewal cycles and expiry dates RELEASE NOTES\RN060.doc RELEASE NOTES\RN061.doc 'Changeover' method in PRAES based on ALPSO values. see RAES\RAESspecs\al\alz1spec
Gap AL5		Link county to inspection region in set-up table IRM20022.doc
Gap AL6		In AL12 display status imposed by enforcement on license (suspension) in addition to status imposed by expiry of license (delinquency). \RELEASE NOTES\IRM20025.doc \RELEASE NOTES\IRM20038.doc
Gap AL7		This is for CE audit select and report. Is this still needed? Include activity status in selection criteria for ALBE and ALCE \RELEASE NOTES\IRM20039.doc
Gap AL13		AL11 - selection by certificate number. Is this still needed?
Gap AL17		Micrographics Index (Conversion – RBDMDT, RBDMGI)
Gap AL19		Required Supporting Modifiers (Conversion - RBDPSM)

Reference #	Type of Change	Description
		The following APIs are needed to service requests from the MQA web
		site code.
Gap AL32		create Application
Gap ALS2		apply cash to application
		create miscellaneous charge
		apply cash to miscellaneous charge
		The RAES program ALB2 is used to assign new statuses to licenses
Gap AL33		after a given period of time in the current status.
		LicenseEase (COMPAS) does not have such a program.
		"Separate cash batches for Image API"
Gap CA2		Need separate streams of batch numbers and validation numbers for
		Image API.
		The SAMAS interface
Gap CA5		 access to the individual transactions in any summary batch through
		the on-line system
		The SAMAS interface needs the ability to 1.) process returned checks
Gap CA6		information; 2.) process unassigned cash and report on it when it is
		assigned; 3.) process refund information
Gap CA9		The SAMAS interface - a method to research a single check that paid
dup dity		for multiple licenses across professions
		Allow miscellaneous payments to be searched by Name or SS#. Once
Gap CA17 and Gap CA05		found need to see payment amount, receipting information and source
dup drill and dup drive		codes.
		RELEASE NOTES\RN039.doc
		Payment by journal transfer "without recording to FLAIR".
Gap CA20		Password needed for administrative checks.
		RELEASE NOTES\RN055.doc
		New programs FEA1 & FEA2 modifications needed to display
Gap CA24		accounting transaction program to provide for name search.
		RELEASE NOTES\RN039.doc
Gap CA27		Fee' Reports - Cash Report Enhancements: Bad Check Report,
		Unassigned Cash Report

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Reference #	Type of Change	Description
Gap CA28		Default Remitter: Modify Cash Entry and RP so that a remitter record is automatically created for each receipt using a default "Unknown remitter" entity. Set bad check alerts for all beneficiaries of a receipt.
Gap EX2		Exam Sites RELEASE NOTES\RN004.doc to allow for selection of exam sites.
Gap EX3		Exam Structure RELEASE NOTES\RN005.doc RELEASE NOTES\RN008.doc (retake frequency, retake count)
Gap EX4		Exam Scheduling RELEASE NOTES\RN006.doc RELEASE NOTES\RN009.doc
Gap EX5		School Categories RELEASE NOTES\RN007.doc
Gap EX6		Multi-part grade reports and admission cards RELEASE NOTES\RN012.doc RELEASE NOTES\RN013.doc
Gap EX7		Rosters and exports (5 Reports) RELEASE NOTES\RN015.doc RELEASE NOTES\RN016.doc RELEASE NOTES\RN017.doc RELEASE NOTES\RN018.doc
Gap EX8		Approved Candidates list RN052.doc
Gap EX14		Modify Exam Statistics Report RELEASE NOTES\RN010.doc
Gap EX16		LicenseEase (COMPAS) does not allow addition of exam history through the maintenance form. The PRAES version of exam history maintenance does
Gap IN1		Next Periodic Inspection rules

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Reference #	Type of Change	Description
Gap IN2		Change the default setting when requesting the next periodic inspection for new or change of location / ownership to always be "Routine" and then if a change needs to be made, it can be done manually RELEASE NOTES\RN048.doc
Gap IN3		When requesting the next periodic inspection after a new or change of location / ownership inspection, the next periodic inspection defaults to be the same as the completed inspection. This causes a problem with the new or changes of location / ownership reports in that the inspection has already been done.
Gap IN4		Inspections are based on the current PL address. IN70 only will pull inspections that are scheduled using the current (PL) address. When an address is changed, the License Address Number referenced by the Inspection no longer refers to a current address. There then is now a new License Address Number for this individual or facility, which means the requested inspection that exists, is for a historical address. When an address is changed in License Maintenance and an incomplete inspection is created for the record, a new inspection for the new address should be scheduled in order for that inspection to appear on the Master Inspection List (IN70). This situation will reoccur whenever an address is changed for a license that has a scheduled inspection. RELEASE NOTES\RN050.doc
Gap NF1		Automatic Letters on status change or addition of activity \RELEASE NOTES\RN003.doc RELEASE NOTES\RN021.doc
Gap NF2		Mass entry of compliance due dates \RELEASE NOTES\IRM20028.doc
Gap NF3		Streamline complaint entry \RELEASE NOTES\RN003.doc
Gap NF4		Custom sorting of complaint search. RELEASE NOTES\RN036.doc
Gap NF5		Closed health claims (3 in 5 rule) \RELEASE NOTES\RN002.doc

Reference #	Type of Change	Description
Gap NF6		Create an easy selection of one or more complaints from the MQ01-U screen to view multiple complaints without having to go to the cc50 screen to pull up each complaint individually and then return to MQ01-U screen. Include respondent's first name or initial for identification of appropriate respondent with multiple complaint/cases. Primary sort should be by last name, first name with secondary sort by complaint/case number. Complainant name should be blocked or sanitized for all public cases. SEE ALSO NF16
Gap NF8		Prevent closure depending on disposition code. SEE ALSO NF13
Gap NF9		Mass Final Order update. Request data entry screen similar to MQ02 and MQ03 screen for mass entry of state record control and accession numbers and microfilm roll and batch numbers assigned to closed cases.
Gap NF10		Identify the operator responsible for changes to complaints/cases in the PRAES system.
Gap NF11		Enforcement Measurement Statistics Report RELEASE NOTES\RN040.doc RELEASE NOTES\RN041.doc
Gap NF13		Block changes to status or activities after a case has been closed excepting a certain specified list of items. These mods limited changes to complaints after a given status was reached and required that the changes be applied to the subsequent cases instead. They also limited the changes that could be done to cases after closure. RELEASE NOTES\IRM20006.doc \RELEASE NOTES\IRM2001001.doc SEE ALSO NF8

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Reference #	Type of Change	Description
NF14 CQ52574		After entering information on the MQ02 Mass Status Update screen, the option to print the report upon completion is presented. The report currently pulls the Respondent name into the report along with all the information that was entered. This request is to pull the Respondent Profession Code into the report as well. \RELEASE NOTES\IRM20028.doc CQ Ticket: LicenseEase (COMPAS) labels located under the Mass Status Update screen (nf17). A request to change how the labels print
Gap NF16		MQA specific programs RELEASE NOTES\RN026.doc SEE ALSO NF6
Gap NF17		LABELS ??? RELEASE NOTES\RN014.doc
Gap NF18		Involved party letters. RELEASE NOTES\RN020.doc
Gap NF19		Complaint chronology RELEASE NOTES\RN024.doc
Gap NF21		Delete disposition changes RELEASE NOTES\RN044.doc
Gap NF24		Appeal Decision LOV (Conversion - RBDAPD)
Gap NF25		Enforcement Reports (3 Reports)
Gap IS1	Interface	Nursing interface
Gap IS4	Interface	Image API RELEASE NOTES/IRM0100146.doc RELEASE NOTES/IRM2002001.doc From Contract item 4: Print confirmation by license Batch update interface for demographics, addresses, RSDs
Gap IS5	Interface	CNA interface RELEASE NOTES\RN042.doc RELEASE NOTES\IRM2001005.doc

Reference #	Type of Change	Description
Gap IS7	Interface	Lockbox
Gap IS8	Interface	Validation printing
	T . C	RELEASE NOTES\RN035.doc
Gap IS9	Interface	AFP table (License and Renewal Print) Report for "ALB7" (License Run) currently provides very limited information. Request that the report be modified to include the following information: File Number, Rank Code, License Number, Name, Document Type, Approved Transaction (i.e., 1020, 2020, etc.), and Certificate Number
Gap IS10	Interface	The program that inserts records into the AFP table has been modified to include Account ID's and Passwords for all host document types. Additionally, the program that inserts records into AFP table has also been modified to create the account and password upon approval of a licensure transactions, host document type of 02, when an account id and password do not exist. The program that extracts information from the AFP table has also modified to include the Account Ids and Passwords in the AFP extract. This is the file sent to the vendor for license printing. IRM20022924.pdf
Gap IS11	Interface	Print Confirmation Interface
Gap IS17	Interface	FLAIR Interface
Gap IS22	Interface	Batch Control Subsystem
CQ049835	Defect	Cash Record Error
CQ037235	Defect	Miscellaneous sales receipt shows paid cash receipt shows in
CQ052887		unassigned payment; Miscellaneous sales issue with administrative
CQ052896		fines and cost fees; Misc. Fee Calculation Error
CQ050699	Defect	Cash Error
CQ052565	Defect	Delete LicenseEase (COMPAS) Complaint #200904140
CQ053639	Defect	Add Validation to NF18 for clnt_publ_cse_rsn_id
CQ053710	Defect	Modify inspection trigger for Pharmacy inspections
	Conversion and Configuration	Move email address from RSDs (RSD10/Optional Information) to Address module. Also allow multiple current email addresses.

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Reference #	Type of Change	Description
CQ046917	Interface	Modify upload program for Rad Tech/EMT & Paramedics (FLMQ63 and FLMQ68)
CQ047960	Screen	Sort order on Complaint History screen (nf32) and Disposition date on nf17
CQ048886	Interface	Need an automated uploaded for background screening results
CQ049562	Screen	LicenseEase (COMPAS) force a disposition code entry for status 120
CQ049855 CQ051886	Interface	Nursing Orders Transmitting to NURSYS
CQ050119 CQ050998 CQ051546 CQ052853	Interface	Automation of file uploads for national vendors. Score Automation for PT/PTA; Automation of score upload for Occupational Therapy; Dental Score Extract and Dental Hygiene; Opticianry
CQ50882	Interface	Automate approval of examination applications for EMT
CQ051608	Interface	Report modification flmq58 Exam Upload Report
CQ052334	Screen	PMC Inspection form 440 - deficiency code be assigned for violation entry in LicenseEase (COMPAS)
CQ053806	Schema/View	letter view modification ==> uv_disc_by_lic, uv_crim_by_lic, uv_disc_by_app, uv_crim_by_app <==
CQ052398	Screen	LicenseEase (COMPAS) Enforcement Disposition Closed Date Validation
CQ048478	Interface	FLMQ63 - Validate file name has not been run in update mode
CQ043685	Interface	Place individual school report from FLMQ34 into seperate module
CQ053777	Screen	Changes to license denial process
CQ053017	Screen	Maintain Involved Parties Address Issue
CQ053119	Schema/ Trigger	Automatically add Matching SSN Modifier to All new files with matching SSN's
CQ050112	Schema/ Trigger	Request for Change in 1401 3010 Upgrade
CQ050224	Interface	Mobile Inspections
CQ051414		
CQ051416		
CQ052466		
CQ053613		
CQ046658	Screen	Ability to Add and Change within Compliance Module (nf21)

Reference #	Type of Change	Description
CQ047849	Screen	New other payer configuration screens for client 9801. (dhal01)
CQ049312	Screen	Modify flmq01 Find Public Complaint by Respondent Screen
CQ053712	Screen/ Schema	LicenseEase (COMPAS) - Compliance needs additional Fields and Logic added to NF26 Screen
CQ050592	Screen	Mass Filing Update Changes for LicenseEase (COMPAS)
CQ050791	Interface	Request for enhancement/modification to flmq58 (CNA Exam Import)
CQ049168	Screen	LicenseEase (COMPAS) validation program extension
CQ043219	Screen	Create a form in LicenseEase (COMPAS) to Update Missing License Methods in the Lic table
CQ043770	Screen	Develop screen to enter multiple violations
CQ045078	Interface	ex26 and ex27 LicenseEase (COMPAS) Report Changes
CQ050668	Report	Unassigned Cash Report- Exporting to Excel
CQ052106	Screen	flmq73 - Complaint Compliance Tracking Screen - Typographical Error
NEW	Screen	Mass Address Update - develop the ability to update all of the address for an involved party for open cases. For example: An attorney changes office locations.
NEW	Screen/Letter	PSU Closure letters - develop functionality to support generating closure letters based upon specific disposition and closure codes. Create contact history record.
NEW	Interface	Ability to generate letter and save image record in Department's image respository
NEW	Business Analysis	Analysis of enforcement processes to determine modifications to VR base package to accommodate their business processes. (ISU, PSU, CSU, CMU, ULA, and Central Records/Clerk's office)
NEW	Alerts	Add alert to enforcement screen if respondent address is not marked as confidential, but license address is marked confidential
NEW	Screen	Need ability to change involved party type without deleting the entire involved party record and re-entering the information. For example, moving/changing an attorney from the current attorney to the former attorney

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Reference #	Type of Change	Description
		Develop an automated process for contact history interfacing through the LicenseEase (COMPAS) application modeled on the flmq33 - Demographics Update Interface.
CQ13767		Contact history table (cntct_hist) elements should be updated as a result of the process as well as a RSD Type: RSD1, Table: RSD12 Admin Tasks, RSD column: RSD55 Date Verified (if value is present in file).
CQ20711	Schema	Task: Exclude Military Only License Status from FDLE Batch Process Extract - flmq53 Due: 10/01/2005
	Schema	
		Complaint Screen (nf12) - Notify respondent address change
CQ25224 / CQ25225		Complaint Screen (nf12) - Error check on the address (zip code and county)
CQ25660	Report	Develop a report to support the compliance monitoring project:
	Schema	When creating a complaint in LicenseEase (COMPAS), the user is given 2 options for saving the complaint. One is to click the "Save" button and they remain in the complaint and the other option is to click on the "OK" button and this will save the complaint and then take you out of the complaint so that another one can be created. Currently the user receives no notification that the complaint was save in the enforcement module.
CQ26456		Task: Create a message indicating that the complaint was saved.
CQ27511	Schema/ Screen	Modify the alc1 screen to allow querying of a range of license numbers and file numbers.
	Report	Create Oracle report for RSD Date Validation based on SQL in Attachments.
CQ27807		Search parameters will be the Client Code. Sort order can be defined by user, have them choose from the fields listed in the order by statement in the SQL attachment. Report name should be "RSD Date Validity Report"
CQ27808	Report	Create DOB Data Integrity Report for Birthdates < 18 and > 100
CQ27859	Schema/ Screen	Modify LicenseEase (COMPAS) address module so that users are given a warning when they attempt to modify the PL address for certain professions (establishments only).

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Reference #	Type of Change	Description
CQ27865	Schema/ Screen	Research the possibility of adding a supervisor to the security screens in LicenseEase (COMPAS) (maybe SE20). Determine if functionality already exists in LicenseEase (COMPAS) to capture the supervisor for each user, otherwise add a field to capture this. This will be used for Enforcement reporting purposes to provide staff productivity reports. Currently, the online reporting team maintains a table in the datamart that has to be manually updated when a change in staff occurs.
CQ27994	Report	Develop a report in LicenseEase (COMPAS) to display all revenue trasnactions approved during a time period. The parameters that shold be user defined are the following: breakdown of counts by board code or by client code, date range of approved applications. The sort order can be fixed to order by the client code, this option does not need to be defined by the user. Fields required for display are client code/board code, client/board description, count of approved revenue transactions.
CQ28468	Report	Create a LicenseEase (COMPAS) report display One Time Fees paid by mailin (do not include fees paid online). See attached email for specifications.
CQ28504	Interface	Interface crystal reports with LicenseEase (COMPAS) using URLs.
CQ28814	Schema/ Screen	Research the abillity to add a field to display the licensee file number. Please see attached.
CQ28815	Report	Report: Alc4 Related License Report Issue: Not pulling relationship SU-ME Task: Investigate changes made to the report and correct.
CQ28823	Report	Please add a report to the Reports in LicenseEase (COMPAS) under applications that will allow users to run a report of all applications by transaction and status. The report should allow users to choose basic data (name, ssn, birthdate) to be included in the report.
CQ29505	Report	Create a report for a Data Integrity Missing Data Report for the following missing items in a pick list for the FDLE project: S
CQ30143	Report	Create a data integrity report that identifies open manual hold transactions. Model form after AAAB (Open Application Report). A similar query can be found under AAAA (Open Application Deficiency Report). Model report after AAAB.
CQ30144	Report	Create a data integrity report that identifies any applicant or licensee that has a missing address for MA or PL. Model form and report after DI03 (PO Box Clean-Up).

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Reference #	Type of Change	Description
CQ30145	Report	Create a report for flmq24 that captures the '06' document types when a print file is created. Model after the current flmq24 reports.
CQ30217	Report	Testing Services needs to have a custom report created either in LicenseEase (COMPAS) OR on the Datamart. This report will bring together information from 3 currently-existing LicenseEase (COMPAS) reports (flmq27, ex26, and flmq34) and add information that is currently not available from any location, but that was previously available from PRAES.
CQ30227	Schema	Modify the print file packages (flmq24.pkg, flmq24_afp_extract & vw_flmq_afp) to make the print file the correct length when extracting 06 document type.
	Schema/ Screen	Addresses: Has been disciplined al12.fmb: Set msg and msg_sta ALIGNMENT property to ALIGNMENT_CENTER ** IMPORTANT: This ticket to be promoted in combination with CQ30425 for
CQ30427		nf19.fmx.
CQ30432	Report	Modify CE32 report to include subtotals for the total number of licensees that have passed the audit (have 'P' in pass_status column) and the total number of licensees that have failed the audit. These totals should be displayed similar to the ALC1 'Final Report Summary'.
CQ30559	Schema/ Screen	Research the ability to modify flmq68 to allow the new file format. Please see attached.

Reference #	Type of Change	Description
	Schema/ Screen	Add the secuity questions asked on MQA Services Reporting System (questions staff are to ask licensee before giving ID and password) to LicenseEase (COMPAS) for the Web ID and Password RSD.
		History and Modification Description: (1/29/2007)
		Currently, MQA staff can look up licensee's web account user ID and password that is needed to login to the MQA Online Services using the MQA on-line intranet application, Licensee Account Information. There is a series of 4 questions that must be answered correctly before providing this information to a customer. This is the standard procedure followed by the Call Center when distributing this information to a licensee.
		There also exists a screen in LicenseEase (COMPAS), flmq43 Maintain Web User, that displays the web user ID and password. Some staff in the board office currently use this screen and provide the information to the licensee or caller. It can be accessed from the Work Selection menu.
		In an effort to reduce the risk of providing a web user ID and password to the incorrect person:
CQ30594		 Modify the LicenseEase (COMPAS) flmq43 screen to include the same 4 security questions that are used in the MQA Licensee Account Information Lookup Application. The Response fields will pre-populate with the licensee's account information. The 4 questions are: What is the licensee's name? What are the last four digits of the licensee's SSN? What is the licensee's date of birth? What is the licensee's current mailing address?
CO20(10	Interface	Modify flmq58 to check the length of the remaining fields in the file to avoid
CQ30610 CQ30692	Report	an incomplete load of applicant demographic & address information. Modify the flmq56 Score Report to update the mail date on the candidate record, even if a date already exists and the score is PASS. The program should be modified to update the candidate's mail date in all instance, regardless of Pass or Fail status, and regardless of if the mail date is null or populated.
CQ31000	Report	Data Integrity Report - Clean up report for Profiling records with data but no check mark

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Reference #	Type of Change	Description
	Report	flmqa26 (Exam Roster Report) does not function properly for any of the six exams that require it. The Board 8007 Board of Dentistry Dental Examination – New Format has the following issues:
		'X' printed in every box Too many columns Not enough space to enter in a booklet number Booklet heading is too narrow
		Expected Outcome:
		Boxes are only populated with an 'X' if the candidate is not scheduled for the particular part/section. This will also eliminate some of the columns that are not needed. Please see attachment '8020 - Opticianry State Board Exam.jpg' for an example of how to populate the 'X'. Please see outcome in #1 above. Box to write the booklet number needs to be widened The heading for 'Booklet' needs to be widened so that it will fit all on one line
		Additional Information:
CQ31084		There are 6 different exams that use this report. The Dental exam is the next scheduled exam where this report is required (March 22 – 25, 2007). In the past this report has been coded to handle exams that have only parts and exams that have parts and sections; however all six exams have issues and none function as expected. There is some hard coding in the program because the report for this profession/exam has an 'Orientation' section that is required for the report but is not part of the exam set-up in LicenseEase (COMPAS). Please see the attached Issue Matrix and exam screen shots as examples. Need to determine if a separate program is required for each report or for each type (parts only and parts/sections).
CQ31114	Schema	Optimize flmq22 to exclude I and X class xacts after 3 days.
CQ31365	Schema	Modify LicenseEase (COMPAS) login with validate to prevent the special character '#' in the password since this causes some reports not to run.
CQ31566	Schema	Remove characters zero, one, lower case L, and upper case O from from the password generation routine for new applicants.
CQ32024	Schema	Modify se20 to update Event Time Stamp and Event Oper Id in stff_supvr

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Reference #	Type of Change	Description
CQ32082	Schema/ Screen	Please increase the number of characters allowed in the units field on Misc Sales screen ca13. Please see attachedment
CQ32093	Interface	Optimize FLMQ34. Users are receiving time outs. Also, correct issues stated in e-mail attachment.
	Schema	Jeane is requesting that we add functionality for SSS to configure the professions for the inspection delete functionality (when lic status goes to 46 or higher), however, I think her needs might be accommodated without a screen and new functionality. The professions that delete an inspection when the license status goes to 46 or above are hard coded (from the PCR 79 code drop). They are in trigger trg_flmq92_lic. We need to include additional professions in this trigger.
		Currently, if the profession code is 704, 1402, 2205, 2003 or 6502 and the license status > 46, then any open inspection requests are removed.
		Modify the trigger "trg_flmq92_lic" to also remove the inspection requests when the license status > 46 to include the following additional professions: 1501, 1506, 1507, 1513, 1901, 1701, 701, 2101 and 1801.
		Program Name : flmq92_lic.trg Version : 4.2
CQ32270		Author : jbilton and the license type is one of 704, 1402, 2205, 2003 or 6502 Create Date : Jul 23, 2006
CQ32352	Schema	Please add responsible party first name and last name added to the LV_COMPLAINT view in the LE schema. This is the same info found in the LV_COMPLAINT.CO_STFF_KEY_NME column (in last name, first name), but the info is needed in 'First name Last Name' order. We would like this info in two separate columns so it can used in future letters as required. In addition, we would like this information formatted in proper case (First letter capitalized with all remaining letters in lowercase). The use of the INITCAP function should take care of this requirement.
CQ32590	Schema	Please update the time stamp and user id trigger on AA45 when exam history is deleted from ex13.

