



**State of Florida
Department of Children and Families**

Rick Scott
Governor

David E. Wilkins
Secretary

LEGISLATIVE BUDGET REQUEST

Department of Children and Families
Tallahassee, FL

October 8, 2012

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

JoAnne Leznoff, Staff Director
House Appropriations Committee
221 Capitol
Tallahassee, FL 32399-1300

Terry Rhodes, Staff Director
Senate Budget Committee
201 Capitol
Tallahassee, FL 32399-1300

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Department of Children and Families 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 Mr. Nevin G. Smith, our Chief Financial Officer.

If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Wilkins", written over a light blue grid background.

David E. Wilkins
Secretary

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency



Department Level Exhibits and Schedules

Non-Strategic IT Service: Network Service				
Dept/Agency: Department of Children and Families Prepared by: (Enter name of person who completed this worksheet) Phone: (enter phone number for person named above)		# of Assets & Resources Apportioned to this IT Service in FY 2013-14		
Service Provisioning -- Assets & Resources (Cost Elements)				Estimated FY 2013-14 Allocation of Recurring Base Budget (based on Column G64 minus G65)
	Footnote Number	Number used for this service	Number w/ costs in FY 2013-14	
A. Personnel				
A-1.1		10.13		\$759,422
A-1.1		10.13		\$759,422
A-2.1		0.00		\$0
A-2.1		0.00		\$0
A-3.1		0.00		\$0
A-3.1		0.00		\$0
B. Hardware				
B-1	1.2	205.07	0	\$0
B-1		205.07	0	\$0
B-2		72.07	0	\$14,271
B-2		72.07	0	\$14,271
B-3		4514	0	\$417,511
B-3		4514	0	\$417,511
B-4		37883		\$0
B-4		37883		\$0
B-5		21982		\$0
B-5		21982		\$0
B-6	3			\$64,359
B-6				\$64,359
C. Software				
	4			\$478,043
D. External Service Provider(s)				
D-1				\$420,528
D-1	5			\$85,000
D-1				\$85,000
D-2	6			\$335,528
D-2				\$335,528
E. Other (Please describe in Footnotes Section below)				
	7			\$423,049
F. Total for IT Service				
				\$2,577,183
G. Please identify the number of users of the Network Service				
				20,000
H. How many locations currently host IT assets and resources used to provide LAN services?				
				134
I. How many locations currently use WAN services?				
				199
J.	Footnotes - Please indicate a footnote for each corresponding row above. Maximum footnote length is 1024 characters.			
1	Note B-1: 12 virtual servers.			
2	Note B-1: 67 Virtual Servers			
3	Note B-5: Tandberg videoconference MFDs			
4	Note C: Backup Executive, BlueCoat Webfilter and software support, Diskeeper Defrag, Diskeeper Undelete, Acronis Imagin, Self-Service Reset PW Mgt			
5	Note D-1: Expenses related to voice plans, T1			
6	Note D-2: DMS, AT & T, Verizon Wireless			
7	Note E: Expense Dollars			
8				
9				
10				
11				
12				
13				
14				
15				

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration, Department of Children and Family Services and Department of Health		
Contact Person:	Stephanie A. Daniel	Phone Number:	850-414-3666
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	<p>FLORIDA PEDIATRIC SOCIETY/THE FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS; FLORIDA ACADEMY OF PEDIATRIC DENTISTRY, INC.; A.D., as the next friend of K.K., a minor child; RITA GORENFLO and LES GORENFLO, as the next friends of Thomas and Nathaniel Gorenflo, minor children, J.W., a minor child, by and through his next friend, E.W.; N.A., a minor child, by and through his next friend, C.R., K.S., as the next friend of J.S., S.B., as the next friend of S.M., S.C., as the next friend of L.C., and K.V., as the next friend of N.V.^a v. ELIZABETH DUDEK, in her official capacity as interim Secretary of the Florida Agency for Health Care Administration; DAVID WILKINS, in his official capacity as acting Secretary of the Florida Department of Children and Family Services; and JOHN H. ARMSTRONG, M.D., M.P.H., in his official capacity as the Surgeon General of the Florida Department of Health</p>		
Court with Jurisdiction:	U.S. District Court, Southern District of Florida		
Case Number:	05-23037-CIV-JORDAN/O’SULLIVAN		
Summary of the Complaint:	<p>This is a class action for declaratory and injunctive relief challenging the administration of the Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. The action is brought pursuant to 42 U.S.C. §1983, and various provisions of the Social Security Act, 42 U.S.C. §1396 et seq. Plaintiffs primarily challenge the adequacy of Medicaid reimbursement rates for pediatric physician and dental services. Plaintiffs assert that Medicaid enrolled beneficiaries under the age of 21 are being denied timely access to necessary physician care as well as dental care. Plaintiffs also allege that outreach to the uninsured about Medicaid is inadequate, and that, as a result, children who would otherwise be eligible for Medicaid are not enrolled in Medicaid (and don’t get the EPSDT services to which they are entitled). Plaintiffs also allege that the outreach conducted to Medicaid enrolled children is not adequate, and that, as a result, parents and children do not know the Medicaid serviced available for Medicaid enrolled children. The Plaintiffs include both pediatric and dental associations, as well as individual plaintiffs. The named official capacity Defendants are the agency heds of the Department of Health, Agency for Health Care</p>		