Reference #	Type of Change	Description
	Report	It was brought to our attention last night that MQA was sending out grade reports for client 2501 and 7601 with the wrong pass/fail status. Upon investigation, it was determined that staff was not using LicenseEase (COMPAS) to generate these grade reports. After meeting with the staff this morning, it was determined that the formats that are currently available in LicenseEase (COMPAS), does not give the user everything that they need. Below are suggestions on how we can accommodate their needs: Client 2501 - Clone ex27 and make a few modifications to be specific to 2501 Only print fails for 2501 Modify the grade report to exclude the minimum pass field Allow printing of grade reports by upload date range Print text from ex27 on bottom of grade report
		Client 7601 - Has its own grade notice program flmq66
0000704		Modify to only print, fails, no shows and expired grade notices
CQ32794		Create a text box like ex27. Then print on bottom of grade report

Reference #	Type of Change	Description
CQ33023	Report	I tried the alcg report in lepord and received the following error. 'Can not display report at this time. Report not found.' I'm not sure if this report has ever functioned. Please submit a ClearQuest ticket so we can get an Oracle Reports developer to investigate this for us. Cindy *** 6/13/2007 3:27:59 PM: SWIER, CINDY - Ticket reassigned to MQA00 - SYSTEMS SUPPORT - COMPAS/PRAES *** 6/13/2007 3:08:49 PM: ANDRES, JESSICA X - Ticket reassigned to APPLICATION SUPPORT - MQAAPPS *** 6/13/2007 3:04:57 PM: OSTERHOUSE, DONALD - This ticket needs to be re-assigned; came to Data Management Reports in error. Thank you. *** 6/13/2007 3:04:57 PM: OSTERHOUSE, DONALD - Ticket reassigned to DOH IT CUSTOMER SERVICE CENTER *** 6/13/2007 2:50:52 PM: ANDRES, JESSICA X - Ticket reassigned to MQA01 - SYSTEMS SUPPORT - DATA MANAGEMENT- REPORTS *** 6/13/2007 2:49:36 PM: Stover, Robert - Please forward to Linda Day's group in IT. Thanks. Rob *** 6/13/2007 2:49:36 PM: Stover, Robert - Ticket reassigned to DOH IT CUSTOMER SERVICE CENTER *** 6/12/2007 9:26:09 AM: GALLO, CHRISTOPHER - Rob is researching this. *** 6/4/2007 9:39:19 AM: GALLO, CHRISTOPHER - Rob is researching this. *** 5/30/2007 2:51:49 PM: Stover, Robert - Rob is researching this. *** 5/30/2007 2:51:49 PM: Stover, Robert - Status updated to IN PROGRESS *** 5/30/2007 2:44:53 PM: ANDRES, JESSICA X - Ticket reassigned to MQA00 - SYSTEMS SUPPORT - COMPAS/PRAES ***5/30/2007 2:43:23 PM: - I am unable to generate a report using the "Unsupported Related License Report" (alcg). I have tried it using client 8005 and client 501 with no luck.
0000020	Report	ex27 admission card grade report - For client 2001 (OPI) our psychometrician has requested that the pass/fail status be removed for the sections of the clinical exam. There should be a pass/fail status for the
CQ33031		clinical part as a whole, for the Lens Neutralization part, and for the overall exam, but not for the individual sections of the clinical.
	Report	The title in the header of the nfa2 Compliance Due/Overdue Report needs to be updated to be consistent with the report title on the menu. Currently,
CQ33033		when you run the report, the header says 'Compliance History Report'.

Reference #	Type of Change	Description
Reference ii	Report	Develop a report to support the compliance monitoring project:
		4 Referral Report Monthly Batch Report – Data Mart MQA IT
CQ33194		Please see attached document for report samples/layout.
CQ33358	Report	Modify the nfa2 - compliance due/overdue report to allow the option of generating the report by Board or by compliance officer.
CQ33444	Report	Research the ability to modify the Compliance Due/Overdue Report so that anything with a referral date "falls off" the report for overdue.
	Schema	A new method is being requested for conducting an audit of licensee's required to have financial responsibility.
		Currently we audit licensees for compliance with their continuing education credits through the CE32 screen in LicenseEase (COMPAS). This list is then compared to the CEBroker file and marks everyone as "passed" that is compliant in CEBroker. The rest are asked to provide proof of their continuing educations credits.
		CEBroker does not collect information on financial responsibility. A method is being requested to pull a list of names for a financial responsibility audit that will not "compare" to the CEBroker system.
CQ33555		We are requesting a module similar to CE32 for financial responsibility with the modifier. Generate a random list of active licensees 30 - 60 days after the renewal period ends (use module similar to CE32). These licensees will be required to show proof of their financial responsibility selection they made at the time of renewal. Most of the professions that require financial responsibility at the time of renewal were previously being audited by the Board offices. This responsibility is now in the Practitioner Auditing Services Unit. They will have a documented process very similar to CE audits.
(022002	Screen	a new LicenseEase (COMPAS) screen to be used for Mass IP Address Undates similar to Mass Activity Undate and Mass Status Undate screens
CQ33882		Updates, similar to Mass Activity Update and Mass Status Update screens

Reference #	Type of Change	Description
CQ34243	Schema	Modify apz3 to allow user id to be captured when running datamart reports for Workforce Survey
CQ35186	Interface	7601 BMO only The system (LicenseEase (COMPAS)) converts the raw score received from the vendor to a derrived score and appears to be rounding up those scores. A raw score of 95 and above is passing. LicenseEase (COMPAS) appears to be rounding scores of 93 and 94 up to passing derrived score of 65. Please fix this so we do not license anyone in error.
	Interface	As part of the Application Status check application, the program that creates the web user Id and password will be run when the initial transaction is opened instead of just at renewal and license approval.
		In addition, the program will continue to run at renewal.
CQ35209		This will also be useful as part of the online initial application project once the data is uploaded to LicenseEase (COMPAS) and the initial transaction is opened.
CQ35325	Interface	The new testing vendor is requesting a different exam eligibility format. Please see the attached e-mail. I need to know if this is a change that can be made by your office.
CQ35584	Schema	Create the form, package, etc. to move open applications to expired similar to the Cancel Application module (aa14) under the application drop-down.
CQ35607	Schema	12/4 - Update API call to check for duplicate addres line 1 and 2. If Line 2 is a duplicate, then ignore it (don't use it) and proceed with creating the print file.
CQ35634	Schema/ Trigger	Modify the batch inspections trigger (trigger trg_flmq92_lic) to include the DDC professions (board 8023). Create a data patc
CQ35692	Report	CE entered on the "flmq74" screen does not show in the chronology report or in history. Please add this to LicenseEase (COMPAS).
CQ35833	Report	dxa501 - Profession Transaction Summary Report - Selection Criteria is misspelled after running the report
CQ35886	Report	di05 - Missing PL Address Report - Its pulling files that do not have an active status.(Example Error, Delete, Expired, Withdrew
CQ35887	Schema/ Screen	Please change the find screen for License RSD's data to come up in alpha order by description. Please see attachment for detail of screen.

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Reference #	Type of Change	Description
CQ36038	Schema/ Screen	Please add a disposition date in the nf17- Mass Status update screen. Right now the disposition code is the only feature that is available in LicenseEase (COMPAS). A disposition date is needed when a disposition code is entered. Please see attached document.
CQ36298	Interface	Modify the flmq63 report/exam upload to be similar to the ex24 report where you can run the report before actually doing the upload. The user can then correct errors in the file before actually running the upload so that they will not get rejects. Also need to correct the 'page can not be displayed error' that occurs when the report is executed. An error report should be produced when running the upload to identify records that were successfully loaded and those that were not. Currently, the user has to manually go into LicenseEase (COMPAS) and check which ones loaded and which were rejected.
	Schema/ Screen	Add Completion Date, Action Date, and Action Reason to Application Header Screen (aa21). These are the dates used for HCPR Performance Measure Tracking of 30 and 90 Day Measures. The Completion Date field needs the following edit checks: 1. Completion Date cannot be in the future 2. Completion Date cannot be prior to Application Date The Action Date field needs the following edit checks: 1. Action Date cannot be in the future 2. Action Date cannot be prior to Completion Date 3. Can not have an Action Date if Completion Date does not exist. The Action Reason field needs to be a drop down LOV. These values can be found in le.appl_hcpr_act_desc. Once the user enters data into Completion Date, Action Date, or Action Reason fields, a row will need to be inserted into table le.appl_hcpr to populate the corresponding columns app_comp_dte, app_closed_dte, appl_hcpr_act_desc_id. le.appl_hcpr is a child table that references le.appl via applc_id. The primary key for le.appl_hcpr is applc_id, so once a record exists for the application, changes to will need to be updated instead of inserted. Table appl_hcpr will also need to have the timestamp (evnt_tme_stmp) and the stff_oper_id populated with the appropriate data with each insert or
CQ36422		update.

Reference #	Type of Change	Description
	Schema/ View	We need to pull the Licencee's Web User Name and Password into LicenseEase (COMPAS) into our letters. We've added the view into to
		LicenseEase (COMPAS) so that it appears in the pull down menu in Test, but
		when I ran test on it those areas didn't populate. I didn't get an error message or anything it just didn't populate. Please Help!
CQ36764		This is the view that we entered into LicenseEase (COMPAS) LV_WEB_BASIC_DATA
	Schema/ Interface	Review current business processes and LicenseEase (COMPAS) functionality.
		Identify areas where the business process may be supported by LicenseEase
		(COMPAS) and make modifications needed to reduce manual manipulation
		of data. Include review and modify LicenseEase (COMPAS) set-ups, review
CQ36820		and modify exam upload to support the business process and modify licensure methods to support the business process.
CQ30820	Schema	Objid5036 (20070524) meant to fix Enforcement data (Create compliance
	Schema	type "Fine" is not generating a "Misc" sales item) instead created records
CQ36821		where the xent_id was incorrectly changed.
	Interface	For the Prometric (client 4401) exam interface, please map all request
		coming in from Prometric as a code 7- Puerto Rican, to our code in
		LicenseEase (COMPAS) of 6- Hispanic. This will allow MQA to create CNA
CQ36944		applicants using the exam interface for this code.

Reference #	Type of Change	Description
	Schema/ Screen	Per discussions, if a SSN is entered on the xe10 screen (not PIN or FEIN type) please add the following validation. Check data against a set of data validity rules* Check for the proper 9 digit pattern: 111-11-1111 Check for special numbers which will never be valid: a. Currently, a valid SSN cannot have an area number above 772, the highest area number which the Social Security Administration has allocated.[2] There are also special numbers which will never be allocated: Numbers with all zeros in any digit group (000-xx-xxxx, xxx-00-xxxx, xxx-xx-0000). Numbers of the form 666-xx-xxxx, probably due to the potential controversy (see Number of the Beast). Though the omission of this area number is not acknowledged by the SSA, it remains unassigned. Numbers from 987-65-4320 to 987-65-4329 are reserved for use in advertisements. Finally, there is a set of numbers that have been invalidated: 078051120,042103580, 062360749, 078051120, 095073645, 128036045, 135016629, 141186941, 165167999, 165187999, 165207999, 165227999, 165247999, 189092294.
CQ36970		Also, please keep in mind that the SSN is NOT a required field
CQ37181	Report	The board offices would like to remove all non-valid and bad checks from the (ca37) Unassigned Payment Report. They are in the process of cleaning of cleaning up the payments, but a lot of the payments are of these types.
CQ37233	Interface	Right now when we receive new info from the (4401) vendor and the licensee has a null and void license (Status 60) the name does not update when the new file is created. It also does not populate the PL address. This causes licenses to not to automatically be issued when the scores come in. Is there any way to change this so the address and name will update when the new file is created?
	Schema/ Screen	The CE component (flmq74) in the compliance module does not automatically flag the licensure side when a CE obligation is in default. We need the information under the CE tab (flmq74) to flag the licensure side
CQ37238		when in default just as the information under the compliance tab (nf26)

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Reference #	Type of Change	Description
		currently does.
	Schema	This project involves cloning the existing Level 1 Interface program (used by
		Profiling) for CNA Level 1 requests required for Licensure applicants. Applicants in this profession don't have a file number/profession on the file
		coming in because they complete this step prior to applying to the
CQ37310		Department. This ticket will build on the work in CQ Ticket 35499.
	Report	When running the Unassigned Cash Report (ca37), I noticed as you get
		farther into the report that eventually the batch numbers are getting cut off
CQ37538		of the report, usually after about page 8. Please see the attached document for the example.
CQ37330	Interface	
CQ37637	meriaee	Requesting to have the vendor download for client 4401 not change addresses in any other client besides 4401
2007	Report	http://dohswas10.doh.state.fl.us:7781/batchreports/flmq68_425647_0327
		2008152815.pdf
		Entire report says license already issued and all 181 rejected. Same as the
6027606		141 from 3/10/2008 Please help so we dont have to hand enter.
CQ37696	Schema/ Screen	client 2501 xe15 Contact History screen does not show the Application # for the letter.
	Schema, Screen	For example, with client 1701, file number 363443, the application number
		of 1188402 is not shown for the Deficiency Letter sent on 12/28/07 (even
		though the appl id is in the database for this contact history record). The
		data is in the database when you query it, it looks like the query is just not
CQ37812		selecting the fields back for display. Same for complaint number, inspection #, etc.
0007012	Schema/ Screen	The board offices would like for there to be a withdrew application module
	33, 33	in the application drop-down at the top of the LicenseEase (COMPAS) screen.
		This would work exaclty like the deny application module works right now
		in LicenseEase (COMPAS). It would set the open transaction to withdrew,
CQ37850		and set the license status to withdrew. Please see attachment for where to find in LicenseEase (COMPAS).
6037030	Report	The Unassigned Cash reports in LicenseEase (COMPAS) are not working at
	noport	all. Please see attached copy of the request for 7/1/07-4/1/08 for 8025 and
		8076. Other offices are reporting the same. Please look at this as soon as
CQ37890		possible. Please see attachment.

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Reference #	Type of Change	Description
CQ38119	Schema	Licensing and Auditing Services Unit would like to request a new status added to the CE23 screen for audit status. We need a status called "LASU Hold". Please see attachment for example.
CQ38197	Report	We would like to add some fields to the Remittance Processing Payment and Application Approval Report. We would like to add a field for Transaction Type after the License #. Also we would like to add a user id from LicenseEase (COMPAS) that worked the transaction. This would come after the "status" field on the report. Let me know if you need more infor from me.
CQ38252	Interface	Please change the Experior interface to uppercase the city, regardless of the case in the file we get from Experior.
CQ38532	Alerts	Enforcement is requesting that LicenseEase (COMPAS) generate an alert when a case is pulled up on the enforcement side and the MA address is different than on the licensure side. This is just for the mailing address. The alert could state "Enforc. address differs than license".
CQ38553	Schema	Create new table on dohsdb10 to track report module request statistics
CQ38273	Report	Create a report to identify stranded RP records in -3 status
CQ38849	Interface	flmq54 (FDLE Background Check Results Upload) is not uploading correctly.
CQ38971	Report	FDLE FLMQ54 report needs a column added to include the name of the unsuccessful record
CQ39066	Extract	Modify the Rad Tech extract files that are sent to ARRT based on their proposed file layout. Combine 3 extracts files and only send one extract file. Work with Data Integration team to get the daily file encrypted and moved. Keep the date in the file name.
CQ39585		An PLSQL error is thrown ORA-06502: PL/SQL: numeric or value error ORA-01403: no data found on complaint 200601534 in the Mass Activity Update screen.
CQ39686	Schema	Remove the error in CA11 that the user with View only access sees if there are no Open batches.
CQ39971	Report	Please modify the ca34 (Refund Report) to include the date the refund was issued.
CQ40069	Interface	Client 4401, we are still having problems with some files where the PL address is not being created when the file is received from our vendor (Experior).
CQ40071	Interface	Gary, this is a follow-up to our meeting with the EMS board. They would like an electronic exchange with NREMT on the exams.

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Reference #	Type of Change	Description
CQ40157	Report	Please add professions 2001 - Optician and 2203 - Consultant Pharmacist to the drop down list for report dxa505 - Generate Renewal Notice.
CQ40237	Extract	Please add the following professions to dxa505 - generate renewal notice 1501 - Medical Doctor 1515 - Anesthesiologist Assistant 6001 - Diagnostic Radiological Physicist 6002 - Therapeutic Radiological Physicist 6003 - Medical Nuclear Radiological Physicist 6004 - Medical Health Physicist
CQ40435	Trigger	Modify the trigger that deletes pending inspections (disposition 'RQST', definition 'D', and status 'O') if the status is >=46. Add 2320, 2329, 2331, 2332, and 2355 to the trigger. There are some duplicates that look like they can be removed (i.e. 2327). Please remove 2399, 2326, and 2380 from the trigger.
CQ40649	Schema	Is it possible to make the collections date field in the Compliance Module limited to "todays" date only? Please see attached screen shot.
CQ40650	Schema/ Screen	The Compliance Unit would like a referred date field added to the flmq74 LicenseEase (COMPAS) screen.
CQ40652	Schema/ Screen	The Compliance Unit is wanting to add a received date to the LicenseEase (COMPAS) flmq74 module. Please see the attachment.
CQ40664	Report	Please add the following clients to the dxa505 report: 5201 - Clinical Social Work, 5202 - Marriage and Family Therapist, 5203 - Mental Health Counselor, 5207 - Social Work Intern, 5208 - Marriage and Family Intern, 5209 - Mental Health Intern, 5401 - Certified Master Social Worker.
CQ40683	Report	Please add the following clients to the dxa505 report: 1801 - Optometry, 1802 - Optometry Branch, 2205 - Pharmacy, 3601 Hearing Aid Specialist, 5601 - Occupational Therapist, 5602 - Occupational Therapy Assistant.

Reference #	Type of Change	Description
	Schema	Modify LicenseEase (COMPAS) to match PL Address validation in MQA Online Services. (see ticket 40686)
		We have found that licensees are putting in None or N/A in the PL address field at time of renewal. Please see the attached print screens.
		from ticket 34378: Need to add a quality check to on-line address updates to NOT ALLOW the following list for the PL type Address 1, Address 2, Address 3 and City:
		Unknown, NA, N/A,
		N.A.
		Not practicing, Currently Not practicing
		None,
		Confidential (No indicator set)
CQ40764		Not Applicable.

Reference #	Type of Change	Description
	View	
		Please create a new letter view so that the deficencies from all of the checklist items can be pulled instead of just the ones in write letter. Please see James's sql below from Test:
		SELECT NVL(DC.defcn_txt, DC.defcn_desc) as deficiency from DEFCN_HIST DF, APPL AP, LIC L, DEFCN_RSN_CDE DC, CKLST_ACTV CA , XACT_ACTV_DEFN XD where AP.applc_id = DF.applc_id and L.lic_id = AP.lic_id and DC.defcn_id = DF.defcn_id and DC.defcn_id = DF.cklst_actv_id and CA.cklst_actv_id = DF.cklst_actv_id and XD.xact_actv_defn_id = CA.xact_actv_defn_idAND XD.xact_actv_cde = 'LETTER' and df.clr_tme_stmp is null and l.clnt_cde = 2501 and l.file_nbr = 87078
CQ40808		Signature missing from application. CPR/ACLS No Back Showing Date of Birth Insufficient money received
CQ40808 CQ40925	Schema	I want to know if the "Has Been disciplined" indicator that is generated by going to LicenseEase (COMPAS) screen flmq52 can be automatically generated any time a status of Suspension, Revocation, Probation, Obligations, Discilpinary Relinquishment, Reprimand is added to the Compliance Discipline field.
CQ41071	Schema	The reset program (flmq57) cannot handle null secondary statuses. This prevents many licenses from moving over to their intended statuses. Make changes to the program to allow NULL secondary statuses to be affected by the program as well.

Reference #	Type of Change	Description
		I researched this back to 2006, see the below screen shot that demonstrates the issued occurred at that time as well for a deposit in 2006, deposit number 167198 for profession 2502. With that, I feel it is safe to say that it is not related to the missing application number issue.
CQ41283		As Nicole stated, RP was not originally intended to handle bulk Remitter/Beneficiary receipts however since the functionality is being utilized, the issue is now to determine why RP is assigning the money in duplicate and verify if a program code modification will correct future use of RP for bulk renewals.
CQ41337	Schema/ Screen	Add a field to the flmq16 Document Repository screen for the Team #. This should be a drop down value containing the values Team 1 - Team 10. The field should be located under the Assigned Checkbox and above the Application ID field. This will be used by boards for routing mail that is scanned prior to working the file (Paperless Project with BON - upfront scanning).
CO44424	Schema	Client 2501 and 2502 - The board office is unable to input a PO box into the PL address. This is currently enabled for online systems however LicenseEase (COMPAS) will not allow it. Example: Client 2502 License # 235
CQ41424		 - Unable to change PL to match MA. Add unique constraint for Device Name on the device table and Display
CQ41458		Message on lp41 screen.
CQ41579	Schema	Do not allow users to enter alpha chanracters in the transaction code field in the ap53 form.

Reference #	Type of Change	Description
	Interface	
		Gary, these are the scores that need to be changed to a zero. The following is
		the message from Candy:
		File number Part
		17872 7
		17900 7
		17883 5
		17323 7
		17533 7
		17741 7
		17547 4 & 7 17769 5 & 7
		17800 4
		17632 7
		17876 7
		17921 5 & 7
		17885 5
		17886 5
		17917 7
		17923 5
		17898 7
0041000		
CQ41838		Gary - Currently the candidates have a score of .01
		Please modify the reset program to move delinquent licenses that have a
		manual hold on their records to null and void. Also, please modify the expiry
CQ41846		program to move licenses that have a manual hold on their record to delinquent status.
CQ41040		denniquent status.

Reference #	Type of Change	Description
	Report	"Optimize FLMQ34. Users are receiving time outs. Also, correct issues stated in e-mail attachment." I have attached your e-mail for your review.
		The notes in the ticket stated: "Report optimized and SQL separated into multiple .sql files. Report will be promoted to LicenseEase (COMPAS) Production Wednesday August 29, 2007. Individual school report will be complete as adhoc requests by Abby's group."
		I will be happy to reopen the ticket. Can you please provide examples of the reports and what the correct numbers should be. I will attach it to the ticket.
CQ41869		Testing Services would like to have a date range field added to the FLMQ34 report.
CQ41920	Interface	As part of the Rad Tech flmq63 upload for failed candidates, (CQ38620) we are cancelling licensure transactions when a candidate fails. Due to this please add Cancelled Applications to the aa11 Advanced Search.
	Report	Add date range as a required parameter and validate that the date range is not greater than 3 years. Modify report font to look like other LicenseEase (COMPAS) reports too.
CQ41923		Adding this validation will prevent long running report formatting jobs. For instance, on 01/28 a user ran the report for all approved 2020's for profession 2201 with the total count of 83212. This report was long running and hung other reports preventing them from completing. The dhap01 had to be cancelled by the DBA. Although some professions like 1701 may return a large count, adding this validation will reduce the chances of small professions causing other users reporting needs to hang.
CQ42053	Alerts	Need an alert that will pop-up on an open case when a practitioners license status has been moved to deceased.

Reference #	Type of Change	Description
	Report	
		Create a summary report to generate when flmq35 is run nightly.
		It will be similar to flmq35
		Title will be FLAIR Extract Summary Report
		It will be grouped by Deposit #, Batch #
		Ordered by Deposit #, Deposit Date, Batch #
		Columns will be Deposit #, Deposit Date, Batch #, Batch Total
CQ42099		And where BI (Bookkeeping Indicator) <> 'N'.
CO4220C	Schema/ Screen	As part of the PRO Project - add a new screen in LicenseEase (COMPAS) Enforcement Module that will support tracking the orders and filings for
CQ42206	Schema	each complaint. Please see attached requirements document. Heres a little problem that I found The application date that Image API
	Senema	enters when they are entering our profile info must not have any safety
		parameters set on it. At the beginning of the new year they forgot and put
		January 2008 on some of our files. One slipped through unnoticed and was
		worked and approved- now its on a report as being over a year old when we
CQ42207		first worked it. Can you put a restriction in LicenseEase (COMPAS) so staff cannot enter a date further than 120 days from the past.
CQ42207	Report	Testing Services would like to have a date range field added to the FLMQ34
CQ42208		report. Thanks.
	Schema	Based on discussions for Pharmacy Techs, Cindy brought up the point that
		manual holds disappear when the 'regenerate' button is pushed on the
CO42416		header screen. This ticket is to make sure that this checklist item remains on
CQ42416	Extract	the transaction until it is manually cleared. Develop extract to create the file for the 120 day letters to replace the
	Exti act	current Image API process. Mindy and Cindy will generate the file at the
		same time that the renewal print file is created and also update the contact
CQ42614		history.
	Report	Please add the license numbers to the flmq63(Radiologic Technician Exam
CQ42651		Score flmq63) and flmq68(EMT Exam Results Import) reports.

Reference #	Type of Change	Description
	Extract	Found a BXMO on the export file that has not been approved to test- just a 9013 has been approved.
		The checklist items for the applicants 1010 were all checked off but the app wasn't set to approve. I approved the 1010 and the follow-up has been opened.
		I haven't done anything with the follow-up (add modifiers, etc).
CQ42768		User only needs this to work when they have approved applications.
CQ42774	Trigger	Please modify the inspection trigger that assigns the periodic inspections so that client 2302 receives a periodic inspection every year.
CQ43197	Schema	Allow from broad assignment of codes with multiple payer codes for an entity linked to multiple transaction definitions to granular with one payer code for one transaction definition.
CQ43216	Schema	I have been meeting with the PL address workgroup and they have come up with several recommendations on how to eliminate the issue that we have with practitioners that hold an active license but are not currently practicing their profession.
CQ43227	Extract	LicenseEase (COMPAS) module flmq57 will not run successfully if scheduled for later (i.e. run through the batch scheduler). The problem is with the expiry date parameter in the procedure call. All dates should be passed in as a VARCHAR and then casted back to the date format within the procedure code. This causes an execution error and the program never runs. This same issue was found with pkg_doh09.
	Schema/ Screen	I need for the feature that populates an automatic date in the Collection tab on the nf26 screen to be removed. When this feature is tabbed through to get to the note section it is sending this case to the collections data base. We
CQ43577	C -1	need to have to manually enter this date.
CQ43578	Schema	On screen nf25, I need for the Ternination date to be manually entered when the length and duration information is entered.
CQ43839	Schema	Profession 502 (Chiropractic Faculty Certificate) does not have have a age limit for applicants in their laws and rules. They have an applicant right now that is 15 that needs to be put into LicenseEase (COMPAS). Please adjust the high data field in LicenseEase (COMPAS) for this profession.
LQ43037		birthdate field in LicenseEase (COMPAS) for this profession.

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Reference #	Type of Change	Description
	Schema	On the flmq16 Document Repository Screen - any time you make a change or
		save the record, the message that the SSN of the file selected and the SSN
		entered on the Doc Repos screen do not match. This occurs even if no file
		has been selected. The message should only be displayed when a file # has
		been selected into the record. If one of the SSN fields is blank, then it should
CQ43899		not attempt to match and should not display an error message.
	View	
		Please create a letter view that pulls the
		Other Payer Code (other_payer_codes.OP_CDE),
		Start Date (other_payer_codes.START_DTE),
		End Date (other_payer_codes.END_DTE),
		Profession Name (clnt.clnt_long_nme) and
		transaction description (xact_defn.xact_desc)
CQ44024		where the xact_other_payer_codes.CURR_IND is 'Y' .
	Schema	Please allow P O Boxes for PL addresses for Rad Techs in LicenseEase
		(COMPAS) and Online Systems. This request is the same that we had done
CQ44536		for EMT/Paramedics several months ago.
	Schema	On flmq16, when searching on the last name D'Amico, the results do not
		come back with the correct names. Can this be changed so apostrophes in
		name fields are searchable?
		They also have requested to ability to keep the information in the search
		screen, so they can correct misspellings without having to re-enter the entire
		search again. Sometimes they will search from the flmq16 screen, but maybe
		have a misspelling in last name, so their results do not come back on the
6044620		results screen. So when they return to searching, they'd like to have a way to
CQ44620	T7*	keep the info that they had previously input.
	View	Is there a way that we can have a view that will pull in info from the Parties
		Tab. Right now I'm only able to pull in the patient's information when using
		the FULL_NME1 => uv_patient_info and also I can use IP_FULL_NME => lv_invl_party to pull in the Patient's information as well. But I don't see a way
CQ44779		to pull in parties such Subject Attorney's, Risk Managers, Physicians etc.
UQ44//7		to pull in parties such subject Attorney s, risk Managers, Physicians etc.

Reference #	Type of Change	Description	
	Schema/ Screen	Create a data edit on the LicenseEase (COMPAS) screen(s) where name additions or changes are made to trim any leading spaces.	
		Do a data patch to correct all name records with the leading space issue.	
CQ44820		This issue was identified by searching for ARNP9214586 on License Verification using her name. She could not be found by her last name, only by her license number. After researching in LicenseEase (COMPAS), we determined that her last name had a leading space, "Stewart", and that was why she could not be found on the website.	
CQ45647	Interface	Modify SB1986 upload program to accept a file from Image API, load the responses, and insert Image API into the operator ID field. Need to set up a naming convention, file layout, and FTP location.	
CQ45654	Schema/ Screen	Add Deficiency Reason Codes to the Manual Hold checklist item in LicenseEase (COMPAS) for Manual Hold Types in MQA Initial Apps	
CQ45892	Interface	Please modify the upload program to identify the users as Prometric instead of Experior.	
CQ45893	Interface	Automatic download of the file received on the FTP site for the CNA exam candidates from the test vendor Prometric to LicenseEase (COMPAS).	
CQ45894	Interface	Add Prometric's "file" number a an identifier in LicenseEase (COMPAS) during the daily download from the FTP site. This will assist the Board with identifying duplicates	
CQ46121	Schema	Modify dhal01 Other Payer to validate on Board Code - please refer to ticket 43197 if needed for full screen specks.	
CQ46292	Extract	The daily export to the NREMT for 2501 only is sending information that is really messing up our folks trying to test. All appli	
CQ46319	Interface	Please modify the LicenseEase (COMPAS) upload program to recognize the Under 18 modifier alert. Modifications to the Online system will be mad	
CQ46378		Please see the attached print screen. Upon our research, it was descovered the the money that is beging received by credit card	
CQ46474	Extract	Would it be possible to include "expired" licensees in the FLMQ60 report. We would like to be able to dump ASRT continuing education in expired licensees.	
CQ46590	View	We need a LicenseEase (COMPAS) letter merge field that would pull in the applicant's completion date from the AP90 screen in LicenseEase (COMPAS).	

Reference #	Type of Change	Description	
CQ46915	Schema	It occurred to me this morning that our deficiency letter view will pick the manual hold deficiency and add it to the letter. The users that I have talked with don't want this. Is there anyway to exclude this from being returned in the letter.	
CQ46919	Schema	Is there a way to use BD_RANK_CDE and BD_RANK_DESC codes on the Enforcement side of LicenseEase (COMPAS). Right now the LV_BASIC_DATA view won't work on the Enforcement side.	
		Update the 21 Day Deficiency/Confirmation Job to Include Group 1 Initial Apps Professions and add adhoc report in LicenseEase (COMPAS) 21 day DEFCN_LTR e-mail: clnt_cde = 1801 and xact_cde = 1010 clnt_cde = 1802 and xact_cde in (1010, 1015) clnt_cde = 1805 and xact_cde = 1020 clnt_cde = 4401 and xact_cde = 1021 clnt_cde in (5501,5502) and xact_cde in (1010,1021)	
CQ46930		Confirmation e-mail (LL1): clnt_cde = 4401 and xact_cde = 1021 Also will include CC/From changes from CQ46765.	
	Report	I talked with Mindy about the RP report that we monitor. We have to do quite a bit of research to determine issues with R, E, and M class transactions that don't approve. It would be helpful if we could see the validation, or at least the leading number, for each record on the report so we will know how the request was processed; online, RP Cash, or Manual. Mindy mentioned that, at a glance, there is at least one error message that takes up nearly the remainder of the page. So, she will have to see if there is space. I also don't know if other offices use this report, so I don't want to make changes that would affect others' work. We also talked about the possibility of a separate report instead of altering the RP report. As you know, all of the online application transactions appear on the 5:00 report that we review. Until recently, it only included online app transactions for nursing. As new online apps are rolled	
CQ46966		out, our report continues to grow. If we can't add payment information to the current report, her recommendation of a separate report would be	

Reference #	Type of Change	Description		
		worth exploring for both reasons. Please submit a ticket to them so that they can look into this.		
CQ47276	Trigger	Please research flmq73, nf12, nf19, nf23, nf17, flmq52, dhnf02 and nf25 enforcement screens to determine if any event triggers or forms logic cause the HBD indicator to be added or removed to a license. This is for the AC and Discipline workgroup and system enhancements.		
CQ47490	Schema	Please increase team numbers in the document repository to include 16-20.		
CQ48081	Schema	In AL24 - Maintain License Relations - add the 100 year date validation to this form for both Effective and End Dates.		
CQ48123	View	Requesting a view to be modified to pull in the follwing information => the medical school name, date of degree, and date of action.		
CQ48912	Report Schema/ Screen	Add the batch job parmaeters used from the screen to the report header. We need a field added to the flmq16 Document Repository screen called the Date Entered. This field should be placed betweent the Document # field and the Received field. This will be used by the boards to enter the date the document is input into the repository. This is needed for the upfront scanning project. Contacts are Tammy Collins and Ivy Shivers. We will also need to modify the dxl533 Document Repository report to include this new field.		
CQ49314		per PM request at 12/13 CQ mtg: Correct the search/query functionality for organization names.		

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Reference #	Type of Change	Description	
		*******IMPORTANT WHEN PROMOTING THE CA21.PL SCRIPT******* The file MUST be in this location: [oracle@dit00swas11]: /opt/oracle/product/10.1.2/licenseease/code/prod [iasforms10> cp ca21.pl /opt/oracle/product/10.1.2/bin/	
0040249		Please correct the IAPI location number on the endorsement stamp of the validation machine from 6400168 to 6400167. This location will	
CQ49348	Schema	correspond with validations beginning with 2 and 9.	
	Schema	Add error handling for the prep/commit job when the CyberCashMCK.socket.1 error, /renewalrpt2k/cyber_prep.asp, line 142 occurs. Per discussion with DBA, an IF statement can be added to sleep when the error is received and retry in two minutes. See below SQL solution: [oracle@dohsdb10]:/opt/oracle/admin/LicenseEase/batch [leprod:> vi run_cybercash_prep.ksh Add bolded code: if [[\$? -ne 0]] then echo "ASP call for commit failed at `date`." >> \$log STATUS=1 cat \$html_log mail \$GLOB_MAIL_LIST cat \$html_log mail DLMQA_Finance exit \$STATUS else timeout=`grep "Timed out waiting for a response" "\$html_log"` if [[\$timeout]] then sleep 120 /opt/sfw/bin/curl \$url4commit >> \$html_log 2>>\$log	
CQ49526		fi fi	

Reference #	Type of Change	Description
CQ49557	Trigger	Need to develop a Q modifier for the board of medicine to enter on a PMC license. When the modifier is added to a license, it will automatically request a periodic routine inspection with an inspect before date of 6/30/the FY entered. When the modifier is removed, any pending open inspsections will be automatically deleted. This will closly mirror the current automation for dispensing practitioners.
CQ49563	View	Please create a letterview that would pull in the RESPONDENT'S file number. It can be tied to the same table as the LIC_NBR field pulling from the Enforcement side.
001300	View	Enforcement side.
		Requesting a letter view that will pull in the following Criminal Offense information (ap90 screen) listed below 1. Record Name 2. Level of Offense 3. Offense Description 4. Pleading Type 5. Date Offense
CQ49564		This information can be tied to the LV_BASIC_DATA table.
	View	Requesting a letter view that will pull in the following Disciplinary information (ap90 screen) listed below 1. Record Name 2. Discription Body 3. Discription Date 4. Disc Viol Desc 5. Disc Action Des
CQ49565		This can be tied to the LV_BASIC_DATA table.
CQ49655	Schema/ Screen	When running a query in the document repository the team number box does not go past team number 15 for anyone in the Board of Nursing. There should be up to team 20. Teams 1-20 appear when adding, but when querying you can only get teams 1-15.

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Reference #	Type of Change	Description	
		SQL2008 issue	
		This survey extract is the first since upgrading to 2008 to have more than 32767 records. Starting at line 32768 in the upload file, we have roughly 20K occurrences of the following: "SQLGetDiagRec failed"	
		Osql appears to limit to smallint the number of records one can process with a cursor. If true, there may be implications for other scheduled sqlserver jobs.	
		Work around:	
		In TSQL run, sp_print_survey_txn	
		Save output to local disk. In this case file_name = survey_txn.0131.1600	
		Copy file to \\dohsdb10\survey	
		Dun un data atrest.	
		Run update stmt: update response set extrc_flag = 'Y', extrc_dte = getdate()	
CQ49865		where resp_id in (select resp_id from compas_survey_txn)	
	Schema/ Screen	We need to get a license number field, and a license name field added to the	
		LicenseEase (COMPAS) License Relationship History (al31) screen. This will be for all professions in LicenseEase (COMPAS). I have attached a green what	
CQ50183		be for all professions in LicenseEase (COMPAS). I have attached a screenshot of what it looks like now.	
	Schema/ Screen	We need to modify the Miscellaneous Sales (ca13) screen in LicenseEase	
	,	(COMPAS) to be able to search upon the Sale #. Please see attachment for	
CQ50346		screen.	

Reference #	Type of Change	Description	
	Schema/ Screen	This needs to be completed by 3/31/11, if possible. This is needed for both the upfront scanning of mail project and the transition of scanning to iCenter project. Modify the flmq16 Document Repository screen to add a new field, just above the Type field, called 'iCenter Doc Type'. This field will be a drop down list of values and should be populated with the codes in the attached document. Also, rename the 'Type' field label to 'Repository Doc Type'. See attached screen shot of doc repository.	
		Rolling CQ50494 into this request so all changes can be moved at the same time:	
		We would like to request that a field be added to the LicenseEase (COMPAS) Document Repository, (flmq16) that will allow us to capture the number of pages that are attached to a document. Please title the field "page count" and we would like to be able to type in the number of pages. Thanks.	
		Also, the following needs to be added per telephone conversation btwn Linda and Daniela, 3-22-11:	
CQ50467		- update the nightly release to iAPI for Document Repository- there will be a data patch for existing records	
CQ50845	Alerts	On the application header of the aa21 screen, please add field validation that will provide an alert to indicate to the processor that they have entered an action date that is more than 90 days after the completion date. The alert should give the user the option to correct the date or indicate the date entered is the correct action date and proceed with saving the changes. This will help prevent data entry errors.	
CQ51148	Schema/ Screen	Need increase priority field on enforcement screen NF12 (Maintain Complaints) to 2 characters and change to text/numeric. For example, 1A This is a high priority request for improvement in tracking emergency actions against health care licensees.	
CQ51592	Interface	the ARRT Exam Vendor changed the format of the file used to upload the exam scores via flmq63.	
22222	View	We need a letter field created to pull in ML_Address Routing info into LicenseEase (COMPAS) letters. Practioners have begun utilizing this field as	
CQ51691		part of their address.	

Reference #	Type of Change	Description
	Schema	The SSN Administration has changed the way they issue SSN Numbers. The following is taken from the Social Security website.
CQ51750		"Previously unassigned area numbers will be introduced for assignment excluding area numbers 000, 666 and 900-999."
CQ51855	Schema/ Screen	The boards would like to add a 100 to the team numbers for the LicenseEase (COMPAS) Document Repository. They will be using this as a "Not Received".
	View	Please modify the following views to include the Notes section under the ap90 screen. Sometimes text is entered into these areas that they would also need to be included into the letter.
		uv_disc_by_lic uv_crim_by_lic
CQ52616		uv_disc_by_app uv_crim_by_app
CQ52821	Schema/ Screen	Please promote the revision made in test to the Name Change Field on the renewal forms in production.