^a • This lawsuit involves minor children. While Plaintiffs failed to fully protect the identity of the minor children in the initial and amend complaint, they have complied with appropriate privacy requirements in filing the Second Amended Complaint. Accordingly, these children are identified by initial only.

	<p>Administration, and the Department of Children and Family Services. If Plaintiffs succeed, they seek, among other things, increased reimbursement rates to physician and dentist providers, which they allege will ensure access to services for children.</p> <p>As it relates to DCF, Plaintiffs also seek funding for outreach to the uninsured. Plaintiffs also seek better coordination for communications between the FLORIDA system and FMMIS to avoid circumstances where FMMIS construes FLORIDA system communications as terminations of Medicaid eligibility before a child's period of continuous eligibility is completed. Plaintiffs would also like a computer fix that would preclude DCF ACCESS staff from terminating a child's Medicaid eligibility earlier than the period of continuous eligibility.</p>
<p>Amount of the Claim:</p>	<p>This is a claim for prospective declaratory and injunctive relief. Plaintiffs have provided no precise estimates of the increased reimbursement rates they seek. Reportedly, they seek physician fees that are comparable to Medicare rates, and dental reimbursement rates which are set at the 50th percentile of usual and customary charges for dentists (i.e., a reimbursement rate which is equal to what 50% of the physicians <u>charge</u> at or below for dental services). In 2011, there was a reimbursement rate for dental, but not physician services. There are no precise estimates of what it will cost to increase physician reimbursement rates for services to children to Medicare rates or what it will cost to increase dental reimbursement rates to the 50th percentile charge. The best guess is that it will cost between \$250 and \$500 million per year. This would come from AHCA's budget.</p> <p>Regarding DCF's budget, Plaintiffs seek reinstatement of prior funding for outreach (\$1 million or more in a line item appropriation – right now grants are being used to provide funding for outreach). There is no specific price tag on any computer fixes sought by Plaintiffs.</p>
<p>Specific Statutes or Laws (including GAA) Challenged:</p>	<p>42 U.S.C. §§1396a (a) (8), (10), (30) (A) & 43.</p>
<p>Status of the Case:</p>	<p>The case has been pending since November 2005. On September 30, 2009, the Court issued an Order Granting In Part The Plaintiffs' Motion For Class Certification. The certified class consists of "all children under the age of 21 who now, or in the future will, reside in Florida and who are, or will be, eligible under Title XIX of the Social Security Act for Early Periodic Screening, Diagnosis and Treatment Services."</p> <p>The Court held a 95-day long trial on liability, which spanned the period of December 7, 2009 to April 20, 2012. The trial was held as the Court had time available on its docket. An order on liability was expected in the month of August 2012. Depending on what happens with the order on liability, the next step is a phase to fashion injunctive relief in the case should it be necessary. The Court has indicated that this phase would provide an opportunity to provide more current evidence about</p>