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DEPARTMENT OF HEALTH COMMUNITY HEALTH RESOURCE EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH COMMUNITY HEALTH RESOURCES SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64400200
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(3,492.76) (A)		(3,492.76)
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00
ADD: TRANSFER FROM 2021 64100200	12,750.47 (E)		12,750.47
Total Cash plus Accounts Receivable	9,257.71 (F)	0.00	9,257.71
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(9,159.53) (H)		(9,159.53)
Approved "B" Certified Forwards	(98.18) (H)		(98.18)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	(0.00) (K)	0.00	(0.00) *

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Administative Trust Fund 2021/64400200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; (12,682.33) (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (98.18) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 30.04 (D) TRANSFER FROM 64100200 2021 12,750.47 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Tobacco Settlement Trust Fund
Budget Entity:	64400200
LAS/PBS Fund Number:	2122

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	8,560,543.96 (A)		8,560,543.96
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	4,283,181.79 (D)		4,283,181.79
ADD: Anticipated Receivable from DFS 2123	1,400,599.06 (E)		1,400,599.06
ADD: Transfer from 2122 64300100	210,136.45 (E)		210,136.45
ADD: Transfer from 2122 64200700	39,828.00 (E)		39,828.00
Total Cash plus Accounts Receivable	14,494,289.26 (F)	0.00	14,494,289.26
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(14,223,950.54) (H)		(14,223,950.54)
Approved "B" Certified Forwards	(259,780.96) (H)		(259,780.96)
Approved "FCO" Certified Forwards	(10,557.76) (H)		(10,557.76)
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00

Notes:

*SWFS = Statewide Financial Statement

Office of Policy and Budget - July 2012

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Tobacco Settlement Trust Fund 2122/64400200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; (1,420,038.94) (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (259,780.96) (D) (10,557.76) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 39,814.15 (D) Anticipated Receivable from DFS 2123 1,400,599.06 (D) Transfer from 2122 64300100 210,136.45 (D) Transfer from 2122 64200700 39,828.00 (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Duuget Feriou: 2013 - 2014		
Department Title:	Department of Health	
Trust Fund Title:	Emergency Medical Services Trust Fund	
Budget Entity:	64400200	
LAS/PBS Fund Number:	2192	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	4,687,930.73 (A)		4,687,930.73
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	4,687,930.73 (F)	0.00	4,687,930.73
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(H)		0.00
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: Transfer to 2192 64200800	(4,687,930.73) (J)		(4,687,930.73)
Unreserved Fund Balance, 07/01/12	0.00 (K)	0.00	0.00 *

Notes:

Office of Policy and Budget - July 2012

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RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title: Emergency Medical Services Trust Fund** 2192/64400200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **4,687,930.73** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) SWFS Adjustment # and Description SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) Transfer to 2192 64200800 (4,687,930.73) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2013 - 2014

Department Title: Department of Health
Trust Fund Title: Federal Grant Trust Fund

Budget Entity: 64400200

LAS/PBS Fund Number: 2261

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(205,979.97) (A)		(205,979.97)
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	15,048,379.72 (D)		15,048,379.72
ADD: A/R BE Adjustment 64200800	(E)		0.00
Total Cash plus Accounts Receivable	14,842,399.75 (F)	0.00	14,842,399.75
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(379,748.77) (H)		(379,748.77)
Approved "B" Certified Forwards	(30,750.00) (H)		(30,750.00)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: <u>Transfer to 2261 64200800</u>	(14,413,142.58) (J)		(14,413,142.58)
Unreserved Fund Balance, 07/01/12	18,758.40 (K)		18,758.40 *

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64400200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **14,462,387.31** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) **SWFS** Adjustment **SWFS** Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (30,750.00) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 263.67 (D) Transfer to 2261 64200800 (14,413,142.58) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **18,758.40** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **18,758.40** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2013 - 2014

Department Title:	Department of Health Grants & Donations Trust Fund		
Trust Fund Title:			
Budget Entity:	64400200		
LAS/PBS Fund Number:	2339		
	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,072,724.83 (A)		1,072,724.83
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		0.00
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	1,072,724.83 (F)	0.00	1,072,724.83
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(199,999.80) (H)		(199,999.80)
Approved "B" Certified Forwards	(H)		0.00

Notes:

LESS: _

Approved "FCO" Certified Forwards

LESS: Other Accounts Payable (Nonoperating)

872,725.03 (K)

(H)

0.00

0.00

0.00

0.00

872,725.03 **

Office of Policy and Budget - July 2012

Unreserved Fund Balance, 07/01/12

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Grants & Donations Trust Fund 2339/64400200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; 872,725.03 (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: (C) **SWFS** Adjustment SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: 872,725.03 (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **872,725.03** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2013 - 2014

Department of Health

Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Brain & Spinal Cord Injury Program Trust Fund 64400200 2390		
	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,849,064.93 (A)		1,849,064.93
ADD: Other Cash (See Instructions)	14.47 (B)		14.47
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	1,583,761.18 (D)		1,583,761.18
ADD:	(E)		0.00
Total Cash plus Accounts Receivable	3,432,840.58 (F)	0.00	3,432,840.58
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(2,870,277.71) (H)	(237,510.26)	(3,107,787.97)

Notes:

LESS: _

Department Title:

Approved "B" Certified Forwards

LESS: Other Accounts Payable (Nonoperating)

Approved "FCO" Certified Forwards

(12,734.72) (H)

(287,161.97) (I)

262,666.18 (K)

(237,510.26)

(12,734.72)

(287,161.97)

25,155.92

0.00

0.00

Office of Policy and Budget - July 2012

Unreserved Fund Balance, 07/01/12

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Brain & Spinal Cord Injury Program Trust Fund 2390/64400200 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 Total all GLC's 5XXXX for governmental funds; **264,473.81** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment #B6400009 increase "Due To" (353XX/759XX) (237,510.26) (C) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (12,734.72) (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories 10,927.09 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **25,155.92** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **25,155.92** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

DEPARTMENT OF HEALTH DISABILITY DETERMINATIONS EXHIBITS AND SCHEDULES

DEPARTMENT OF HEALTH DISABILITY DETERMINATIONS SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

	Budget Period: 2013 - 2014
Department Title:	Department of Health
Trust Fund Title:	Federal Grant Trust Fund
Budget Entity:	64500100
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(136,417.44) (A)		(136,417.44)
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	27,472.33 (D)		27,472.33
ADD: Transfer from 2261 64200400	132,959.44 (E)		132,959.44
Total Cash plus Accounts Receivable	24,014.33 (F)	0.00	24,014.33
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(24,014.33) (H)		(24,014.33)
Approved "B" Certified Forwards	(H)		0.00
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: [(J)		0.00
Unreserved Fund Balance, 07/01/12	0.00 (K)		0.00

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health **Trust Fund Title:** Federal Grant Trust Fund 2261/64500100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/12 (132,959.44) (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: **SWFS** Adjustment (C) **SWFS** Adjustment (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS (D) A/P not C/F-Operating Categories (D) Transfer from 2261 64200400 132,959.44 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0.00** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **0.00** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Feriou: 2	2013 - 2014
Department Title: Department of	Health
Trust Fund Title: United States 7	Trust Fund
Budget Entity: 64500100	
LAS/PBS Fund Number: 2738	

	Balance as of 6/30/2012	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	796,822.77 (A)		796,822.77
ADD: Other Cash (See Instructions)	(B)		0.00
ADD: Investments	(C)		0.00
ADD: Outstanding Accounts Receivable	4,539,789.74 (D)	56.00	4,539,845.74
ADD: [(E)		0.00
Total Cash plus Accounts Receivable	5,336,612.51 (F)	56.00	5,336,668.51
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	(4,270,415.79) (H)		(4,270,415.79)
Approved "B" Certified Forwards	(913,526.20) (H)		(913,526.20)
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(29,301.70) (I)		(29,301.70)
LESS:	(J)		0.00
Unreserved Fund Balance, 07/01/12	123,368.82 (K)	56.00	123,424.82

Notes:

Office of Policy and Budget - July 2012

^{*}SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2013 - 2014 Department Title:** Department of Health United States Trust Fund **Trust Fund Title:** 2738/64500100 LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE: Total Fund Balance Per FLAIR Trial Balance, 07/01/12** 989,125.33 (A) Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: 56.00 (C) SWFS Adjustment #B6400011 increase receivables (61300) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** (913,526.20) (D) Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Approved "C" Carry Forward Total (FCO) per LAS/PBS A/P not C/F-Operating Categories 47,769.69 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **123,424.82** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line I) **123,424.82** (F) **DIFFERENCE: 0.00** (G)* *SHOULD EQUAL ZERO.

Department/Budget Entity (Service): HEALTH / Executive Direction and Support

Agency Budget Officer/OPB Analyst Name: Terry Walters / Michelle Tallent

explanai	tion/justification (additional sheets can be used as necessary), and "TIPS" a					<i>a</i> :
	A of a	Program or Service (Budget E				y Codes
	Action	64100200	64100400)		
1. GEN	NERAL					
1.1	Are Columns A01, A02, A04, A05, A36, A93, IA1, IA5, IP1,					
1.1	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)	37	3 7			
		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			
AUDIT		,		T		
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B					
	Audit Comparison Report to verify. (EXBR, EXBA)	Y	Y			
1.4	Has security been set correctly? (CSDR, CSA)	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. EXI	HIBIT 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 58 of the LBR Instructions?	Y	Y			
2.2	Are the statewide issues generated systematically (estimated					
	expenditures, nonrecurring expenditures, etc.) included?	Y	Y			
2.3	Are the issue codes and titles consistent with Section 3 of the					
	LBR Instructions (pages 15 through 30)? Do they clearly describe					
	the issue?	Y	Y			
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions					
	(pages 15 through 30) been followed?	Y	Y			
3 EXI	HBIT B (EXBR, EXB)		•			
3.1	Is it apparent that there is a fund shift and were the issues entered					
3.1	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.	N/A	NT/A			
	1 7	1 V /A	N/A			

		Program or Service (Budget Entity Co				
	Action	64100200	64100400	١		
		1				
3.2	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a		27/1			
	·,•	N/A	N/A			
AUDITS						
3.3	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			
3.4	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			
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. EXE	HIBIT 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 61 of the LBR Instructions?	Y	Y			
4.2	Is the program component code and title used correct?	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. EXE	HIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y			
AUDITS	S:					
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			

		Program	Program or Service (Budget Entity Cod			y Codes
	Action	64100200	64100400)		
		1				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is					
	Column A01 less than Column B04? (EXBR, EXBB - Negative					
	differences need to be corrected in Column A01.)					
		Y	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.)	Y	N/J			
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					
TID						
TIP	If fund totals and object totals do not agree or negative object					
	amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the					
	disbursements and carry/certifications forward in A01 are less					
	than FY 2011-12 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial					
	FLAIR disbursements or carry forward data load was corrected					
	appropriately in A01; 2) the disbursement data from departmental	Thora	oro in	ctonoo	s where	. A O 1
	FLAIR was reconciled to State Accounts; and 3) the FLAIR					
	disbursements did not change after Column B08 was created.	does n	_		becaus	ве воо
	•				an B04	
	IBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytic			only.)	1	
6.1	Are issues appropriately aligned with appropriation categories?	Y	Y			
TIP	Exhibit D-3 is no longer required in the budget submission but					
	may be needed for this particular appropriation category/issue					
	sort. Exhibit D-3 is also a useful report when identifying negative					
	appropriation category problems.					
7 EXH	IBIT D-3A (EADR, ED3A)					
7. EXII	Are the issue titles correct and do they clearly identify the issue?					
7.1	(See pages 15 through 30 of the LBR Instructions.)	37	3.7			
		Y	Y			
7.2	Does the issue narrative adequately explain the agency's request					
	and is the explanation consistent with the LRPP? (See page 66-67					
	of the LBR Instructions.)	Y	N/A			
7.3	Does the narrative for Information Technology (IT) issue follow					
	the additional narrative requirements described on pages 68					
	through 70 of the LBR Instructions?	Y	N/A			
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	N/A			
7.5	Does the issue narrative explain any variances from the Standard	1	1 1/ / 1			
1.3	Expense and Human Resource Services Assessments package? Is					
	· ·					
	the nonrecurring portion in the nonrecurring column? (See pages		_			
	E-4 and E-5 of the LBR Instructions.)	Y	N/A			

		Program	or Servic	e (Budget I	Entity Codes
	Action	64100200	64100400		
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y	N/A		
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	Y	N/A		
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A	N/A		
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A	N/A		
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 #13-003?	N/A	N/A		
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR , PLMO)	N/A	N/A		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A	N/A		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Y	N/A		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 29 and 88 of the LBR Instructions.)	N/A	N/A		
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y	N/A		
7.17	Are the issues relating to major audit findings and recommendations properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A		
7.18	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development as requested in Memo# 13-010?	Y	N/A		
AUDIT:					
7.19	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		

7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1) 7.21 Does the General Revenue for 180XXXX (International State of Capital Control of Part of Pa			Program	or Serv	ice (Buc	lget Entit	ty Codes
Year Expenditures) issues net to zero? (GENR, LBR1) 7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2) 7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3) 7.23 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)) 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. 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 66 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 2012-13 General Appropriations Act duplicates an appropriation made in substantive legislation, the agenc		Action	64100200	64100400)		
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2) 7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3) 7.23 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)) 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. Agencies must completely and thoroughly explain and justify cach 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 66 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 160XXXO 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 2012-13 General Appropriations Act duplicates an appropriation made in usbstantive 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 (SCIR, SCI - Budget Entity Level or SCIR, SCID - D	7.20			N/A			
Expenditures Realignment) issues net to zero? (GENR, LBR3) N/A N/A N/A N/A 7.23 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)) 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 66 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 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 (SCIR, SCI - Budget Entity Level or SCIR, SCID - Departs documents package been submitted by the agency? 8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for	7.21	•					
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)) 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 66 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 2012-13 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 (SCIR, SCI - Budget Entity Level or SCIR, SCID - Departred. Has a separate department level Schedule I and supporting documents package been submitted by the agency? Y Y 8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for	7.22	·	N/A	N/A			
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 66 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 2012-13 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 (SCIR, SCI - Budget Entity Level or SCIR, SCID - Departr 8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency? 8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for	7.23	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	N/A	N/A			
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 66 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 2012-13 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 - Departr 8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency? 8. 2 Has a Schedule I and Schedule IB been completed in LAS/PBS for	TIP	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					
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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 2012-13 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 - Departrent and Schedule I and Supporting documents package been submitted by the agency? 8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for	TIP	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					
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8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency? 8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for	TIP	Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation.					
documents package been submitted by the agency? 8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for	8. SCH	IEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Ent	ity Leve	el or S	C1R, S	C1D - I)epartn
<u> </u>	8.1		Y	Y			
	8.2	•		Y			

		Program	or Service	e (Budget En	tity Codes
	Action	64100200	64100400		
8.3	Have the appropriate Schedule I supporting documents been				
	included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y		
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	N/A	N/A		
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	Y	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	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	N/A	N/A		
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b)</i> , <i>Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A	N/A		
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870,	Y	Y		
8.10	Are the statutory authority references correct?	Y	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	Y		
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/A	N/A		
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	N/A		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	N/A		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	N/A		
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	N/A		
8.17	If applicable, are nonrecurring revenues entered into Column	N/A	N/A		

		Program	or Service	(Budget Entit	y Codes
	Action	64100200	64100400		
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB				
	of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y	N/A		
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	N/A		
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y	N/A		
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	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	Y		
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y		
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y	Y		
8.25	Are current year September operating reversions appropriately shown in column A02?	Y	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	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	Y	Y		
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y		
AUDITS			,		
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	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? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y	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	Y		

		Program	or Servic	e (Budg	et Entit	y Codes
	Action	64100200	64100400			
TIP	The Schedule I is the most reliable source of data concerning the					
111	trust funds. It is very important that this schedule is as accurate as					
	possible!					
TETE						
TIP	Determine if the agency is scheduled for trust fund review. (See					
	page 125 of the LBR Instructions.) Transaction DFTR in					
	LAS/PBS is also available and provides an LBR review date for					
TIP	Review the unreserved fund balances and compare revenue totals					
	to expenditure totals to determine and understand the trust fund					
TIP	Typically nonoperating expenditures and revenues should not be a					
	negative number. Any negative numbers must be fully justified.					
9. SCH	EDULE 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 157 of the LBR					
	Instructions.)	Y	Y			
10 00	HEDLILE HI (DGCD, GCA)	1	1			
I	HEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page		/.			
	90 of the LBR Instructions.)	N/A	N/A			
10.2	Are amounts in Other Salary Amount appropriate and fully					
	justified? (See page 97 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. SC	HEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	Y	Y			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they					
	will not appear in the Schedule IV.					
12. SC	HEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc.					
	reported on the Schedule VIII-A? Are the priority narrative					
	explanations adequate?	Y	Y			
13. SCI	HEDULE VIIIB-1 (EADR, S8B1)					
13.1	NOT REQUIRED FOR THIS YEAR					
	HEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages					
	102 through 104 of the LBR Instructions regarding a 5% reduction					
	in recurring General Revenue and Trust Funds, including the					
	verification that the 33BXXX0 issue has NOT been used?	Y	Y			
15. SCI	HEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 105-109 o	f the L		tructio	ons fo	r detai
	: in (coloring city) (Literia and item bee puge 100 100 0					

		Program	Program or Service (Budget Entity Codes			
	Action	64100200	64100400)		
17.1	A					
15.1	Agencies are required to generate this spreadsheet via the					
	LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida					
	Performs Website. (Note: Pursuant to <i>section 216.023(4) (b)</i> , <i>Florida Statutes</i> , the Legislature can reduce the funding level for					
	any agency that does not provide this information)	Y	Y			
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the					
	LRPP and LBR match?	Y	Y			
AUDIT	S INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2011-12 Actual (prior year) Expenditures in Column					
	A36 reconcile to Column A01? (GENR, ACT1)	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	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	Y	Y			
15.6	Has the agency provided the necessary standard (Record Type 5)					
10.0	for all activities which should 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	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	Y			
TIP	If Section I and Section III have a small difference, it may be due					
	to rounding and therefore will be acceptable.					
16. MA	NUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages					
	110 through 154 of the LBR Instructions), and are they accurate					
	and complete?	Y	Y			
16.2	Are appropriation category totals comparable to Exhibit B, where					
	applicable?	Y	Y			
16.3	Are agency organization charts (Schedule X) provided and at the					
	appropriate level of detail?	Y	Y			
<i>AUDIT</i>	S - GENERAL INFORMATION					
TIP	Review Section 6: Audits of the LBR Instructions (pages 156-					
	158) for a list of audits and their descriptions.					

		Program or Service (Budget Entity Cod					
	Action	64100200	64100400)			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.						
17. CA	PITAL IMPROVEMENTS PROGRAM (CIP)						
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	N/A	N/A				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	N/A	N/A				
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	N/A	N/A				
17.5	Are the appropriate counties identified in the narrative?	N/A	N/A				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	N/A	N/A				
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						
18. FL	ORIDA 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	Y	Y				

Department/Budget Entity (Service): HEALTH / Executive Direction and Support

Agency Budget Officer/OPB Analyst Name: Terry Walters / Michelle Tallent

		Program or Service (Budget Entity Codes)				Codes)
	Action	64200100	64200200	64200300	64200400	64200600
-		ı			I	
1. GEN	NERAL			_		
1.1	Are Columns A01, A02, A04, A05, A36, A93, IA1, IA5, IP1, 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	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	N/A	N/A	N/A
AUDITS	S:					
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y	Y	N/A	N/A	N/A
1.4	Has security been set correctly? (CSDR, CSA)	Y	Y	Y	Y	Y
	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. EXH	HIBIT 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 58 of the LBR Instructions?	Y	Y	Y	Y	Y
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 30)? Do they clearly describe the issue?	Y	Y	N/A	N/A	N/A
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 30) been followed?	Y	Y	N/A	N/A	N/A
3. EXF	HIBIT 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.	N/A	N/A	N/A	N/A	N/A

		Progra	m or Serv	rice (Budg	get Entity	Codes)
	Action	64200100	64200200	64200300	64200400	64200600
		•			: I	
3.2	Are the 33XXXX0 issues negative amounts only and do not					
	restore nonrecurring cuts from a prior year or fund any issues that					
	net to a positive or zero amount? Check D-3A issues 33XXXX0 -					
	a unique issue should be used for issues that net to zero or a	N/A	Y	N/A	N/A	N/A
AUDITS	S:					
3.3	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	Y
3.4	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	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 - EXZE	HDIED (EADD EVD)					
	HBIT D (EADR, EXD)				l	
4.1	Is the program component objective statement consistent with the					
	agency LRPP, and does it conform to the directives provided on					
	page 61 of the LBR Instructions?	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	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. EXI	HIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a					
	manual check.)	Y	Y	Y	Y	Y
AUDITS	S:					
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	Y
•			l .	i .		

			Prograi	m or Serv	ice (Budg	get Entity	Codes)
	Action		64200100	64200200	64200300	64200400	64200600
	// · · · · · · · · · · · ·	. 5	•				
_	e/Appropriation Ledger Comp	_					
	han Column B04? (EXBR, E	_					
differences fieed t	o be corrected in Column A)1.)	N/A	N/A	Y	Y	Y
5.4 A01/State Account	s Disbursements and Carry Fo	rward	14/11	14/71	1	1	1
	t: Does Column A01 equal Co						
	Differences need to be correct						
A01.)			N/A	N/A	N/J	Y	Y
•	ive amounts, the agency must	make	14/11	14/11	1 1/ 3	1	1
3	umn A01 to correct the object						
e e e e e e e e e e e e e e e e e e e	otals must be adjusted to refle						
	bject totals do not agree or ne agency must adjust Column A	· ·					
·	<u> </u>						
	ss than B04: This audit is to e						
	carry/certifications forward in pproved budget. Amounts sho						
· ·		•					
-	to A01, check the following:	·					
	ents or carry forward data load						
	01; 2) the disbursement data fr	_	6420	00300 -	There a	re insta	nces
	iled to State Accounts; and 3)						ecause
disbursements and i	not change after Column B08	was created.		B8 is gr	eater th	an B04.	
6. EXHIBIT D-3 (ED3R,	ED3) (Not required in the L	BR - for analytica	al purp	oses on	ly.)		
6.1 Are issues appropri	iately aligned with appropriati	ion categories?	Y	Y			
TIP Exhibit D-3 is no lo	onger required in the budget so	ubmission but					
The state of the s	this particular appropriation c						
sort. Exhibit D-3 i	s also a useful report when ide	entifying negative					
appropriation categ	ory problems.						
7. EXHIBIT D-3A (EADI	R, ED3A)						
7.1 Are the issue titles	correct and do they clearly ide	entify the issue?					
(See pages 15 thro	ugh 30 of the LBR Instruction	s.)	Y	Y	N/A	N/A	N/A
7.2 Does the issue narr	ative adequately explain the a	gency's request					
and is the explanat	ion consistent with the LRPP?	(See page 66-67					
of the LBR Instruc	tions.)		Y	Y	N/A	N/A	N/A
	for Information Technology (I						
	ative requirements described o	on pages 68					
through 70 of the L			Y	Y	N/A	N/A	N/A
	an IT component identified w						
	??" field? If the issue contains						
component, has that	at component been identified a	and documented?	Y	Y	N/A	N/A	N/A
	ative explain any variances fro						
_	nn Resource Services Assessm						
the nonrecurring po	ortion in the nonrecurring colu	ımn? (See pages					
E-4 and E-5 of the							

		Progra	m or Serv	ice (Bud	get Entity	Codes)
	Action	64200100	64200200	64200300	64200400	64200600
7.6	Does the salary rate request amount accurately reflect any new					
7.0	requests and are the amounts proportionate to the Salaries and					
	Benefits request? Note: Salary rate should always be annualized.	Y	Y	N/A	N/A	N/A
7.7	Does the issue narrative thoroughly explain/justify all Salaries and		1	1 \ //A	1 V /A	IV/A
7.7	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	Y	Y	N/A	N/A	N/A
7.8	Does the issue narrative include the Consensus Estimating	1	1	11/71	11/11	14/74
7.0	Conference forecast, where appropriate?	Y	N/A	N/A	N/A	N/A
7.9	Does the issue narrative reference the specific county(ies) where	1	14/11	14/11	14/11	11/11
7.5	applicable?	Y	Y	N/A	N/A	N/A
7.10	Do the 160XXX0 issues reflect budget amendments that have	1	•	14/11	14/11	1 1/11
7.10	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 #13-003?	N/A	N/A	N/A	N/A	N/A
7.11	When appropriate are there any 160XXX0 issues included to	1 1/11	1 1/11	11/11	11/11	1 1// 1 1
,,,,,	delete positions placed in reserve in the OPB Position and Rate					
	Ledger (e.g. unfunded grants)? Note: Lump sum appropriations					
	not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A	N/A	N/A	N/A	N/A
7.12	Does the issue narrative include plans to satisfy additional space	1 1/12	1 1/11	1 1/1 1	1 1/1 1	1 1/1 1
	requirements when requesting additional positions?	N/A	N/A	N/A	N/A	N/A
7.13	Has the agency included a 160XXX0 issue and 210XXXX and					
	260XXX0 issues as required for lump sum distributions?	N/A	N/A	N/A	N/A	N/A
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y	N/A	N/A	N/A
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the					
	fifth position of the issue code (XXXXAXX) and are they self-					
	contained (not combined with other issues)? (See page 29 and 88					
	of the LBR Instructions.)	Y	Y	N/A	N/A	N/A
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C"					
	in the sixth position of the issue code (36XXXCX) and are the					
	correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C02C0, 24010C0, 23001C0 or 55C01C0)?					
	17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y	N/A	N/A	N/A	N/A
7.17	Are the issues relating to major audit findings and					
	recommendations properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A
7.18	Does the issue narrative identify the strategy or strategies in the					
	Five Year Statewide Strategic Plan for Economic Development as					
	requested in Memo# 13-010?	Y	Y	N/A	N/A	N/A
AUDIT:		1				
7.19	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")	37	17	17	17	X 7
	Selection reporting)	Y	Y	Y	Y	Y

		Progra	m or Serv	rice (Budg	get Entity	Codes)
	Action	64200100	64200200	64200300	64200400	64200600
7.20				l		
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A	N/A	N/A	N/A	N/A
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	Y	Y	N/A	N/A	N/A
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y	Y	N/A	N/A	N/A
7.23	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))	N/A	N/A	N/A	N/A	N/A
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 66 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 2012-13 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. SCH	IEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Ent	ity Leve	or SC	1R, SC1	D - Depa	artment
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y	Y	Y
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y	Y	Y	Y	Y

		Progra	m or Serv	vice (Budg	get Entity	Codes)
	Action	64200100	64200200	64200300	64200400	64200600
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y	Y	Y
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y	Y	N/A	N/A	N/A
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	Y	Y	N/A	N/A	N/A
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	Y	Y	Y	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	N	N	N	N	N
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A	N/A	N/A	N/A	N/A
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870,	Y	Y	Y	Y	Y
8.10	Are the statutory authority references correct?	Y	Y	Y	Y	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	Y	Y	Y	Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y	N/A	N/A	N/A	N/A
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	N/A	N/A	N/A
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	Y	Y	Y
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	N/A	N/A	N/A
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	N/A	N/A	N/A
8.17	If applicable, are nonrecurring revenues entered into Column	Y	Y	N/A	N/A	N/A

		Progra	m or Serv	rice (Budg	get Entity	Codes)
	Action	64200100	64200200	64200300	64200400	64200600
0.10	II d .'C' 1d 1 A00					
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the					
	certification include a statement that the agency will notify OPB					
	of any significant changes in revenue estimates that occur prior to					
	the Governor's Budget Recommendations being issued?	Y	Y	N/A	N/A	N/A
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is	-		1 1/1 1	1 1/1 1	1 1/1 1
0.13	sufficient justification provided for exemption? Are the additional					
	narrative requirements provided?	Y	Y	N/A	N/A	N/A
8.20	Are appropriate service charge nonoperating amounts included in	_		1 1/11	1 1/11	14/11
0.20	Section II?	Y	Y	N/A	N/A	N/A
8.21	Are nonoperating expenditures to other budget	1	1	14/11	14/21	14/11
0.21	entities/departments cross-referenced accurately?	Y	Y	N/A	N/A	N/A
8.22	Do transfers balance between funds (within the agency as well as	1	1	1 1/ / 1	1 1/ / 1	1 1/ / 1
0.22	between agencies)? (See also 8.6 for required transfer					
	confirmation of amounts totaling \$100,000 or more.)	Y	Y	Y	Y	Y
8.23	Are nonoperating expenditures recorded in Section II and	1	1	1	1	1
0.23	adjustments recorded in Section III?			27/1		27/1
	•	Y	Y	N/A	N/A	N/A
8.24	Are prior year September operating reversions appropriately					
	shown in column A01?	N/A	N/A	Y	Y	Y
8.25	Are current year September operating reversions appropriately					
	shown in column A02?	Y	Y	N/A	N/A	N/A
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	Y	N/A	N/A	N/A
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	N/A	N/A	Y	Y	Y
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the					
	Schedule IC?	N/A	N/A	Y	Y	Y
AUDITS	s:				<u> </u>	I
8.29	Is Line I a positive number? (If not, the agency must adjust the					
	budget request to eliminate the deficit).					
		Y	Y	Y	Y	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? If a Schedule IB was prepared, do the totals agree with the					
	Schedule I, Line I? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")					
0.61		Y	Y	Y	Y	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)					
	amount: If not, the agency must correct Line A. (SCIR, DEP1)	Y	Y	Y	Y	Y

		Progra	m or Serv	rice (Budg	get Entity	Codes)
	Action	64200100	64200200	64200300	64200400	64200600
TIP	The Schedule I is the most reliable source of data concerning the					
111	trust funds. It is very important that this schedule is as accurate as					
	possible!					
TEID						
TIP	Determine if the agency is scheduled for trust fund review. (See					
	page 125 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for					
TIP	Review the unreserved fund balances and compare revenue totals					
	to expenditure totals to determine and understand the trust fund					
TIP	Typically nonoperating expenditures and revenues should not be a					
	negative number. Any negative numbers must be fully justified.					
	EDULE II (PSCR, SC2)					
AUDIT	:					
9.1	Is the pay grade minimum for salary rate utilized for positions in					
	segments 2 and 3? (BRAR, BRAA - Report should print "No					
	Records Selected For This Request") Note: Amounts other					
	than the pay grade minimum should be fully justified in the D-3A					
	issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR					
	Instructions.)	Y	Y	Y	Y	Y
10. SC	HEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page					
	90 of the LBR Instructions.)	Y	Y	N/A	N/A	N/A
10.2	Are amounts in Other Salary Amount appropriate and fully					
	justified? (See page 97 of the LBR Instructions for appropriate					
	use of the OAD transaction.) Use OADI or OADR to identify					
	agency other salary amounts requested.	Y	Y	N/A	N/A	N/A
11. SC	HEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	Y	Y	N/A	N/A	N/A
TIP	If IT issues are not coded correctly (with "C" in 6th position), they					
	will not appear in the Schedule IV.					
12. SC	HEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc.					
	reported on the Schedule VIII-A? Are the priority narrative					
	explanations adequate?	Y	Y	N/A	N/A	N/A
13. SC	HEDULE VIIIB-1 (EADR, S8B1)					
13.1	NOT REQUIRED FOR THIS YEAR					
14. SC	HEDULE VIIIB-2 (EADR, S8B2)			I		
14.1	Do the reductions comply with the instructions provided on pages					
	102 through 104 of the LBR Instructions regarding a 5% reduction					
	in recurring General Revenue and Trust Funds, including the					
	verification that the 33BXXX0 issue has NOT been used?	Y	Y	N/A	N/A	Y
15. SC	HEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 105-109 o	f the L	BR Ins	truction	ıs for d	etailed

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		Progra	m or Serv	ice (Budg	get Entity	Codes)
	Action	64200100	64200200	64200300	64200400	64200600
15.1	Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b),					
	Florida Statutes, the Legislature can reduce the funding level for	Y	Y	Y	Y	Y
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y	Y	Y	Y	Y
AUDIT	S INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2011-12 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	N/A	N/A	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")	N/A	N/A	Y	Y	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	N/A	N/A	Y	Y	Y
15.6	Has the agency provided the necessary standard (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	Y	Y	Y	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	Y	Y	Y	Y
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					
16. MA	NUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y	Y	Y	Y	Y
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	Y
AUDIT.	S - GENERAL INFORMATION					
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions (pages 156-158) for a list of audits and their descriptions.					

	Program or Service (Budget Entity Codes								
	Action	64200100	64200200	64200300	64200400	64200600			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.								
17. CA	PITAL IMPROVEMENTS PROGRAM (CIP)								
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	N/A	N/A	N/A	N/A	N/A			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A	N/A	N/A	N/A	N/A			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	N/A	N/A	N/A	N/A	N/A			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	N/A	N/A	N/A	N/A	N/A			
17.5	Are the appropriate counties identified in the narrative?	N/A	N/A	N/A	N/A	N/A			
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	N/A	N/A	N/A	N/A	N/A			
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								
18. FL	ORIDA 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	Y	Y	Y	Y	Y			

Department/Budget Entity (Service): HEALTH / Community Public Health

Agency Budget Officer/OPB Analyst Name: Terry Walters / Michelle Tallent

		Program or Service (Bud			get Entity	Codes
	Action	64200700	64200800			
1. GEN	NERAL					
1.1	Are Columns A01, A02, A04, A05, A36, A93, IA1, IA5, IP1, 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			
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			
AUDIT	S:			<u> </u>		
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y	Y			
1.4	Has security been set correctly? (CSDR, CSA)	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. EXI	HIBIT 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 58 of the LBR Instructions?	Y	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y			
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 30)? Do they clearly describe the issue?	Y	Y			
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 30) been followed?	Y	Y			
3. EXI	HIBIT 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	Y			

		Program	or Servi	ce (Budg	get Entity	Codes)
	Action	64200700	64200800			
3.2	Are the 33XXXX0 issues negative amounts only and do not					
0.2	restore nonrecurring cuts from a prior year or fund any issues that					
	net to a positive or zero amount? Check D-3A issues 33XXXX0 -					
	a unique issue should be used for issues that net to zero or a	N/A	N/A			
AUDITS	3:					
3.3	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")					
2.4		Y	Y			
3.4	Current Year Estimated Verification Comparison Report: Is					
	Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	37	37			
TID		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.					
-	IIBIT D (EADR, EXD)	1	1	T	Т	
4.1	Is the program component objective statement consistent with the					
	agency LRPP, and does it conform to the directives provided on					
4.2	page 61 of the LBR Instructions?	Y	Y			
4.2	Is the program component code and title used correct?	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 FXH	IIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a					
	manual check.)	Y	Y			
AUDITS		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
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			

		Program	or Servic	ce (Budg	get Entity	Codes)
	Action	64200700	64200800			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y	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.)	Y	N/J			
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					
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2011-12 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.	B08 i	A01 does not equal B08 because B08 is greater than B04. There are also differences due the nature of the Biomedical Research Trust Fund.			
6. EXH	IIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytic		•	ly.)		
6.1	Are issues appropriately aligned with appropriation categories?	Y	Y			
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXH	IIBIT D-3A (EADR, ED3A)		_			
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 30 of the LBR Instructions.)	Y	Y			
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.)	Y	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions?	Y	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	Y			
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y	Y			

		Program	or Servic	e (Budge	et Entity	Codes)
	Action	64200700	64200800			
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y	Y			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of	Y	Y			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A	N			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y	N/A			
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 #13-003?	Y	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR , PLMO)	Y	Y			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y	Y			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y			
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 29 and 88 of the LBR Instructions.)	Y	Y			
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y	Y			
7.17	Are the issues relating to major audit findings and recommendations properly coded (4A0XXX0, 4B0XXX0)?	Y	Y			
7.18	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development as requested in Memo# 13-010?	Y	Y			
AUDIT:			-			
7.19	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			

		Program	or Servic	e (Budg	get Entity	(Codes)
	Action	64200700	64200800			
7.20	Does the General Revenue for 160XXXX (Adjustments to Current					
7.20	Year Expenditures) issues net to zero? (GENR, LBR1)	N/A	N/A			
7.21	Does the General Revenue for 180XXXX (Intra-Agency	1 1/1 1	1 1/1 1			
	Reorganizations) issues net to zero? (GENR, LBR2)	Y	Y			
7.22	Does the General Revenue for 200XXXX (Estimated					
	Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y	Y			
7.23	Have FCO appropriations been entered into the nonrecurring					
	column A04? (GENR, LBR4 - Report should print "No					
	Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State					
	Capital Outlay - Public Education Capital Outlay (IOE L)	Y	Y			
TIP	Salaries and Benefits amounts entered using the OADA/C	1	1			
111	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 66 through 70 of the LBR Instructions.					
TIP	Check BAPS to verify status of budget amendments. Check for					
111	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 2012-13 General					
111	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. SCH	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Ent	ity Leve	l or SC1	R, SC	1D - De	partme
8.1	Has a separate department level Schedule I and supporting					
	documents package been submitted by the agency?	Y	Y			
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for					
	each operating trust fund?	Y	Y			

		Program	or Service	e (Budget Ent	ity Codes)
	Action	64200700	64200800		
8.3	Have the appropriate Schedule I supporting documents been				
0.5	included for the trust funds (Schedule IA, Schedule IC, and				
	Reconciliation to Trial Balance)?	Y	Y		
8.4	Have the Examination of Regulatory Fees Part I and Part II forms				
	been included for the applicable regulatory programs?	N/A	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	Y	W		
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been	Y	Y		
0.0	included as applicable for transfers totaling \$100,000 or more for				
	the fiscal year?	Y	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	N	N		
8.8	If the agency is scheduled for the annual trust fund review this				
	year, have the necessary trust funds been requested for creation				
	pursuant to <i>section 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable legislation?				
0.0	<u> </u>	N/A	N/A		
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect				
	receipts (object codes 000700, 000750, 000799, 001510 and				
	001599)? For non-grant federal revenues, is the correct revenue				
	code identified (codes 000504, 000119, 001270, 001870,	Y	Y		
8.10	Are the statutory authority references correct?	Y	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	Y		
8.12	Is this an accurate representation of revenues based on the most				
6.1-	recent Consensus Estimating Conference forecasts?	N/A	Y		
8.13	If there is no Consensus Estimating Conference forecast available,				
0.14	do the revenue estimates appear to be reasonable?	Y	Y		
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	***	37		
0 15	-	Y	Y		
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y		
8.16	Are the Schedule I revenues consistent with the FSI's reported in	1	1		
0.10	the Exhibit D-3A?	Y	Y		
8.17	If applicable, are nonrecurring revenues entered into Column	Y	Y		

		Program	or Servic	e (Budge	t Entity	Codes)
	Action	64200700	64200800			
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to					
	the Governor's Budget Recommendations being issued?	Y	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	Y			
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y	Y			
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	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	Y			
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y			
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y	Y			
8.25	Are current year September operating reversions appropriately shown in column A02?	Y	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	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	Y	Y			
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y			
AUDITS		•			T	
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	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? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y	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	Y			

		Program	or Servic	e (Budget	Entity	Codes)
	Action	64200700	64200800			
TID	The Cohedule Liether west reliable source of data concerning the					
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 125 of the LBR Instructions.) Transaction DFTR in					
	LAS/PBS is also available and provides an LBR review date for					
TIP	Review the unreserved fund balances and compare revenue totals					
	to expenditure totals to determine and understand the trust fund					
TIP	Typically nonoperating expenditures and revenues should not be a					
	negative number. Any negative numbers must be fully justified.					
0 SCH	EDULE II (PSCR, SC2)					
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in			Т	Т	
9.1	segments 2 and 3? (BRAR, BRAA - Report should print "No					
	Records Selected For This Request") Note: Amounts other					Ì
	than the pay grade minimum should be fully justified in the D-3A					Ì
	issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR					Ì
	Instructions.)					Ì
	instructions.)	Y	Y			
10. SC	HEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page					
	90 of the LBR Instructions.)	Y	Y			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully					
	justified? (See page 97 of the LBR Instructions for appropriate					ì
	use of the OAD transaction.) Use OADI or OADR to identify					ì
	agency other salary amounts requested.	Y	Y			
11. SC	HEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	Y	N/A			
TIP	If IT issues are not coded correctly (with "C" in 6th position), they					
	will not appear in the Schedule IV.					
12 SCI	HEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc.					
14.1	reported on the Schedule VIII-A? Are the priority narrative					1
	explanations adequate?	37	37			
10 00	*	Y	Y			
I	HEDULE VIIIB-1 (EADR, S8B1)		ı	<u> </u>		
13.1	NOT REQUIRED FOR THIS YEAR					
	HEDULE VIIIB-2 (EADR, S8B2)		ı			
14.1	Do the reductions comply with the instructions provided on pages					1
	102 through 104 of the LBR Instructions regarding a 5% reduction					
	in recurring General Revenue and Trust Funds, including the					1
	verification that the 33BXXX0 issue has NOT been used?	Y	Y			
15. SC	HEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 105-109 o	f the L	BR Inst	ruction	s for o	detaile

		Program or Service (Budget Entity Code				Codes)
	Action	64200700	64200800			
15.1	Agencies are required to generate this spreadsheet via the					
	LAS/PBS Web. The Final Excel version no longer has to be					
	submitted to OPB for inclusion on the Governor's Florida					
	Performs Website. (Note: Pursuant to section 216.023(4) (b),					
	Florida Statutes, the Legislature can reduce the funding level for	Y	Y			
15.0	any agency that does not provide this information)	1	1			
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the	• •				
	LRPP and LBR match?	Y	Y			
	S INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2011-12 Actual (prior year) Expenditures in Column					
	A36 reconcile to Column A01? (GENR, ACT1)	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	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	Y	Y			
15 6			-			
15.6	Has the agency provided the necessary standard (Record Type 5)					
	for all activities which should 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	Y	Y			
15.7	Schedule XI submitted again.) Does Section I (Final Budget for Agency) and Section III (Total		-			
13.7						
	Budget for Agency) equal? (Audit #4 should print "No					
	Discrepancies Found'')	Y	Y			
TIP	If Section I and Section III have a small difference, it may be due					
	to rounding and therefore will be acceptable.					
16. MA	ANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages					
	110 through 154 of the LBR Instructions), and are they accurate					
	and complete?	Y	Y			
16.2	Are appropriation category totals comparable to Exhibit B, where	-				
10.2	applicable?	Y	Y			
16.3	Are agency organization charts (Schedule X) provided and at the					
	appropriate level of detail?	Y	Y			
AUDIT.	S - GENERAL INFORMATION					
TIP	Review Section 6: Audits of the LBR Instructions (pages 156-					
- 11	158) for a list of audits and their descriptions.					
	, a not of additional descriptions.					

		Program	or Servic	e (Budg	get Entity	Codes)
	Action	64200700	64200800			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
17. CA	PITAL IMPROVEMENTS PROGRAM (CIP)	•				
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y			
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y	Y			
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y			
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y	Y			
17.5	Are the appropriate counties identified in the narrative?	Y	Y			
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y	Y			
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as					
18. FL	ORIDA 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	Y	Y			

Department/Budget Entity (Service): HEALTH / Children's Special Health Care	
Agency Budget Officer/OPB Analyst Name: Terry Walters / Michele Tallent	

		Program or	Service (B	udget Ent	ity Codes
	Action	64300100			
1. GEN	NEDAI				
1.1	Are Columns A01, A02, A04, A05, A36, A93, IA1, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y			
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y			
AUDITS	<u> </u>	1			
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y			
1.4	Has security been set correctly? (CSDR, CSA)	Y			
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.				
2. EXI	HIBIT A (EADR, EXA)	· L			
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 58 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 30)? Do they clearly describe the issue?	Y			
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 30) been followed?	Y			
3. EXI	HIBIT 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.	N/A			
3.2	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	N/A			
AUDITS		N/A			

		Program	or Serv	ice (Bu	dget Enti	ty Codes
	Action	64300100				
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXI	HIBIT 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 61 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.			1		
5. EXI	HIBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDIT	S					
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
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.)	Y				
			1	1	Ī	Ī

		Program	or Servi	ice (Bud	lget Entit	y Codes
	Action	64300100				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2011-12 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXH	HIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purpo	ses onl	y.)			
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXH	HIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 30 of the LBR Instructions.)	Y				
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.)	Y				
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions?	Y				
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y				
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y				

		Program or S	ervice (Budg	et Entity Codes)
	Action	64300100		
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y		
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y		
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #13-003?	Y		
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	Y		
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y		
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A		
7.14	Do the amounts reflect appropriate FSI assignments?	Y		
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 29 and 88 of the LBR Instructions.)	Y		
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y		
7.17	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	Y		
7.18	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development as requested in Memo# 13-010?	Y		
AUDIT:				
7.19	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y		
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	Y		
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	Y		
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y		

		Program	or Serv	ice (Bud	get Entit	y Codes
	Action	64300100				
7.23	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))	N/A				
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 66 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 2012-13 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. SCH	HEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level	or SC1	R, SC1	D - De _l	partmei	nt Leve
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 and Schedule IB 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 IC, and Reconciliation to Trial	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				

		Program	or Servi	ce (Bud	get Entity	y Codes
	Action	64300100				
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?	Y				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), <i>Florida Statutes</i> - including the Schedule ID and applicable legislation?	Y				
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)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y				
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y				
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y				
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y				
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04? Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget	Y				
8.19	Recommendations being issued? 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				

		Program	or Servi	ce (Bud	get Entit	y Codes
	Action	64300100				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y				
8.25	Are current year September operating reversions appropriately shown in column A02?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y				
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y			·	
AUDITS	S:					
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? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? (SC1R, SC1A - Report should print "No Discrepancies Exist For This	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 125 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
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. SCH	IEDULE II (PSCR, SC2)					
AUDIT						

		Program	or Servi	ce (Bud	get Entity	y Codes)
	Action	64300100				
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR Instructions.)	Y				
10. SC	HEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 90 of the LBR Instructions.)	Y				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 97 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
	HEDULE 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. SC	HEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y				
13. SC	HEDULE VIIIB-1 (EADR, S8B1)					
13.1	NOT REQUIRED FOR THIS YEAR					
14. SC	HEDULE VIIIB-2 (EADR, S8B2)					
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 5% reduction in recurring General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used?	Y				
15. SC	HEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 105-109 of the LB	R Insti	ruction	s for o	detaile	d instr
15.1	Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (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?	Y				
AUDIT	S INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2011-12 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)					
15.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				

		Program	or Servi	ice (Bud	get Entity	y Codes
	Action	64300100				
1.7.7	December 15 (10 Control of 10		1			-
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		Y				
15.6	Has the agency provided the necessary standard (Record Type 5) for all					
	activities which should appear in Section II? (Note: Audit #3 will identify					
	those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in					
	Section III with the 'Payment of Pensions, Benefits and Claims' activity and					
	'Other' activities. Verify if these activities should be displayed in Section					
	III. If not, an output standard would need to be added for that activity and					
	the Schedule XI submitted again.)					
		Y				
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for					
	Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to				•	
	rounding and therefore will be acceptable.					
16. MA	ANUALLY PREPARED EXHIBITS & SCHEDULES					
16.1	Do exhibits and schedules comply with LBR Instructions (pages 110					
	through 154 of the LBR Instructions), and are they accurate and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where					
	applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the					
	appropriate level of detail?	Y				
	S - GENERAL INFORMATION					
TIP	Review Section 6: Audits of the LBR Instructions (pages 156-158) 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. CA	PITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP					
	Instructions)?	Y				
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP					
	Instructions)?	Y				
17.4	Does the agency request include 5 year projections (Columns A03, A06,					
	A07, A08 and A09)?	Y				
17.5	Are the appropriate counties identified in the narrative?	Y				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency					
	priority for each project and the modified form saved as a PDF document?	Y				
	• • •	1 -	I	ı İ	l	