	<p>whether a remedy is needed. Because this is to be an evidentiary proceeding, some further discovery may be authorized by the Court.</p> <p>It is only after the entry of an injunction and a Final Judgment that the state could exercise any final appellate rights.</p>	
<p>Who is representing (of record) the state in this lawsuit? Check all that apply.</p>		<p>Agency Counsel</p>
	<p>X</p>	<p>Office of the Attorney General or Division of Risk Management</p>
	<p>X</p>	<p>Outside Contract Counsel</p>
<p>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).</p>	<p>Stuart H. Singer, Esq. Carl E. Goldfarb, Esq. Damien J. Marshall, Esq. Boies, Schiller & Flexner LLP 401 East Las Olas Blvd. Suite 1200 Fort Lauderdale, FL 33301</p> <p>James Eiseman, Jr., Esq., Public Interest Law Center of Philadelphia 1709 Benjamin Franklin Parkway Second Floor Philadelphia, PA 19103</p> <p>Louis W. Bullock, Esq., Bullock, Bullock, & Blakemore 110 W. 7th Street Tulsa, Oklahoma 74112</p>	

Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Children and Families		
Contact Person:	Drew Parker	Phone Number:	921-8675
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Luis W. Lebron, Individually and as class representative v. David E. Wilkins, in his official capacity as Secretary of the Florida Department of Children and Families.		
Court with Jurisdiction:	District Court, Middle Court of Florida		
Case Number:	6:11-cv-01473-Orl-35DAB U.S.		
Summary of the Complaint:	Class action lawsuit seeking to enjoin s. 414.0652, Florida Statutes as violating the Fourth and Fourteenth Amendments to the U.S. Constitution, for requiring individuals applying for Temporary Assistance for Needy Families (TANF) to submit to drug testing without suspicion of drug use.		
Amount of the Claim:	Relief sought is injunctive relief and not monetary damages.		
Specific Statutes or Laws (including GAA) Challenged:	Florida Statute 414.0652		
Status of the Case:	Preliminary Injunction granted October 24, 2011. Department appealed to the Eleventh Circuit Court of Appeals. Briefs filed in the Eleventh Circuit and oral argument set November 1, 2012. State has stipulated it will not enforce statute against others similarly situated to Plaintiff until resolution of the litigation. Trial Court initially denied class certification, but later granted Plaintiff's Renewed Motion for Class Certification on December 7, 2011. Trial level of case continues. Discovery closed in July, and cross motions for summary judgment were submitted on September 10, 2012.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	

<p>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).</p>	<p>Maria Kayanan, Esq. Trial Counsel</p> <p>Randall C. Marshall Trial Counsel ACLU Foundation of Florida, Inc. 4500 Biscayne Blvd., Suite 340 Miami, FL Tel: (786) 363-2700 Fax: (786) 363-3108</p> <p>John Digfelder Trial Counsel ACLU Foundation of Florida, Inc. P.O. Box 25477 Tampa, FL 33622 Tel: (813) 287-1698 Fax: (813) 289-5694</p> <p>Randall C. Berg, Jr. Joshua A. Glickman Shawn A. Heller Florida Justice Institute, Inc. 100 SE Second St., Ste. 3750 Miami, FL 33131-2115 Tel: (305) 358-2081 Fax: (305) 358-0910</p>
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Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Children and Families		
Contact Person:	Asst. Atty. General Jay Vail	Phone Number:	414-3300
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Rebecca Mitson, by and through her next of friend, Marilyn Jones, individually, and on behalf of all others similarly situated, et al., v. Gregory Coler, in his official capacity as Secretary of the Department of Health and Rehabilitative Services, and V. Sheffield Kenyon, in his official capacity as Program Staff Director of Economic Services, Dept. HRS, et al., (Third Party Defendant: Otis R. Bowen, Sec'y, U.S. Dept. of HHS.)		
Court with Jurisdiction:	USDC, Southern District of Florida		
Case Number:	87-12020-CIV-GOLD		
Summary of the Complaint:	Plaintiff seeks to reopen a 1987 injunction order entered against HRS, predecessor agency to the Department of Children and Families and AHCA. Plaintiff alleges DCF and AHCA violated the court's injunction by denying benefits under the Florida Medicaid Institutional Care Payments Program to those persons seeking to reopen the case, as a result of their receipt of payments for unreimbursed medical expenses from the Veteran's Association.		
Amount of the Claim:	Undetermined at this time.		
Specific Statutes or Laws (including GAA) Challenged:	None.		
Status of the Case:	On January 27, 2012, Plaintiff's Motion to Reopen case was denied; on June 4, 2012, Plaintiff's Motion to Amend the January 27, 2012 Order was denied; on June 18, 2012, Plaintiff filed a Notice of Appeal with the Eleventh Circuit Court of Appeals, to appeal the District Court orders entered January 27, 2012 and June 4, 2012. Informal teleconference held on September 5, 2012 with mediator from the 11 th Circuit. Plaintiff's counsel did not attend. Mediator will contact Plaintiff's counsel and get back to DCF's counsel.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	

<p>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).</p>	<p>Tod Aronovitz, Esq. Barbara Perez, Esq. Andrew Zelmanowitz, Esq. ARONOVITZ LAW One Biscayne Tower, Suite 2630 2 South Biscayne Boulevard Miami, FL 33131 Tel: (305) 372-2772 Fax: (305) 397-1886</p> <p>John Yanchunis, Esq. Morgan & Morgan, P.A. 201 N. Franklin Street, 7th Floor Tampa, FL 33602 Tel: (813) 223-5505 Fax: (813) 223-5402</p> <p>Jack M. Rosenkranz (FBN 815152) ROSENKRANZ LAW FIRM P.O. Box 1999 Tampa, FL 33601 Tel: (813) 223-4195 Fax: (813) 273-4561</p>
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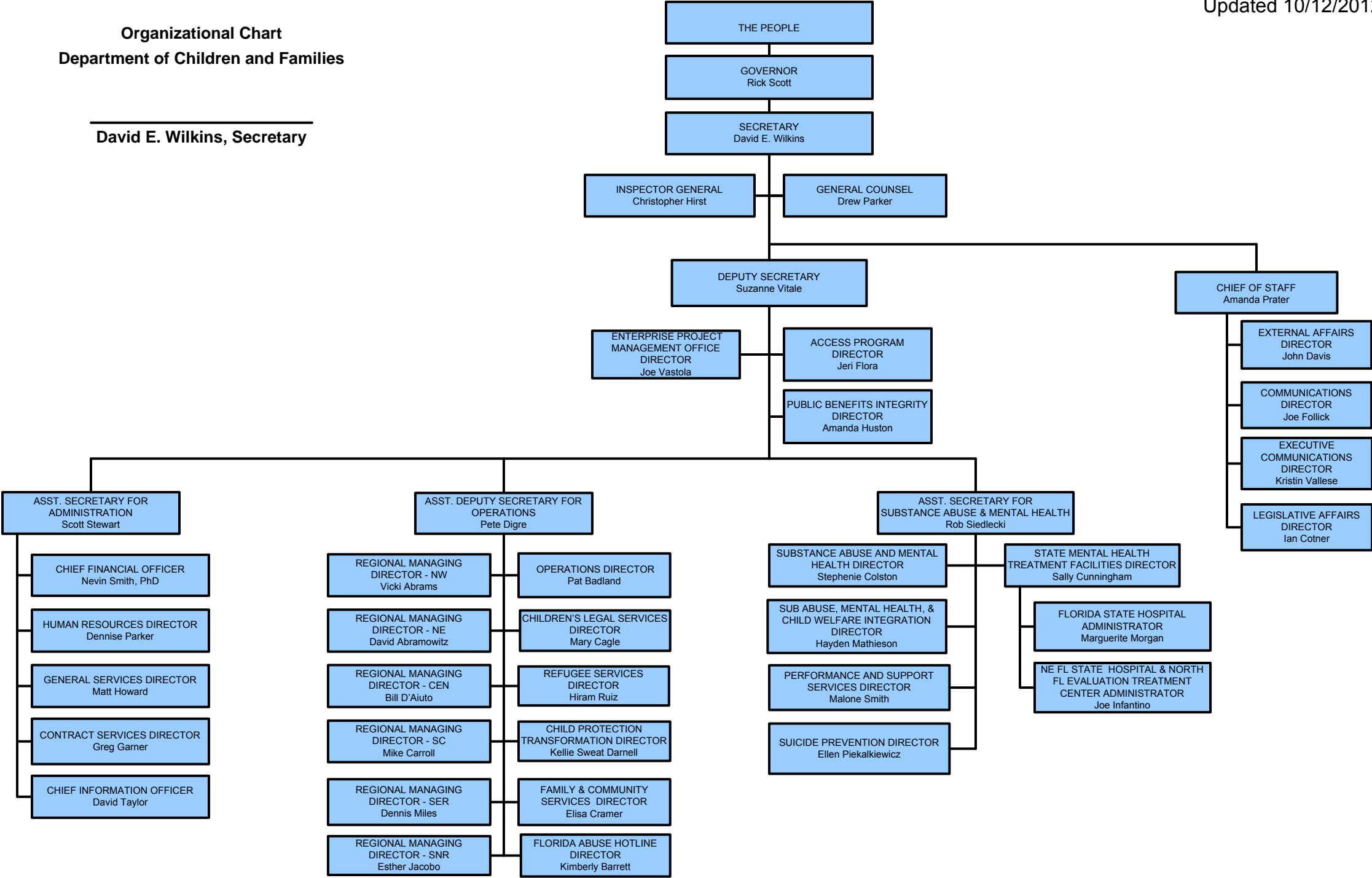
Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Children and Families		
Contact Person:	John Slye	Phone Number:	413-6173
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Kimberly Robbins and John Brown, et al., v. Florida Department of Children and Families.		
Court with Jurisdiction:	Federal Case, USDC (Middle), was withdrawn. State case was filed in the Second Judicial Circuit, Leon County.		
Case Number:	Federal: 3-11-CV-100-J-25 JRK State: 11-CA-2554		
Summary of the Complaint:	Collective action for damages alleging breach of contract and/or promissory estoppel, seeking recovery of unpaid overtime compensation owed to the plaintiffs and all those similarly situated.		
Amount of the Claim:	Claim is for the amount of unpaid overtime compensation during the five years prior to the filing of the complaint for the named plaintiffs and all others similarly situated.		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Federal Case (3-11-CV-100-J-25 JRK) was withdrawn. State Case (11-CA-2554) was filed in the Second Judicial Circuit, Leon County, and served on DCF on or about October 3, 2011. On November 10, 2011, DCF filed a Motion to Dismiss Plaintiffs' complaint. As of September 13, 2012, case is pending.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Delegal Law Offices, P.A. Jacksonville, FL		