		Program	Program or Service (Budget Entity				
	Action	64300100					
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. FL	ORIDA 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					

Fiscal Year 2013-14 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / HEALTH CARE PRACTIONER AND ACCESS

Agency Budget Officer/OPB Analyst Name: Terry Walters / Michelle Tallent

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.

explana	tion/justification (additional sheets can be used as necessary), and "TIPS" a			a • •
	Action	Progran	n or Service (Budget Entit	y Codes)
	Action	64400100	64400200	
1. GEN	NERAL			
1.1	Are Columns A01, A02, A04, A05, A36, A93, IA1, IA5, IP1, 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	
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)		N/A	
AUDIT	S:			
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y	Y	
1.4	Has security been set correctly? (CSDR, CSA)	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. EXI	HIBIT 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 58 of the LBR Instructions?	Y	Y	
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 30)? Do they clearly describe the issue?	Y	N/A	
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 30) been followed?	Y	N/A	
3. EXI	HIBIT 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.	N/A	N/A	

		Program	or Service (Bud	get Entity	Codes)
	Action	64400100	6440020	0	
3.2	Are the 33XXXX0 issues negative amounts only and do not				
3.2	restore nonrecurring cuts from a prior year or fund any issues that				
	net to a positive or zero amount? Check D-3A issues 33XXXX0 -				
	a unique issue should be used for issues that net to zero or a	Y	NT/A		
AIDIT	,	Y	N/A		
AUDIT		1		T	l
3.3	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")	37	37		
2.4		Y	Y	1	
3.4	Current Year Estimated Verification Comparison Report: Is				
	Column A02 equal to Column B07? (EXBR, EXBC - Report	***	37/4		
EV.	should print "Records Selected Net To Zero")	Y	N/A		
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. EXI	HIBIT 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 61 of the LBR Instructions?	Y	Y		
4.2	Is the program component code and title used correct?	Y	Y		
TIP	Fund shifts or transfers of services or activities between program		<u> </u>	<u>I</u>	
	components will be displayed on an Exhibit D whereas it may not				
	be visible on an Exhibit A.				
5. EXI	HBIT D-1 (ED1R, EXD1)	I			
5.1	Are all object of expenditures positive amounts? (This is a				
	manual check.)	Y	Y		
AUDIT	S				
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		

		Prograi	n or Serv	rice (Budg	et Entity	Codes)
	Action	64400100		64400200		
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y		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.)	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					
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2011-12 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.					
6. EXF	HBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytic	al pur	poses o	nly.)		
6.1	Are issues appropriately aligned with appropriation categories?	Y		Y		
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.					
7. EXE	HBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 30 of the LBR Instructions.)	Y		Y		
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.)	Y		N/A		
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions?	Y		N/A		
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		N/A		
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y		N/A		
	<u>'</u>		<u> </u>	1 1 / /1		

		Program	or Service (Budget Entity	Codes)
	Action	64400100	64400200	
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y	N/A	
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	Y	N/A	
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A	N/A	
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A	N/A	
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 #13-003?	Y	N/A	
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR , PLMO)	Y	N/A	
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y	N/A	
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	Y	N/A	
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y	
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 29 and 88 of the LBR Instructions.)	Y	N/A	
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y	N/A	
7.17	Are the issues relating to major audit findings and recommendations properly coded (4A0XXX0, 4B0XXX0)?	Y	N/A	
7.18	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development as requested in Memo# 13-010?	Y	N/A	
AUDIT:				
7.19	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	

		Program	n or Service	(Budget Ent	ity Codes)
	Action	64400100	64-	400200	
7.20	Does the General Revenue for 160XXXX (Adjustments to Current			· ·	
7.20	Year Expenditures) issues net to zero? (GENR, LBR1)	Y		N/A	
7.21	Does the General Revenue for 180XXXX (Intra-Agency				
	Reorganizations) issues net to zero? (GENR, LBR2)	Y	ı	N/A	
7.22	Does the General Revenue for 200XXXX (Estimated				
	Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y	ľ	N/A	
7.23	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))	N/A	l	N/A	
TIP	Salaries and Benefits amounts entered using the OADA/C		<u> </u>	ı	
	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 66 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).				
TID					
TIP	If an appropriation made in the FY 2012-13 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. SCH	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Ent	ity Leve	el or SC1R	, SC1D - D) Departmer
8.1	Has a separate department level Schedule I and supporting				
	documents package been submitted by the agency?		1	N/A	
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for				
	each operating trust fund?	Y	1	N/A	

		Progran	n or Service (Budget En	tity Codes)
	Action	64400100	64400200	
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?			
8.4	Have the Examination of Regulatory Fees Part I and Part II forms	Y	N/A	
0.7	been included for the applicable regulatory programs?	Y	N/A	
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	Y	N/A	
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	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	Y	N/A	
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b)</i> , <i>Florida Statutes</i> - including the Schedule ID and applicable legislation?	Y	N/A	
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870,	Y	Y	
8.10	Are the statutory authority references correct?	Y	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	N/A	
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/A	N/A	
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	N/A	
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	N/A	
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	N/A	
8.17	If applicable, are nonrecurring revenues entered into Column	Y	N/A	

		Progran	n or Service (Budge	t Entity Codes)
	Action	64400100	64400200	
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to			
	the Governor's Budget Recommendations being issued?	Y	N/A	
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	N/A	
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y	N/A	
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	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	Y	
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y	Y	
8.25	Are current year September operating reversions appropriately shown in column A02?	Y	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	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	Y	Y	
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	
AUDITS			1	
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	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? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y	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	Y	

		Program	or Servi	ce (Budget Entity	y Codes)
	Action	64400100		64400200	
TID					
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 125 of the LBR Instructions.) Transaction DFTR in				
	LAS/PBS is also available and provides an LBR review date for				
TIP	Review the unreserved fund balances and compare revenue totals				
	to expenditure totals to determine and understand the trust fund				
TIP	Typically nonoperating expenditures and revenues should not be a				
	negative number. Any negative numbers must be fully justified.				
9. SCH	EDULE II (PSCR, SC2)				
AUDIT					
9.1	Is the pay grade minimum for salary rate utilized for positions in				
,,,	segments 2 and 3? (BRAR, BRAA - Report should print "No				
	Records Selected For This Request") Note: Amounts other				
	than the pay grade minimum should be fully justified in the D-3A				
	issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR				
	Instructions.)				
	,	Y		N/A	
10. SCI	HEDULE III (PSCR, SC3)				
10.1	Is the appropriate lapse amount applied in Segment 3? (See page				
	90 of the LBR Instructions.)	Y		N/A	
10.2	Are amounts in Other Salary Amount appropriate and fully				
	justified? (See page 97 of the LBR Instructions for appropriate				
	use of the OAD transaction.) Use OADI or OADR to identify				
	agency other salary amounts requested.	Y		N/A	
11. SC	HEDULE IV (EADR, SC4)				
11.1	Are the correct Information Technology (IT) issue codes used?	Y		N/A	
TIP	If IT issues are not coded correctly (with "C" in 6th position), they		•		
	will not appear in the Schedule IV.				
12. SCI	HEDULE VIIIA (EADR, SC8A)				
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc.				
	reported on the Schedule VIII-A? Are the priority narrative				
	explanations adequate?	Y		N/A	
13 SC1	HEDULE VIIIB-1 (EADR, S8B1)	*		- 1/	
13.1	NOT REQUIRED FOR THIS YEAR			N/A	
				IV/A	
14.1	HEDULE VIIIB-2 (EADR, S8B2) Do the reductions comply with the instructions provided on pages.	l	I	T	1
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 5% reduction				
	in recurring General Revenue and Trust Funds, including the				
	verification that the 33BXXX0 issue has NOT been used?	Y		N/A	
15 00			DD T		14"
115. SCI	HEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 105-109 o	I the L	BK Inst	tructions for	detaile

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		Progran	n or Service (Budg	et Entity Cod	les)
	Action	64400100	64400200		
		: I			
15.1	Agencies are required to generate this spreadsheet via the				
	LAS/PBS Web. The Final Excel version no longer has to be				
	submitted to OPB for inclusion on the Governor's Florida				
	Performs Website. (Note: Pursuant to <i>section 216.023(4) (b)</i> , <i>Florida Statutes</i> , the Legislature can reduce the funding level for				
	any agency that does not provide this information	Y	N/A		
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the				
	LRPP and LBR match?	Y	N/A		
AUDIT	S INCLUDED IN THE SCHEDULE XI REPORT:			•	
15.3	Does the FY 2011-12 Actual (prior year) Expenditures in Column				
	A36 reconcile to Column A01? (GENR, ACT1)	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	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	Y	Y		
15.6	Has the agency provided the necessary standard (Record Type 5)				
15.0	for all activities which should 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	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	N/A		
TIP	If Section I and Section III have a small difference, it may be due			•	
	to rounding and therefore will be acceptable.				
16. MA	NUALLY PREPARED EXHIBITS & SCHEDULES				
16.1	Do exhibits and schedules comply with LBR Instructions (pages				
	110 through 154 of the LBR Instructions), and are they accurate				
	and complete?	Y	N/A		
16.2	Are appropriation category totals comparable to Exhibit B, where		1,111		
10.2	applicable?	Y	N/A		
16.3	Are agency organization charts (Schedule X) provided and at the				
	appropriate level of detail?	Y	N/A		
AUDIT	S - GENERAL INFORMATION				
TIP	Review Section 6: Audits of the LBR Instructions (pages 156-				
111	158) for a list of audits and their descriptions.				
	, and or and and mon deportphonia.				

		Program	n or Serv	ice (Budg	et Entity	Codes)
	Action	64400100		64400200		
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
17. CA	PITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	N/A		N/A		
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A		N/A		
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	N/A		N/A		
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	N/A		N/A		
17.5	Are the appropriate counties identified in the narrative?	N/A		N/A		
17.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	N/A		N/A		
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					
18. FL	ORIDA 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	Y		Y		

Fiscal Year 2013-14 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / Disability Determinations
Agency Budget Officer/OPB Analyst Name: Terry Walters / Michelle Tallent

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.

	tion/justification (additional sheets can be used as necessary), and "TIPS" a	Program or			ty Codes
	Action	64500100			
1. GEN	NERAL				
1.1	Are Columns A01, A02, A04, A05, A36, A93, IA1, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y			
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)				
AUDIT	S:				
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y			
1.4	Has security been set correctly? (CSDR, CSA)	Y			
	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. EXI	HIBIT 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 58 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 30)? Do they clearly describe the issue?	Y			
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 30) been followed?	Y			
3. EXI	HIBIT B (EXBR, EXB)	<u> </u>	<u> </u>	•	
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 Servi	ce (Bud	get Entity	y Codes)
	Action	64500100				
3.2	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a	N/A				
AUDITS	S:					
3.3	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.4	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.					
4. EXH	HBIT 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 61 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	Y				
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
5. EXH	HBIT D-1 (ED1R, EXD1)					
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y				
AUDITS	S					
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				

		Program	or Servi	ce (Bud	get Entit	y Codes)
	Action	64500100				
				1		
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward	1				
3.4	Comparison Report: Does Column A01 equal Column B08?					
	(EXBR, EXBD - Differences need to be corrected in Column					
	A01.)	N/J				
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					
TIP	If fund totals and object totals do not agree or negative object					
	amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the					
	disbursements and carry/certifications forward in A01 are less					
	than FY 2011-12 approved budget. Amounts should be positive.					
TIP	If B08 is not equal to A01, check the following: 1) the initial					
	FLAIR disbursements or carry forward data load was corrected					
	appropriately in A01; 2) the disbursement data from departmental					
	FLAIR was reconciled to State Accounts; and 3) the FLAIR		re are in			
	disbursements did not change after Column B08 was created.	does 1	not equa			B8 is
			greate	er than	B04.	
6. EXE	IIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytic	al purj	oses o	nly.)		
6.1	Are issues appropriately aligned with appropriation categories?	Y				
TIP	Exhibit D-3 is no longer required in the budget submission but					
	may be needed for this particular appropriation category/issue					
	sort. Exhibit D-3 is also a useful report when identifying negative					
	appropriation category problems.					
7. EXE	IIBIT D-3A (EADR, ED3A)					
7.1	Are the issue titles correct and do they clearly identify the issue?					
	(See pages 15 through 30 of the LBR Instructions.)	Y				
7.2						
· · · -	Does the issue narrative adequately explain the agency's request					
	and is the explanation consistent with the LRPP? (See page 66-67					
	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.)	Y				
7.3	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow	Y				
	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68					
7.3	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions?	Y				
	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions? Are all issues with an IT component identified with a "Y" in the					
7.3	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions? Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT					
7.3	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions? Are all issues with an IT component identified with a "Y" in the					
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7.3	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions? 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? Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is	Y				
7.3	and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.) Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions? 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? Does the issue narrative explain any variances from the Standard	Y				

		Program	or Service	e (Budget	Entity (Codes)
	Action	64500100				
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y				
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of	Y				
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y				
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #13-003?	Y				
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR , PLMO)	Y				
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y				
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	Y				
7.14	Do the amounts reflect appropriate FSI assignments?	Y				
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 29 and 88 of the LBR Instructions.)	Y				
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y				
7.17	Are the issues relating to major audit findings and recommendations properly coded (4A0XXX0, 4B0XXX0)?	Y				
7.18	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development as requested in Memo# 13-010?	Y				
AUDIT:						
7.19	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				

		Progran	ı or Servi	ce (Bud	get Entity	y Codes)
	Action	64500100				
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	Y				
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	Y				
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y				
7.23	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))	N/A				
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 66 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 2012-13 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. SCH	EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Enti	ity Leve	el or SC	1R, SC	C1D - De	epartme
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?					
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y				

		Program	or Serv	ice (Bud	get Entity	Codes)
	Action	64500100				
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, 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?	N/A				
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	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	N				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section 215.32(2)(b)</i> , <i>Florida Statutes</i> - including the Schedule ID and applicable legislation?	N/A				
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870,	Y				
8.10	Are the statutory authority references correct?	Y				
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)					
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/A				
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	N/A				
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	Y				

		Program	or Servi	ce (Bud	get Entity	(Codes)
	Action	64500100				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	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	Y				
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y				
AUDITS	S:					
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? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? (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				

	Program or Servi	ice (Budget En	tity Codes)
Action	64500100		
TIP The Schedule I is the most reliable source of data concerning the	<u> </u>		
E			
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 125 of the LBR Instructions.) Transaction DFTR in			
LAS/PBS is also available and provides an LBR review date for			
TIP Review the unreserved fund balances and compare revenue totals			
to expenditure totals to determine and understand the trust fund			
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	<u> </u>		
segments 2 and 3? (BRAR, BRAA - Report should print "No			
Records Selected For This Request") Note: Amounts other			
than the pay grade minimum should be fully justified in the D-3A			
issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR			
Instructions.)			
nistractions.)	Y		
10. SCHEDULE III (PSCR, SC3)			
10.1 Is the appropriate lapse amount applied in Segment 3? (See page			
90 of the LBR Instructions.)	Y		
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully			
justified? (See page 97 of the LBR Instructions for appropriate			
use of the OAD transaction.) Use OADI or OADR to identify			
agency other salary amounts requested.	Y		
11. SCHEDULE IV (EADR, SC4)	<u> </u>	<u> </u>	
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	<u> </u>	<u>l</u>	
will not appear in the Schedule IV.			
= -			
12. SCHEDULE VIIIA (EADR, SC8A)	 	 	<u> </u>
12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc.			
reported on the Schedule VIII-A? Are the priority narrative			
explanations adequate?	Y		
13. SCHEDULE VIIIB-1 (EADR, S8B1)			
13.1 NOT REQUIRED FOR THIS YEAR			
14. SCHEDULE VIIIB-2 (EADR, S8B2)			
14.1 Do the reductions comply with the instructions provided on pages			
102 through 104 of the LBR Instructions regarding a 5% reduction			
in recurring General Revenue and Trust Funds, including the			
verification that the 33BXXX0 issue has NOT been used?	Y		
15. SCHEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 105-109 of	of the LBR Ins	structions f	or detail

		Program	or Servi	ce (Bud	get Entity	y Codes)
_	Action	64500100			[
15.1	Agencies are required to generate this spreadsheet via the					
	LAS/PBS Web. The Final Excel version no longer has to be					
	submitted to OPB for inclusion on the Governor's Florida					
	Performs Website. (Note: Pursuant to section 216.023(4) (b),					
	Florida Statutes, the Legislature can reduce the funding level for	Y				
15.0	any agency that does not provide this information)	1			igwdot	\vdash
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the					
	LRPP and LBR match?	Y			<u> </u>	
AUDIT:	AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
15.3	Does the FY 2011-12 Actual (prior year) Expenditures in Column				[
	A36 reconcile to Column A01? (GENR, ACT1)	Y				
15.4	None of the executive direction, administrative support and					
	information technology statewide activities (ACT0010 thru					
	ACT0490) have output standards (Record Type 5)? (Audit #1					
l	should print "No Activities Found")	Y				
15.5	Does the Fixed Capital Outlay (FCO) statewide activity				 	
13.5	(ACT0210) only contain 08XXXXX or 14XXXX appropriation					
l		37				
<u> </u>	categories? (Audit #2 should print "No Operating Categories	Y				
15.6	Has the agency provided the necessary standard (Record Type 5)				<u> </u>	
l	for all activities which should 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			<u> </u>	
15.7	Does Section I (Final Budget for Agency) and Section III (Total				[
l	Budget for Agency) equal? (Audit #4 should print ''No					
l	Discrepancies Found'')	Y				
TIP	If Section I and Section III have a small difference, it may be due		<u> </u>	<u> </u>		
111	to rounding and therefore will be acceptable.					
16 MA	-					
	ANUALLY PREPARED EXHIBITS & SCHEDULES	1		1	1	
16.1	Do exhibits and schedules comply with LBR Instructions (pages					
l	110 through 154 of the LBR Instructions), and are they accurate					
l	and complete?	Y				
16.2	Are appropriation category totals comparable to Exhibit B, where					
	applicable?	Y				
16.3	Are agency organization charts (Schedule X) provided and at the					
İ	appropriate level of detail?	Y				
AUDIT	S - GENERAL INFORMATION					
TIP	Review Section 6: Audits of the LBR Instructions (pages 156-					
111	158) for a list of audits and their descriptions.					
	138) for a fist of audits and their descriptions.					

		Progran	or Servi	ce (Bud	get Entity	(Codes)
	Action	64500100				
		1		<u>.</u>		
TIP	Reorganizations may cause audit errors. Agencies must indicate					
	that these errors are due to an agency reorganization to justify the					
	audit error.					
17. CA	PITAL IMPROVEMENTS PROGRAM (CIP)					
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	N/A				
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see					
	CIP Instructions)?	N/A				
17.3	Do all CIP forms comply with CIP Instructions where applicable					
	(see CIP Instructions)?	N/A				
17.4	Does the agency request include 5 year projections (Columns A03,					
	A06, A07, A08 and A09)?	N/A				
17.5	Are the appropriate counties identified in the narrative?	N/A				
17.6	Has the CIP-2 form (Exhibit B) been modified to include the					
	agency priority for each project and the modified form saved as a					
	PDF document?	N/A				
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					
18. FL	ORIDA 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	Y				

DEPARTMENT OF HEALTH

SCHEDULE IV-B FOR WIC DATA SYSTEM IMPLEMENTATION FOR STATE FISCAL YEAR 2013-14



State of Florida

The Florida Legislature

Governor's Office of Policy and Budget

10/15/2012

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	Τ .	USDA/FNS IAPD Approval May 2008	

USDA/FNS Contract Approval August 2011 Error! Bookmark not defined.

M.

I. Schedule IV-B Cover Sheet

I. Schedule IV-B Cover Sheet					
Schedule IV-B Cover Sheet a	nd Agency Project Approval				
Agency:	Schedule IV-B Submission Date:				
Department of Health	October 2012				
Project Name:	Is this project included in the Agency's				
WIC EBT System Implementation	LRPP? _X_ Yes No				
FY 2013-2014 LBR Issue Code:	_X_ Yes No FY 2013-2014 LBR Issue Title:				
36322C0	WOMEN, INFANTS AND CHILDREN (WIC)				
	ELECTRONIC BENEFITS TRANSFER (EBT)				
	IMPLEMENTATION PROJECT				
Agency Contact for Schedule IV-B (Name, Pho					
Ms. Debbie Eibeck, WIC Bureau Chief, Project Spo Mr. Philip Kidder, PMP, Project Manager, 245-4202					
AGENCY APPROV	VAL SIGNATURES				
I am submitting the attached Schedule IV-B i	n support of our legislative budget request.				
I have reviewed the estimated costs and ben	efits documented in the Schedule IV-B and				
believe the proposed solution can be deliver	ed within the estimated time for the				
• •					
estimated costs to achieve the described bei	nerits. I agree with the information in the				
attached Schedule IV-B.					
Agency Head: Will provide signatures at a la	ater date. Date:				
Printed Name: John H. Armstrong, M.D., FACS	5 ,				
State Surgeon General					
Agency Chief Information Officer:	Date:				
Printed Name: Mr. Bob Dillenschneider					
Budget Officer:	Date:				
Printed Name: Ms. Terry Walters, Budget Offi					
Project Sponsor:	Date:				
Printed Name: Ms. Betsy Woods, Executive Sp	oonsor				
Planning Officer:	Date:				
Printed Name: Ms. Debbie Eibeck, Project Spo	onsor				

Schedule IV-B Preparers (Name, Phone #, and E-mail address):						
Business Need:	Ms. Debbie Eibeck, 245-4202, debbie_eibeck@doh.state.fl.us					
Cost Benefit Analysis:	Mr. Philip Kidder, 245-4202, philip_kidder@doh.state.fl.us					
Risk Analysis:	Mr. Philip Kidder, PMP					
Technology Planning:	Mr. Philip Kidder, PMP					
Project Planning:	Mr. Philip Kidder, PMP					

II. Schedule IV-B Business Case

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

A. Background and Strategic Needs Assessment

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

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

The Florida WIC Program is administered by the Bureau of WIC Program Services in the Department of Health (DOH), and is managed locally by 43 WIC local agencies. These local agencies provide services in approximately 220 sites, serving all 67 counties in Florida.