Organizational Chart
Department of Children and Families

David E. Wilkins, Secretary



SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY

Schedule XII Cover Sheet and Agency Project Approval	
Agency:	Schedule XII Submission Date:
Project Name:	Is this project included in the Agency's LRPP? ___ Yes ___ No
FY 2013-2014 LBR Issue Code:	FY 2013-2014 LBR Issue Title:
Agency Contact for Schedule XII (Name, Phone #, and E-mail address):	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule XII in support of our legislative budget request. I have reviewed and agree with the information in the attached Schedule XII.	
Agency Head:	Date:
Printed Name:	
Agency Chief Information Officer: <i>(If applicable)</i>	Date:
Printed Name:	
Budget Officer:	Date:
Printed Name:	
Planning Officer:	Date:
Printed Name:	
Project Sponsor:	Date:
Printed Name:	

**SCHEDULE XIII
PROPOSED CONSOLIDATED FINANCING OF DEFERRED-PAYMENT
COMMODITY CONTRACTS**

Contact Information
Agency:
Name:
Phone:
E-mail address:

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

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

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

**Schedule XIV
Variance from Long Range Financial Outlook**

Agency: Department of Children and Families Contact: Nevin Smith (850) 717-4760

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

- 1) Does the long range financial outlook adopted by the Joint Legislative Budget Commission in September 2012 contain revenue or expenditure estimates related to your agency?
 Yes No
- 2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2013-2014 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request

	Issue (Revenue or Budget Driver)	R/B*	FY 2013-2014 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Base	R & B	2,788.4	2,719.3
b	Annualization	B	1.0	10.4
c	Temporary Assistance for Needy Families (TANF) Cash Assistance	B	8.1	0.0
d	F.A.C.T. - Adult Mental Health Florida Assertive Community Treatment Team Increase	B	0.7	0.7
e	TANF Recurring / Nonrecurring Deficit	B	0.0	0.0
f	Community Based Care	B	4.7	0.0
g	Community Based Care	B	0.0	7.9
h	Maintenance Adoptions - Restore Nonrecurring Funds	B	20.6	20.6
i	Maintenance Adoptions	B	0.0	10.5
j	Restore Healthy Families Non Recurring	B	2.0	2.0
k	ADA Medicaid Waiver	B	9.1	0.0
l	Transfer Home and Community Based Services Waiver to the Agency for Health Care Administration - Deduct	B	0.0	(49.3)
m	Mental Health Services - Restores Nonrecurring Funds	B	10.2	10.7
n	Mental Health Services - Restores Nonrecurring Funds for Children's Crisis Stabilization Bed:	B	2.8	2.8
o	Substance Abuse - Restore Nonrecurring Funds	B	4.9	4.9
p	Mental Health and Substance Abuse Services Managing Entity	B	2.3	2.3
q	Sexually Violent Predator Program	B	0.0	0.9
r	Federal Indirect Reimbursement Deficit	B	8.1	8.1
s	Marissa Amora Claim	B	1.7	1.7
t	L.T. Claim	B	0.0	0.8
u	Restore Mental Health Reinvestment Grants	B	3.0	3.3
v	Information Technology Issues 2000240 and 2000250 "Information Technology Shared Services Alignment - Add / Deduct" 3006410 "Northwood Shared Resource Center (NSRC) Data Center Workload Increase" 3007520 "Florida Safe Families - Maintenance and Operations" 3201010 "Eliminate Unfunded Budget" 36303C0 "New Technology Solution for Florida's Public Assistance Eligibility System" 36321C0 "Managing Entity Performance Monitoring System"	B	0.0	166.8
w	Family Safety and Preservation Services 3008100 "Certified Domestic Violence Centers Workload" 3201010 "Eliminate Unfunded Budget" 4001280 "Additional Budget Authority for Grants to Encourage Arrest Program"	B	0.0	(0.3)
x	Mental Health Services 3007310 "Integration of Child Welfare and Substance Abuse Treatment Services" 3201010 "Eliminate Unfunded Budget" 33J0220 "Florida State Hospital Environmental Services and Maintenance Operations Outsourcing Contract" 33J0230 "Northeast Florida State Hospital Environmental Services Outsourcing Contract" 4004580 "Cost of Living Adjustment - Mental Health Contracted Agencies" 4005010 "Community Alternatives for Persons with Mental Illness"	B	0.0	(10.0)
y	Substance Abuse Services 3007310 "Integration of Child Welfare and Substance Abuse Treatment Services" 3201010 "Eliminate Unfunded Budget"	B	0.0	14.8
z	Economic Self Sufficiency Services 3000150 "ACCESS Florida Program Provider Funded Eligibility Positions" 3000180 "ACCESS Florida Program Eligibility Determination Partner Increase" 3000200 "Emergency Solutions Grant Increase" 3201010 and 3301010 "Eliminate Unfunded Budget" 3300100 "Delete Unfunded Positions" 4000A90 "Superior Achievement Bonus for ACCESS Employees" 4B00020 "ACCESS Asset Verification System" 4B00030 "ACCESS Identity Verification - Authentication Program"	B	0.0	11.0
aa	Capital Improvement/Maintenance and Repair	B	0.0	12.3
Department of Children and Families TOTAL			2,867.6	2,951.9

- 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.

Base Item A
 The numbers from the Long Range Financial Outlook in Fiscal Year 2012-2013 are the same exact numbers from the Fiscal Year 2011-2012 Long Range Financial Outlook that included the Northwood Shared Resource Center and did not reflect the Nonrecurring Trust Fund Budget Authority for Fiscal Year 2011-2012.
 The Department of Children and Families identified needs for the Legislative Budget Request associated with its mission and statutory mandates. Following the identification of needs the department analyzed its ability to meet those needs utilizing existing resources (base budget) and resource requests above base (state and federal funds). Utilizing that planning/funding frame the department prioritized its Legislative Budget Request. Differences between the Departments request and the Long Range Financial Outlook are related to differences in the planning/funding frame utilized by the Department and the those preparing the Long Range Financial Outlook.

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

**SCHEDULE XV:
 CONTRACT INFORMATION FOR EACH CONTRACT IN WHICH THE
 CONSIDERATION TO BE PAID TO THE AGENCY IS A PERCENTAGE OF
 THE VENDOR REVENUE AND IN EXCESS OF \$10 MILLION**

Contact Information
Agency:
Name:
Phone:
E-mail address:

1. Vendor Name		
2. Brief description of services provided by the vendor.		
3. Contract terms and years remaining.		
4. Amount of revenue generated		
Prior Fiscal Year	Current Fiscal Year	Next Fiscal Year (Request Year)
5. Amount of revenue remitted		
Prior Fiscal Year	Current Fiscal Year	Next Fiscal Year (Request Year)
6. Value of capital improvement		
7. Remaining amount of capital improvement		
8. Amount of state appropriations		
Prior Fiscal Year	Current Fiscal Year	Next Fiscal Year (Request Year)