The operations of the Florida WIC Program are supported by the WIC Data System. This system is a centralized, real-time mainframe system, designed in 1990, and fully implemented in October 1992. The system runs on an IBM series 890 mainframe, using CICS for transaction processing, DB2 for database management, and COBOL as the application programming language. The user interface is character-based and accessed via a 3270 terminal emulation package, running on desktop computers, connected to the mainframe via the DOH network. The system is hosted by the Florida Department of Children and Families (DCF) at the Northwood Shared Resource Center (NSRC). In June 2010, there were more than 1,563 users accessing the WIC Data System.

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

2. Operational and Strategic Needs

In October 2011, Florida WIC began an implementation project to replace its mainframe WIC Data System (current system) with a web-based WIC data system transferred from Pennsylvania and supplemented with functionality from other states (to be system).

In March 2012, House Bill (HB) 1263 was passed by the Florida Legislature requiring Florida WIC to implement WIC Electronic Benefits Transfer (WIC EBT) by July 1, 2013. Faced with this legislative requirement, executive branch support for the bill, and a data system project that did not include operational WIC EBT capability in the required timeframe, Florida WIC canceled the Pennsylvania data system transfer project. In April 2012, the Governor signed HB 1263 into law.

In order to meet the statutory deadline of HB 1263, Florida WIC evaluated its alternatives for obtaining operational WIC EBT capability in a data system and a WIC EBT service provider and developed the following approach:

<u>Timely implementation of operational WIC EBT capability in a data system</u> – Florida WIC evaluated its data system alternatives, including enhancing the current mainframe WIC Data System with EBT capability or transferring a State Agency Model (SAM) system from another state, and found that the only viable alternative was to transfer and minimally modify the web-based Michigan WIC data system that currently supports online outsourced WIC EBT processing.

The timely transfer and minimal modification of the Michigan WIC data system required a timely procurement of system integration services. Florida WIC found that it is permitted under Florida law to use the Alternate Contract Source (ACS) procurement method to obtain those services, which is consistent with federal regulations. Under section 287.042(16), Florida Statutes, the Department of Health (the Department) is authorized to evaluate contracts let by another state in order to acquire contract services. When another state's contract is determined to be cost effective and in the best interest of the state, the Department is authorized to enter into a written agreement permitting it to make purchases under such contract. The Department determined that the Michigan WIC data system met its requirements for being web-based and EBT-capable. The Department then evaluated the Michigan WIC Contract # 071B7200133 for a WIC management information system (MIS) and found that:

- The contract was competitively procured through the Michigan Invitation to Bid (ITB) # 071I 6200272
- The Michigan WIC data system as specified in its acquisition and contract would meet Florida's original operational and strategic needs to:
 - o Improve the efficiency of WIC local agency operations to meet the demand for program services,
 - o Support all WIC business process areas with needed system functionality, and

- o Provide a cost-effective foundation for the development of WIC Electronic Benefits Transfer (EBT).
- The Michigan WIC data system provides a proven EBT capability to satisfy Florida's mandatory EBT implementation requirement.
- The Michigan WIC data system can be adapted for use by Florida WIC practically as-is, with only essential branding, configuration, and functional modifications. The needed modifications are: appointment scheduling with Florida-specific service reporting, an interface for adjunctive income eligibility determination, Florida-specific voter registration reporting, an interface to the local agency auto dialers, and an interface with the WIC EBT processor to be selected via the Florida Department of Children and Families procurement.
- The Michigan WIC data system is a less costly solution. The previous Florida data system acquisition, canceled in March 2012, was quoted with a system cost of \$4.7 million, exclusive of ongoing operations and maintenance, and did not provide operational EBT capability. In comparison, the delivery of the Michigan WIC data system itself, exclusive of ongoing operations and maintenance, will cost \$1.6 million.
- The services needed to begin implementation of the Michigan WIC data system become available in August 2012, which would provide sufficient time to complete the above scope of work within the statutory timeframe, assuming the timely procurement of a WIC EBT processor.
- USDA/FNS approved the Alternate Contract Source (ACS) procurement of the Michigan WIC data system on August 17, 2012.

<u>Timely procurement of a WIC EBT service provider</u> – With approval from the Governor's Office, Florida WIC joined the Department of Children and Families (DCF) EBT reprocurement, adding its WIC EBT requirements to the DCF Invitation to Negotiate (ITN). The DCF ITN# 02F12GC1 was approved by USDA/FNS in April 2012 and released by DCF in May 2012. The outcome of subsequent negotiations with three offerors was an award letter sent to FIS/eFunds October 15, 2012. Per the DCF ITN timeline, Florida WIC anticipates a signed contract for WIC EBT processing services in November 2012.

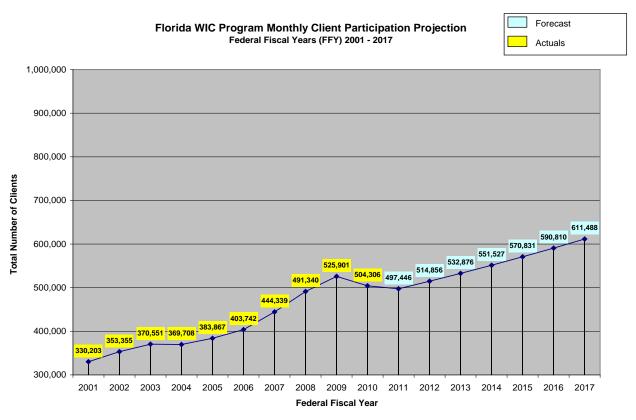
Florida WIC concludes that its operational and strategic needs have outgrown the current system's functionality and, after a comprehensive review of its alternatives, finds that the program must now invest in a cost-effective, modern system to meet its operational and strategic needs. These operational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

- Improve the efficiency of WIC local agency operations to meet the demand for program services
- Support all WIC business process areas with needed system functionality

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

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

Florida WIC faces continuing demand for program services. Monthly participation in the program grew rapidly in Federal Fiscal Years (FFY) 2005 through 2009. After a dip in participation in 2010, participation has stabilized. Participation projections show a growth rate of about four to five percent annually. These projections are useful in configuring and sizing the processing environments for the web-based system. The trend is illustrated in the chart below which shows actual monthly participation for the end of Federal Fiscal Years 2000 – 2010 and projected participation through 2017.



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

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

³ Florida WIC clients spent \$337,182,118 in local grocery stores to date in FFY 2012 (as of July 31, 2012).

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

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

In order to serve the continued growth in participants with limited increases in staff, Florida WIC needs to automate manual procedures, collect data electronically, reduce paper use, and consolidate business records. These process improvements would be obtained through the web-based WIC Data System which would provide the needed functionality and data sharing capability. More importantly, the web-based WIC Data System would provide the local agencies with the operational efficiency to meet the demand for program services.

Support all WIC business process areas with needed system functionality

Florida WIC developed a comprehensive set of system requirements in conjunction with the review of its 13 business process areas. Since enhancement of the current WIC Data System was an alternative to fully consider, the functionality in the current system was compared to these comprehensive system requirements. The analysis showed that the current WIC Data System meets about 57% of the system requirements. The major gaps (highlighted in orange) are detailed in the table below which shows the process areas divided into Client Services, Local Agency Support, and System Support (which includes the System Attributes or non-functional requirements).

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

Requirements Summary					
	Current WIC Data System				stem
Process Area	Met	Not Met	Total	% Met	% Not met
Client Service Focus - Local Agency					
1.0 Appointment Scheduling	47	31	78	60%	40%
2.0 Certification	118	55	173	68%	32%
3.0 Food Issuance	47	19	66	71%	29%
4.0 Nutrition Education & Health Surveillance	11	13	24	16%	54%
10.0 Inventory Management	9	10	19	47%	53%
13.0 Customer Service	0	5	5	0%	100%
Total Client Service	232	133	365	64%	36%
Local Agency Support Focus - State Office					
5.0 Food Redemption & Reconciliation	33	14	47	70%	30%
6.0 Vendor Management	10	59	69	14%	86%
7.0 Participation Management	6	12	18	33%	67%
8.0 Fiscal Management	5	36	41	12%	88%
9.0 Quality Assurance	5	17	22	23%	77%
12.0 Management Reporting	144	68	212	68%	32%
Total Local Agency Support	203	206	409	50%	50%
System Support Focus					
11.0 System Administration	43	16	59	73%	27%
14.0 System Attributes (Non-functional)	15	14	29	52%	48%
Total System Support	58	30	88	66%	34%
Total	493	369	862	57%	43%

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

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

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

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

to keep pace with the growing volume of work created by the demand for WIC services in the local agencies.

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

Florida WIC's strategic plan included the development of WIC Electronic Benefits Transfer (EBT), which was recently made a 2020 Federal Fiscal Year (FFY) requirement for WIC state agencies by the USDA/FNS. According to the USDA/FNS, EBT will replace paper WIC checks, provide clients with the ability to purchase all food benefit items during the authorized period, simplify accounting and reduce labor costs for food retailers, and possibly save time in WIC local agency and state office operations. HB 1263 requires Florida WIC to implement WIC EBT by July 1, 2013.

In May 2008, Florida WIC received approval from the USDA/FNS of its Implementation Advance Planning Document (IAPD) to undertake this project to replace the WIC Data System with a web-based WIC data system transferred from another state (see Attachment L). In May 2009, Florida WIC received legislative approval and budget authority for the project. In August 2011, USDA/FNS approved a contract to implement the web-based system (see Attachment M). In April 2012, HB 1263 was signed into law and USDA/FNS approved Florida WIC's participation in Department of Children and Families (DCF) EBT reprocurement. In August 2012, USDA/FNS approved the Alternate Contract Source procurement of a web-based, EBT operational system. This Schedule IV-B document supports the continued state approval of the project.

3. Project and Business Objectives

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

- Replace the current WIC Data System with a web-based, EBT operational system, transferred from Michigan WIC
- Minimally modify the web-based system to meet needed requirements; e.g., interface with the EBT services provider contracted through the Department of Children and Families (DCF) EBT reprocurement (FIS/eFunds).
- Successfully implement the web-based system to meet the July 1, 2013 statutory deadline.
- Adapt, improve, or develop new Florida WIC business processes to fully utilize the web-based system functionality and achieve the maximum productivity and cost-savings benefits
- Complete the implementation with minimal disruption of services to WIC applicants and participants
- Accept the implemented system provided it meets or exceeds the critical success criteria

Successful implementation of the web-based WIC Data System will accomplish the following business objectives:

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

B. Baseline Analysis

1. Current Business Process Requirements

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

Current Business Process Review



Attachment A

2. Assumptions and Constraints

Project Assumptions

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

- The Florida WIC requirements do not significantly change over the duration of the project.
- There are no new federal or state operational requirements; e.g., regulations, introduced over the duration of the project that carry a significant technology impact.
- There are no unforeseen events; e.g., hurricanes or other disasters that cause undue delay or cancel the project.
- The Project Management Plan methodologies provide a clear set of decisions and executable directives to accomplish the project objectives.
- Project Scope is effectively managed over the life of the project using the change control process.
- The Project Deliverables are produced by the system contractor on time with the expected quality.
- The interfaces with related systems; e.g., FIS/eFunds, FLOIDA, are developed without disruption or delay to the project.
- The system hardware provided by the Southwood Shared Resource Center meets or exceeds the hardware capacity and configuration prescribed by the system contractor.
- The system hardware provided by the Southwood Shared Resource Center is available to use per the Project Schedule.
- The Shared Resource Center rates for hosting and related services do not significantly increase over the current quoted rates.
- The network requirements for the web-based WIC Data System remain the same for the duration of the project.
- The web-based WIC Data System passes DOH IT security scans.
- Florida WIC develops and executes an implementation/training plan using elearning and other appropriate approaches to successfully train WIC Data System users, WIC retailers, and WIC participants.
- DOH, DCF, Shared Resource Center, and FIS/eFunds technical management and resources fully collaborate with Florida WIC in the project.
- Project communication among all parties is direct, professional, and prompt.
- The system contractors remain financially healthy and does not experience any significant change in ownership for the duration of the project.

• Any external reviews/approvals by USDA/FNS occur in a timely manner so there is no delay in project execution.

Project Constraints

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

- The system contractors and Florida WIC project teams shall complete critical path tasks as planned.
- Florida WIC shall hire qualified professional project and technical support staff as planned and retain them for the duration of the project.
- Florida WIC staff shall provide support to the project when needed.
- The DOH, DCF, Southwood Shared Resource Center, and other needed technical resources shall support the project when needed.
- The system contractors shall provide qualified professional staff and retain them for the duration of the project.
- The web-based WIC Data System shall support Florida WIC program operations with all of the required functionality and performance per the contract.
- The system contractors and Florida WIC project teams shall abide by the process rigor specified in the Project Management Plan.

C. Proposed Business Process Requirements

1. Proposed Business Process

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

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

For the purpose of this analysis, business process changes were forecasted based on the Florida WIC's review of its current business processes, system requirements, and the

cost-benefit analysis in Section III. Florida WIC's anticipated business process changes fall into the following categories and are explained below:

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

Automate Business Processes that Use Little or No Automation

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

The manual process steps to be automated include:

- Appointment calendar update and maintenance
- Calculation of participant income
- Output and tracking of the Notice of Ineligibility/Suspension
- Tracking vendor correspondence
- Identification of high-risk vendors
- Outreach letters and surveys
- · Record keeping for vendor appeal payments and special formula payments
- Transformation and load of data to reports data mart

Collect Paper Data Electronically

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

The data items to be collected electronically include:

Voter Preference form

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

Reduce Paper Use, Storage, and Destruction Costs

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

Consolidate Off-System Business Records into a Comprehensive Database

The web-based system will enable the program to consolidate a variety of off-system business records such as MS Excel spreadsheets, MS Word documents, paper files, and data in other external systems into one comprehensive database. This will improve data quality, facilitate collaboration, and enhance productivity by providing users with common access to needed data on demand.

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

Develop Efficient Interfaces with Related Systems

The web-based system will enable the program to develop efficient interfaces with related systems, providing staff with quicker access to information needed for client certifications and food issuance, which primarily improves the Certification and Food Issuance process area.

Extend Needed System Functionality to Support all Business Process Areas

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

2. Business Solution Alternatives

In previous Schedule IV-B documents, Florida WIC assessed the following business solution alternatives:

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

In view of the statutory deadline to implement WIC EBT, the business solution alternatives were:

- Enhance the current system with WIC EBT capability, or
- Transfer and minimally modify an existing WIC data system with operational WIC EBT capability

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

- Provides needed functionality
- Can be implemented in the shortest feasible timeframe
- Costs the least
- Carries the least program/project risk
- Achieves Florida WIC business objectives

Enhance the current system (Not viable)

This alternative would involve adding WIC EBT functionality to the current mainframe system.

The advantages of this alternative are:

- It would not require a data migration
- It would require minimal training for system users.
- It would not require extensive business process changes as the primary enhancements would be benefit issuance via WIC EBT and the associated WIC EBT administrative functions.

The disadvantages of this alternative are:

• It would cost an estimated \$2.1 million to develop WIC EBT functionality, particularly since the WIC EBT functionality would require the development of a messaging function to support an interface between the mainframe application

and a web-based EBT system. Such an effort would require a procurement for a system integrator fielding a specialized and sizeable team to complete the project in the required timeframe⁵.

 The risk of this alternative is unacceptably high because would involve new and unproven development within a short, fixed timeframe.

For the above reasons, Florida WIC considers this alternative not viable.

Transfer and minimally modify an existing WIC data system with operational WIC EBT capability (Only Solution)

This alternative refers to transferring a WIC data system currently supporting another state's WIC program that was WIC EBT operational⁶. The advantages of this alternative are:

- It would provide operational (proven) WIC EBT functionality.
- It could be implemented in the short, fixed timeframe assuming minimal modifications to the non-EBT functionality of the system.
- The \$1.6 million direct cost of this alternative was significantly less than the \$4.7 million direct cost of the previous web-based data system project⁷.
- It would achieve Florida WIC's business objectives.

The disadvantage of this alternative is:

- The technical and project risks of this alternative are less than the risks of enhancing the current WIC Data System. The major risks associated with this alternative are:
 - USDA/FNS could require Florida WIC to produce additional justifications in order to proceed with its plans due to the uniqueness of this alternative; e.g., Alternate Contract Source procurement and minimal modifications. The likely impact would be a delay in the forward progress of the project due to the time/effort needed to provide additional justifications.

There is no financial comparison to make in this analysis of alternatives as there is only one viable alternative.

3. Rationale for Selection

- 5 Response to the Florida WIC Request for Quote for Consulting Services For the Development of Mainframe WIC EBT Capability, August 2012.
- 6 Per the USDA/FNS web site, there are no viable State Agency Model systems available for transfer to Florida with operational EBT capability. The Michigan WIC data system remains uniquely qualified due to its operational WIC EBT capability.
- 7 This difference in price is due in part to the reduced scope of work, shorter duration of the project, and suitability of the functionality.

Based on the preceding analysis, Florida WIC has one alternative: transfer and minimally modify an existing WIC data system with operational WIC EBT capability.

4. Recommended Business Solution

Transfer and modify the Michigan WIC data system with its operational WIC EBT capability.

III.Schedule IV-B Cost Benefit Analysis

A. The Cost-Benefit Analysis Forms and Notes

The Cost-Benefit Analysis assumes that there are two business case alternatives to compare; specifically business as usual also known as do nothing, versus do something by applying an intervention. The Cost-Benefit Analysis compares the net value of tangible benefits and costs of doing nothing versus the net value of applying the intervention.

In past Schedule IV-B documents, there was a choice between business as usual or implementing a new WIC data system. Due to HB 1263, DOH is required to implement WIC EBT and therefore must have a data system that is EBT operational. Business as usual is no longer an option. The State of Florida has determined that the benefits of WIC EBT are worthy and that the Department must implement WIC EBT. The only alternatives available to the Department are the choice between enhancing the current mainframe WIC Data System and transferring and modifying a web-based, EBT operational WIC data system. Since the benefits of either approach are the same, the Cost-Benefit Analysis becomes a cost-effectiveness analysis; e.g., what is the less expensive, less risky option to pursue?

The Department has ruled out enhancing the mainframe system with EBT functionality because it would be more expensive (\$2.1 million direct cost of mainframe effort versus \$1.6 million direct cost for MI WIC) and because the risk of this alternative is unacceptably high as it would involve new and unproven development within a short, fixed timeframe.

Per the Business Solution Alternatives above, the Cost-Benefit analysis is not applicable as the only acceptable alternative is to transfer and minimally modify an existing WIC data system with operational WIC EBT capability.