Budget Entity Level Exhibits and Schedules



State of Florida

Department of Children and Families

Schedule IV-B Feasibility Study

Update to the Medicaid Eligibility System

(Previously Titled - New Technology Solution for Florida's Public Assistance Eligibility System)

Author:	Department of Children and Families
Version:	4.0 FINAL
Creation Date:	11/03/2011
Last Accessed:	10/8/2012 4:52 PM
File Name:	FLORIDA System FY2012-2013 IV-B-v4.0 FINAL



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1 COVERSHEET & EXECUTIVE SUMMARY

1.1 COVERSHEET

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Children and Families	Schedule IV-B Submission Date: October 8, 2012
Project Name: Update to the Medicaid Eligibility System	Is this project included in the Agency's LRPP? _X_ Yes ___ No
FY 2013-14 LBR Issue Code: 36303C0	FY 2013-14 LBR Issue Title: Medicaid Eligibility System
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Jon Croft, (850) 717-4426, Jon_Croft@dcf.state.fl.us	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: <i>Suzanne M. Vitale</i> Printed Name: David Wilkins	Date: 10/8/12
Agency Chief Information Officer: <i>[Signature]</i> Printed Name: David W. Taylor	Date: 10/8/2012
Budget Officer: <i>[Signature]</i> Printed Name: Nevin Smith	Date: 10/8/2012
Planning Officer: <i>[Signature]</i> Printed Name: Joseph Vastola	Date: 10/8/2012
Project Sponsor: <i>Suzanne M. Vitale</i> Printed Name: Suzanne M. Vitale	Date: 10/8/12
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Jeri Flora (850) 717-4093
Cost Benefit Analysis:	Jon Croft (850) 717-4426
Risk Analysis:	Peggy Claborn (850) 717-4495
Technology Planning:	Jon Croft (850) 717-4426
Project Planning:	Suzanne Poirier (850) 717-4114

Table 1-1 Schedule IV-B Cover Sheet and Department Project Approval



Summary of Schedule IV-B Feasibility Study Updates

The Schedule IV-B Feasibility Study has been updated to reflect additional information the department has gathered over the past year and to address an additional alternative, the development of a Medicaid only eligibility system. With regard to obtaining additional information, the project cost, timeline, cost benefit analysis and benefits realization information has been revised to reflect current estimates. The primary content of the originally feasibility study remains intact and unchanged. Further, the original IV-B assumed the project would be funded at the standard 50/50 match rate. Since the original IV-B was developed, the Department received approval to proceed with the 90/10 enhanced match. As such, the original option has been updated to show the use of the enhanced match. Finally, the Department did not specifically incorporate the findings outlined in the September 2012 Gartner Feasibility Study because at the time of this document's submission, the study had not been accepted by the Legislature.

The additional alternative, the creation of a new Medicaid Eligibility System which would integrate with the ACCESS Florida System for SNAP and TANF, can be found at the end of this document.

1.2 EXECUTIVE SUMMARY

The Department of Children and Families (DCF) impacts the lives of Floridians at a moment when their needs are greatest. DCF is responsible for managing the cash assistance program known as TANF (Temporary Assistance for Needy Families), SNAP (formally known as the Food Stamp Program) and Medicaid eligibility. This equates to more than \$4 billion¹ in food assistance and cash assistance, and eligibility determination for the State of Florida's \$18 Billion² Medicaid program. Customers in Florida use these various forms of assistance to provide the necessities for their families, while moving towards self-sufficiency.

The current Public Assistance eligibility system, known as FLORIDA (Florida Online Recipient Integrated Data Access), was implemented in 1992 and was transfer technology from the State of Ohio, and was originally designed in the early 1980s. Since 1992, DCF has relied almost completely on legacy technology centered on the FLORIDA mainframe system. The system is based on antiquated technologies that are inherently rigid and difficult to maintain. It was designed to support a past service delivery model when face to face interviews were conducted at local offices, a heavier reliance on data entry, first hand documentation and customers without self-service options.

In 2004, DCF began to modernize its approach to administering cash assistance, food stamps, and Medicaid Programs. Known as Automated Community Connection to Economic Self-Sufficiency Florida, or ACCESS Florida, this new business model drastically changed the way DCF staff process applications, manage caseloads and interacted with clients. DCF conducted a complete review of federal and state law and eliminated outdated, labor intensive policies and practices that were not required and added little or no value to the process. The face to face interview requirement was eliminated and verification requirements were simplified with a

¹ FY 2009-10 actual food assistance benefits was \$4,034,447,154 and cash assistance benefits were \$166,095,940.