B. Benefits Realization Table

	Benefits Realization Table								
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How is the benefit measured?	Realization Date (MM/YY)			
1	Provide master appointment calendar templates and enable mass appointment updates	Productivity	Local Agency staff	Web-based system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months			

	Benefits Realization Table						
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How is the benefit measured?	Realization Date (MM/YY)	
2	Reduce appointment wait times for new clients	Intangible	Participants, Local Agency Staff	Web-based system reduces time to complete the certification process, improving the rate of certifications and reducing appointment wait times for new clients to comply with federal standards	Compare rate of certifications pre and post-implementation, plus appointment wait times for all clients	Go Live + 3 months	
3	Improve client satisfaction with the certification process	Intangible	Participants, Local Agency Staff	Web-based system will reduce the amount of time clients spend in the clinic during the certification process, improving client satisfaction	Compare time spent in the certification process in clinics and compare client satisfaction with the certification process pre and postimplementation	Go Live + 3 months	
5	Eliminate (or reduce) use of paper Client Certification Worksheet	Tangible	State Office	Web-based system eliminates (or reduces) use of this paper form in Local Agencies, reducing State Office printing costs for this form by 90%	Compare pre and post-implementation form printing costs	Starts with project close	
6	Collect Voter Preference Form data electronically	Productivity	Local Agency staff, Participants	Web-based system reduces staff time to perform this task	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months	
7	Automate calculation of income and collect Income Screening Form data electronically	Productivity	Local Agency staff, Participants	Web-based system eliminates duplicate entry, reducing staff time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months	

			Benefits Realiz	zation Table		
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How is the benefit measured?	Realization Date (MM/YY)
8	Eliminate (or reduce) use of paper Income Screening Form	Tangible	State Office	Web-based system eliminates (or reduces) use of this paper form in Local Agencies, reducing State Office printing costs for this form by 90%	Compare pre and post-implementation form printing costs	Starts with project close
9	Automate output of Notice of Ineligibility- Suspension	Productivity	Local Agency staff	Web-based system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
10	Eliminate (or reduce) use of paper Notice of Ineligibility /Suspension	Tangible	State Office	Web-based system eliminates (or reduces) use of this paper form in Local Agencies, reducing State Office printing costs for this form by 90%	Compare pre and post-implementation form printing costs	Starts with project close
11	Reduce filing of client charts at certification	Productivity	Local Agency staff, Participants	Web-based system reduces filing of paper forms, eliminating staff time to perform this task	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
12	Collect SOAP note and care plan form data electronically	Productivity	Local Agency staff	Web-based system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
13	Reduce filing of client charts at follow-up nutrition education after certification	Productivity	Local Agency staff, Participants	Web-based system reduces filing of paper forms, eliminating staff time to perform this task	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
14	Automate vendor- appealed payments in the WIC check reconciliation process	Intangible	State Office, Vendors	Web-based system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Starts with project close

	Benefits Realization Table							
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How is the benefit measured?	Realization Date (MM/YY)		
15	Collect vendor training data electronically	Productivity	State Office	Web-based system eliminates duplicate entry, reducing staff time to perform this task	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months		
16	Automate vendor correspondence and tracking of same	Productivity	State Office	Web-based system reduces staff time to perform this procedure, use of e-mail reduces mailing costs	Compare pre and post- implementation staff assessments of task time, pre and post mailing costs	Go Live + 3 months		
17	Reduce preparation time for compliance and sanction actions	Productivity	State Office, Vendors	Web-based system enables electronic storage of paper monitoring data, improved organization and access to same, reducing staff time to perform this function	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months		
18	Automate Fellow Floridian outreach letters and survey forms	Intangible	State Office, Local Agency staff	Web-based system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Starts with project close		
19	Collect outreach campaign data electronically	Intangible	State Office, Local Agency staff	Web-based system reduces staff time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Starts with project close		
20	Improve decision- making ability by increasing the frequency and scope of management data transfer to the reports database	Intangible	Participants, Vendors, Local Agency staff, State Office	Web-based system provides ability to transfer more management data, with greater frequency	Compare pre and post-implementation database transfer layouts and schedule	Starts with project close		
21	Improve system security through role-based access to system functions	Intangible	Participants, Vendors, Local Agency staff, State Office	Web-based system provides role- based security	Compare pre and post-implementation security features and functions	Starts with project close		

			Benefits Realiz	ation Table		
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How is the benefit measured?	Realization Date (MM/YY)
22	Improve system security through the ability to track changes to key participant and program data	Intangible	Participants, Vendors, Local Agency staff, State Office	Web-based system provides data change audit capability	Compare pre and post-implementation security features and functions	Starts with project close
23	Improve disaster recovery response through the ability to download and use local agency data offline	Intangible	Participants, Vendors, Local Agency staff, State Office	Web-based system provides ability to download and use local data offline	Compare pre and post-implementation disaster recovery features and functions	Starts with project close
24	Reduce time to handle vendor support issues and queries	Productivity	State Office, Local Agency staff, Vendors, other DOH staff	Web-based system enables more electronic storage of paper information, improved organization and access to same, reducing staff time to perform this function	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
25	Reduce time to handle quality assurance support issues and queries	Productivity	State Office, Local Agency staff, County Health Departments, other DOH staff	Web-based system enables more electronic storage of paper information, improved organization and access to same, reducing staff time to perform this function	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
26	Improve customer service through tracking of calls, follow-up activities, resolutions, and outcomes	Intangible	Participants, Vendors, Local Agency staff, State Office	Web-based system provides tracking of support calls and queries, follow-up activities, resolutions and outcomes	Compare assessments of customer service among participants, Local Agency staff, vendors, and State Office, pre- and post- implementation	Review as possible enhancement during ongoing operations

			Benefits Realiz	ation Table		
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How is the benefit measured?	Realization Date (MM/YY)
27	Improve customer service through automated opinion survey capability	Intangible	Participants, Vendors, Local Agency staff, State Office	Web-based system provides opinion survey capability	Compare assessments of customer service among participants, Local Agency staff, vendors, and State Office, pre- and post- implementation	Review as possible enhancement during ongoing operations
28	Reduce time to train new users on WIC Data System	Productivity	Local Agency staff, Participants	Web-based system reduces time to perform this procedure	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
29	Avoid (or reduce the) making (of) paper client charts and folders	Productivity	Local Agency staff	Web-based system enables more electronic information storage and easier access to same, avoids making paper participant charts and folders	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months
30	Eliminate (or reduce) cost of archiving and purging client charts and folders	Tangible	Local Agency	Web-based system enables more electronic information storage and easier access to same, reducing cost of archiving and purging same	Compare pre and post-implementation costs for archiving and destruction of paper	Starts with project close
31	Improve data quality, lift productivity by providing users with common access to needed data on demand	Intangible	Participants, Vendors, Local Agency staff, State Office	Web-based system consolidates current off- system data stores into its database	Compare pre and post- implementation # and type of off- system data stores	Starts with project close
32	Lift productivity by extending needed functionality to support all business process areas	Intangible	Local Agency staff, State Office	Web-based system fills gaps with needed functionality	Compare staff assessments of task time pre and post- implementation	Go Live + 3 months

	Benefits Realization Table							
#	Description of Benefit	Tangible or Intangible	Who benefits?	How is the benefit realized?	How is the benefit measured?	Realization Date (MM/YY)		
33	Reduce data system	Tangible	Participants,	Web-based	Compare pre-	Starts with		
	processing,	_	Local Agency	system costs	and post-	project close		
	maintenance and		staff, State	less to process	implementation			
	support costs - SFY		Office	transactions,	system costs			
	2014, 2015, 2016,			maintain, and				
	2017			support				

C. Cost-Benefit Analysis Results

Per the Business Solution Alternatives above, the Cost-Benefit analysis is not applicable as the only acceptable alternative is to transfer and minimally modify an existing WIC data system with operational WIC EBT capability.

IV. Major Project Risk Assessment Component

A. Project Risk Assessment Tool



Attachment B

B. Project Risk Assessment Summary

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

Strategic

Risk is Medium in this assessment. The project objectives have been clearly documented and are understood by all stakeholder groups. The project duration is estimated at 14 months and has public visibility to WIC participants and USDA/FNS, and internal visibility to the DOH, the DCF, and Southwood and Northwood Shared Resource Center staff.

Technology Exposure

Risk is Medium in this assessment. The relevant technology solutions have been researched, documented, and considered and the selected technology solution complies with relevant agency, statewide, and industry technology standards. Moderate infrastructure change is required to implement the solution; i.e., processing services will be provided by the Southwood Shared Resource Center. Since the selected solution is a COTS package, external technical resources will be needed for the implementation; e.g., system contractors and a contract project management team.

Organizational Change Management

Risk is Medium in this assessment. Although the project will impact essential business processes it will do so in a positive manner, bringing ease of use, time saving, and collaboration features to users. Some program process areas will receive full system support for the first time. WIC clients will benefit from time saving features, reducing the amount of time they spend in WIC clinics for certification and ease of payment through an electronic benefits transfer (EBT) card, a magnetic stripe card similar in appearance and function to a debit card. WIC retailers will also benefit from more efficient service to WIC clients in the checkout lane and less costly processing of WIC transactions.

Communication

Risk is Low in this assessment. Although a Communications Plan has been prepared that will enable proactive feedback from management, the project team, users, stakeholders, and the data system contractor, additional key messages and success measures will be added to the plan when the EBT service provider starts in November 2012.

Fiscal

Risk is Medium in this assessment. All of the anticipated project expenditures have been identified in the Spending Plan, approval from USDA/FNS of the use of federal funds is pending as of this writing, and the prospective funds are available from the annual Florida WIC grant to complete the project. These funds are supplemented by an American Recovery and Reinvestment Act (ARRA) grant and a commitment of DOH funds for the direct \$1.6 million cost of the project. A contract manager has been designated for the project.

Project Organization

Risk is Medium in this assessment. The project organization has been documented in the approved project plan, the roles of the steering committee defined, and a project staffing plan prepared. Florida WIC has staffed the project workgroups with subject matter experts that are available to whatever extent is needed.

Project Management

Risk is Low in this assessment. The project requirements have been defined and documented and standard project methodologies are in place and being used. The deliverable acceptance criteria have been documented in the purchase order. The project schedule has been developed with the data system contractor; the same step will be completed with the EBT service provider when it starts in November 2012.

Project Complexity

Risk is High in this assessment. The system will be implemented initially in a three month Pilot Test involving two WIC clinics, 25 WIC retailers, and overall about 8,000 participants. Upon USDA/FNS approval, the web-based data system and EBT processing will be rolled out statewide over a five to six months encompassing all of the remaining 220 local agency sites statewide. There will be four external organizations engaged by the project, if the solution is implemented as planned.

V. Technology Planning Component

		\$2 - 10 M		
Technology Planning Section		Routine	Business or	
reciniology Hamming Section		upgrades &	organizational	
	\$1-2M	infrastructure	change	> \$10 M
Current Information Technology		v	V	V
Environment		^	^	Λ
Proposed Solution Description	X	X	X	Χ
Capacity Planning	X	Х	X	X
Analysis of Alternatives	X	X	X	X

A. Current Information Technology Environment

1. Current System

The Florida WIC Program is administered by the Bureau of WIC Program Services, Florida Department of Health (DOH), and is managed locally by 43 WIC local agencies, at about 222 sites, serving all 67 counties in Florida.

The WIC Data System is a centralized, real-time mainframe system, designed in 1990 and fully implemented in October 1992. The system runs on an IBM series 890 mainframe, using CICS for transaction processing, DB2 for database management, and COBOL as the application programming language. The user interface is character-based and accessed via a 3270 terminal emulation package, running on desktop computers, connected to the mainframe via the DOH network. The system is hosted by the Florida Department of Children and Families (DCF) at the Northwood Data Center. In August 2011, there were more than 1,600 users accessing the WIC Data System.

2. Strategic Information Technology Direction

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

- Develop and implement open architecture systems
- Replace or re-platform legacy mainframe applications
- Link with third party systems and resources
- Exploit ETL (Extract, Transform, and Load) and Electronic Data Interchange (EDI) strategies
- Use DOH integration protocols
- Integrate with other enterprise information systems
- Comply with HIPAA (Health Insurance Portability and Accountability Act) and other regulatory requirements
- Employ centralized database management, eliminate data silos

3. Information Technology Standards

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

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

B. Proposed Solution Description

In August 2012, the Department received approval from USDA/FNS to procure the services to transfer and modify the Michigan WIC data system. The web-based, EBT operational system coupled with the EBT processing services jointly procured with the Department of Children and Families, will provide Florida WIC with the technology platform that will:

- Improve the efficiency of WIC local agency operations to meet the demand for program services
- Support all WIC business process areas with needed system functionality
- Implement WIC Electronic Benefits Transfer (EBT) per the statutory requirements of HB 1263

1. Summary description

- a. System type: the web-based system transferred from Michigan WIC will have a tiered architecture comprised of a presentation layer, data layer, and business layer. The layers use the following technologies.
 - Presentation Layer ASP.Net, .Net Framework 3.5, XML, HTML, IIS, MS IE 6 & 7, DHTML, JavaScript, JSON, and ExtJS.
 - Data Layer SQL Server 2005, LINQ, Windows 2003 Distributed
 Transaction Coordinator, and Platinum Technology Erwin/ERX for Data Modeling.
 - Business Layer MS Visual Studio/Visual Basic.Net 2008, Visual SourceSafe, XML, ADO.Net, LINQ, and MS SQL Server 2005 Transact SQL.
- b. Connectivity: hosted at the Southwood Shared Resource Center; users will

access the system via the DOH intranet.

- c. Security: meets or exceeds DOH standards, including user role-based access and audit tracking.
- d. Development approach: The project consists of four sub-projects: Initiation Tasks to enable the overall project, Transfer and modification of the Michigan WIC data system, Configuration, modification, and interfaces to the FIS/eFunds EBT System. These sub-projects will converge in the User Acceptance Test Phase, leading to a three month EBT Pilot in the South Miami area beginning July 1, 2013. Following approval of the Pilot test by USDA/FNS will be the statewide rollout during operations and maintenance:
 - o Initiation Tasks are comprised of procurements and approvals.
 - The procurements include: Quality Assurance consulting services to guide and assist with data system and EBT system testing and processing through the EBT service provider to be selected via the DCF EBT reprocurement.
 - The approvals include: USDA/FNS approvals for the use of federal funds for the data system and EBT system efforts; e.g., approval of the Implementation Advance Planning Document Update (IAPDU), the WIC EBT Feasibility Study, and the WIC EBT Implementation Advance Planning Document (IAPD).
 - The transfer and modification of the Michigan WIC data system will focus on:
 - Branding the system to uniquely identify it with Florida WIC.
 - Configuring the system by loading Florida WIC reference data and setting system options.
 - Modifying the system to provide essential functionality operational in the current WIC Data system; e.g., appointment scheduling with Florida-specific service reporting, an interface for adjunctive income eligibility determination, Florida-specific voter registration reporting, an interface to the local agency auto dialers, direct distribution of formula, and making interface changes to operate with the FIS/eFunds EBT system.
 - Establishing the processing environments in the Southwood Share Resource Center.
 - Migrating program data.
 - Updating documentation and training materials including the user and technical manuals, and system help files.

- The configuration and modification of the EBT system includes the following phases, which will produce the deliverables required in the DCF ITN8:
 - Planning includes development of a project plan and a transition (implementation) plan.
 - Requirements/Design which will focus on developing requirements, a functional design, detailed (system) design, and test plan.
 - Development which will focus on:
 - Modifications to the EBT system and interface
 - Test reports from integration and system tests
 - User acceptance test plans and scripts
 - Business continuity plan
 - System security plan
 - Training plan and materials for cardholders, authorized vendors, and WIC administrative staff
 - Retailer management plan.
- o The User Acceptance testing will focus on:
 - User acceptance testing the Michigan WIC data system:
 - Completing two cycles of UAT, revision, and retesting,
 - Review of the data migration results,
 - Development and review of performance guidelines for evaluating system performance, and
 - Review of the UAT training provided to UAT testers.
 - User acceptance testing the EBT system:
 - Completing UAT on the EBT system and its interfaces with the Michigan WIC data system and the current WIC Data System, and
 - Conducting the business continuity test.

⁸ The actual schedule for the EBT system effort will be developed and consolidated into the overall project schedule in November 2012 when it is anticipated that the contract with FIS/eFunds will be signed.

- USDA/FNS User acceptance testing:
 - Completing the standard WIC EBT test to be conducted by the consultant to FNS,
 - USDA/FNS review of test results,
 - Attaining USDA/FNS approval to begin the Pilot Test, and
 - Moving the revised code versions of the Michigan WIC data system, EBT system, and mainframe WIC Data System to the respective production environments.

o The Pilot Test will focus on:

- Conducting the Pilot Phase data migration to the Michigan WIC data system.
- Conducting the Pilot Test involving the two clinics, 25 authorized vendors, and approximately 8,200 participants, and 50 clinic and call center staff.
- Exercising the operational processes and procedures of the postimplementation environment through system integrator support for EBT processing, local agency and state office support to clinics, and system integrator second-level support to the state office.
- The Statewide Rollout during operations and maintenance will involve the rollout of WIC EBT and the web-based data system during the period from November 2013 through March 2014. This effort will only proceed upon FNS approval of the Pilot Test Evaluation and implementation plan.
 - The current plan calls for a rollout in five districts of the state:
 - District One the remainder of Miami-Dade County (November 2013)
 - District Two the remainder of the south of the state (December 2013)
 - District Three the central portion of the state (mid-January 2014)
 - District Four the northern portion of the state (February 2014)
 - District Five the panhandle area of the state (March 2014)
- e. Interfaces: the web-based system will be modified to operate with three interfaces:

- i. FLORIDA system for adjunctive income eligibility determination
- ii. Auto-dialer used by local agencies for client appointment reminders
- iii. EBT service provider's system for processing WIC EBT transactions

Attached is the WIC Data System Interfaces document referenced in Florida WIC's contract for the web-based system.



- f. Maturity, life expectancy: the technology will be web-based, using a relational database. Life expectancy is estimated between 10 to 15 years, depending on federal program requirement and technology changes.
- 2. Resource and summary level funding requirements
 - a. There will be three environments that will be operated on behalf of Florida WIC by the Southwood Shared Resource Center (TBD):
 - Production (+reports)
 - Quality Assurance (test/training + reports)
 - Disaster Recovery (+reports)
 - b. The Disaster Recovery environment will be located at a remote facility under contract to the Southwood Shared Resource Center.
 - c. The system contractor will operate its own development environment.
 - d. The anticipated staffing requirements involve technical support which will be provided by DOH contract staff hired by Florida WIC:
 - Database Administrator
 - System Support Technician

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

- 3. Ability to meet performance requirements
 - a. Availability the web-based WIC Data System shall minimally be available during WIC program operation hours. The WIC Data System is currently available:
 - 7:00 AM to 8:00 PM (EST), Monday Thursday,

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

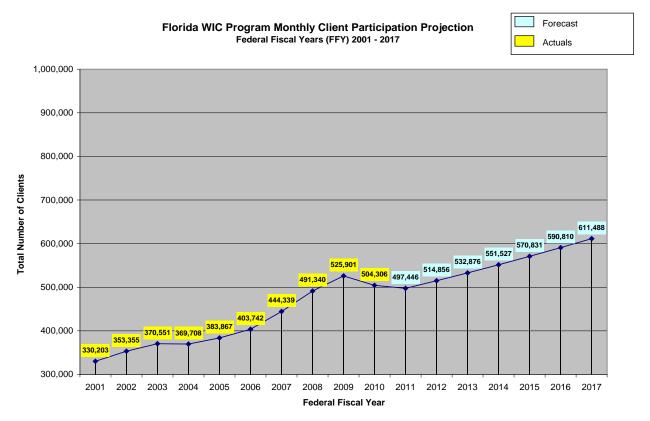
Any batch or period ending processes must be run as needed without impacting the availability of the system or user response time.

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

C. Capacity Planning

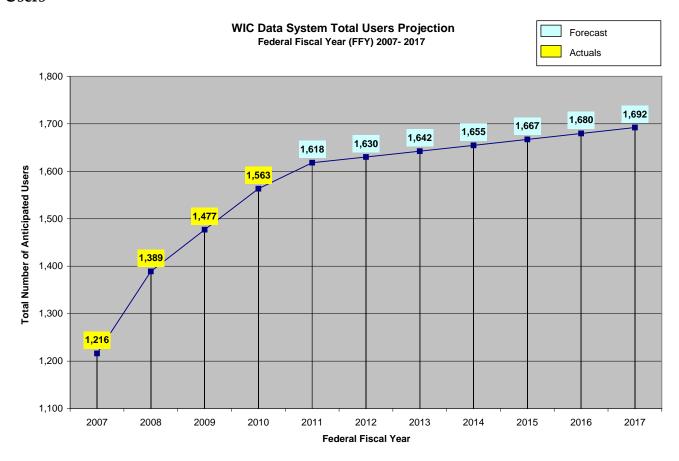
The web-based WIC Data System must have the capacity to support the anticipated number of participants and users. Following are the projections for these items from Federal Fiscal Year (FFY) 2011 through 2015.

Participants



The above chart illustrates participation (actual and projected) in the Florida WIC program from FFY 2001 through FFY 2017. Historical data from FFY 2001 to date in 2011 were used to project future monthly client participation, while taking into account recent program benefit changes, population trends, and the condition of the economy. The number of participants is expected to be approximately 551,000 in Federal Fiscal Year (FFY) 2014, the year in which the web-based data system will be rolled out.

Users



The above chart illustrates the number of users (actual and projected) of the WIC Data System from FFY 2007 through FFY 2017. The historical ratio of users to staff was used to project the total numbers. The number of WIC Data System users is expected to reach 1,655 in FFY 2014.

The preceding projections provide basic requirements for configuring and sizing the webbased WIC Data System.

The environments and server configurations planned for the web-based WIC data system were based on the system contractor's final proposal, the experience of other state WIC agencies using web-based WIC data systems, and DOH IT requirements.

The storage needs of the web-based WIC Data System are based on the projected 14% growth in participants and food instruments issued over the next five federal fiscal years (FFY 2012 – 2016) and the expanded functionality of the selected system, including automation, digitization, and data store consolidation.

Based on the required environments and these storage needs, the system contractor has proposed a range of storage using locally attached disk drives (inside the server) and the storage area network (SAN). The system contractor's infrastructure requirements and Southwood Shared Resource Center price quotes were used to develop the operational and support cost estimates for the Project Budget.

Based on the experience of other state WIC agencies, Florida WIC understands that the web-based WIC Data System will not require a change in the current desktop computer capacity of the Florida WIC local agencies or state office. Florida WIC also understands from other state WIC agencies and the DOH IT that the network impact will almost certainly remain the same as it is today.

D. Analysis of Alternatives

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

VI. Project Management Planning Component

		\$2 -	- 10 M	
Project Management Section		Routine	Business or	
, 3	\$1-2M	upgrades & infrastructure	organizational change	> \$10 M
Project Charter	X	X	Change ▼	χ
,			<u> </u>	- ' '
Work Breakdown Structure	X	X	X	X
Project Schedule	X	X	X.	X
Project Budget	X	X	X	X
Project Organization			X	Х
Project Quality Control			X	Χ
External Project Oversight			X	Х
Risk Management			X	Χ
Organizational Change			X	X
Management			_	
Project Communication			X	Х
Special Authorization			X	Х
Requirements				

A. Project Charter



Attachment C

B. Work Breakdown Structure

[Available upon request]

Attachment D

C. Resource Loaded Project Schedule





Attachment E

Attachment F

D. Project Budget



Attachment G

E. Project Organization



Attachment H

F. Project Quality Control

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

Quality assurance of the project process will involve application of the deliverable acceptance criteria in the purchase order, deliverable reviews, a formal change control process, contract management, and regular reporting. Regular meetings will involve the stakeholders, system contractors, Legislative Oversight staff, the DOH IT Governance Committee, and USDA/FNS. A Quality Assurance contractor will also be hired to provide a baseline assessment of project processes, assist in deliverable reviews, WIC retailer certification, ongoing issue and risk monitoring, technical consultation, and a Pilot Evaluation Report.

Quality assurance of the end product will primarily involve software testing. All of the normal software testing will be done during the development process – unit, integration, and system tests, as well as user acceptance tests, USDA/FNS certification of the data and EBT systems, and a three month pilot test prior to rollout. Florida WIC will also conduct disaster recovery fail-over tests. The Quality Assurance contractor will develop a user acceptance test plan test cases for the data and EBT systems.

G. External Project Oversight

The DOH IT PMO will provide formal oversight and monitoring of compliance with prescribed project management practices over the life of the project. The WIC Project Manger (PM) will request formal project reviews as part of standard quality assurance procedures for this project. The DOH IT PMO will report the status of the project to the DOH Tier 2 Governance Committee. DOH executive management also plans to hire an Internal Verification and Validation contractor to monitor and report project results.

H. Risk Management

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

[Available upon request]

Attachment I Attachment I.1

I. Organizational Change Management

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

J. Project Communication

[Available upon request]

Attachment J

VII. Appendix of Attachments

The attachments in the preceding text are listed below.

- **A.** Current Business Process Review
- **B.** Risk Assessment Tool
- C. Project Charter
- D. Work Breakdown Structure
- E. Project Schedule
- F. Project Gantt Chart
- G. Project Budget
- H. Project Organization
- I. Risk Management, I.1 Risk Register
- J. Project Communication