² FY 2009-10 projected Medicaid spending was \$17.9 Billion, serving 2.6 million people with projected future year increases (Select Policy Council on Strategic & Economic Planning, January 11, 2010)



greater reliance on electronic verifications. Call centers were established to provide customers greater access to the Department to report changes in their household situation.

With this culture change, the Department began to explore ways to increase efficiencies and support customer self-sufficiency through the use of technology. These changes in ACCESS Florida affected almost all aspects of customer intake and case management beginning with an electronic application that could be submitted online using an electronic signature and work management tools that helped move information from the application to the FLORIDA System. Other technologies were developed to support call center operations and the document imaging system.

Because DCF was in the forefront of both the business model and technology changes, the Department was nationally recognized by Harvard University's John F. Kennedy School of Government's Ash Institute as a winner of the Innovations in American Government Award. The Department also won three times, the Food and Nutrition Services, Southeastern Region's Director's Cup for best in Region. However, the Department faces significant challenges in moving to the next level.

To progress, the Department must invest in the technology improvements necessary to replace the core aging technical infrastructure. The related complexity and additional costs required to continue to layer functionality on the existing base infrastructure is becoming prohibitive. Below are some of the challenges facing the program:

- The systems' design makes updates and changes a lengthy and expensive process
- There is ever increasing risk of infrastructure failure due to the age of the mainframe
- Reliance on multiple systems when establishing eligibility creates additional workload for users, and delays the final determination
- Little "no-touch" activity
- Limited self service capability
- Unnecessary reliance on manual and "paper" processing
- Difficulty in gathering and incorporating external electronic data into the eligibility determination process
- Data is not easily shared with program partners, limiting the holistic treatment of customers

DCF has a long history of self-reinvention. The Department is not afraid to look at itself, recognize opportunities for improvement, and work diligently toward those improvements. This mindset has better prepared the Department for the challenges it is facing. Meeting these challenges will require continued changes to its culture, business processes and investment in a new public assistance eligibility system.

1.2.1 Cost and Benefits of a New Public Assistance Eligibility Support System

A number of other States have initiated and/or completed public assistance technology replacements and associated business process re-engineering (BPR). Based on the experience from those states as well as prior analysis of the State of Florida Public Assistance Program, recurring tangible cost savings and operational improvements are expected in the following areas that align with the Department's strategic objectives:



DCF Strategic Objective	Expected Benefits from Replacing FLORIDA
Enable Family Accountability	<ul style="list-style-type: none"> • Creating an environment where customers are responsible and held accountable for more of their own case management will result in reductions in individuals and families staying on public assistance.
Empowering Front Line Staff	<ul style="list-style-type: none"> • Provision of state-of-the art tools, which speeds decision making, minimizes manual activity and maximizes automation such as providing interfaces with partner agencies to obtain data needed to make accurate determinations of eligibility.
Effect Program Improvements	<ul style="list-style-type: none"> • Increasing the use of “no touch” determinations will relieve staff from performing routine work allows them to devote time to activities geared towards increased efficiencies and moving individuals and families to independence • Providing customers with more options for self service will reduce the staff resources required to assist them with routine case management activities • Cost savings due to improved accuracy • Cost savings due reduced Public Assistance fraud, including Medicaid fraud • Increased scalability with a new modernized system • Reduced administrative costs per client • Reduced reliance on manual workarounds • Reduced postage and handling • Reduced phone costs • Reduced non-fraud benefits received • Reduced total application and eligibility processing time • Reduced average time to make eligibility policy changes • Improved ease and reduced cost of system maintenance

Table 1-2 Vision to Benefits

The benefits that will be realized by replacing the current ACCESS Florida system are sizeable and make an extremely compelling business case for replacing it. The new ACCESS Florida system is estimated to deliver the following annually recurring tangible benefits of \$135,784,924 million to Florida’s ACCESS Florida program stakeholders:

\$ Amount	Benefit Description
\$73,477,790	Reduced occurrences of Medicaid eligibility error and fraud
\$25,108,201	Reduced occurrences of Food Assistance error and fraud
\$32,403,933	Increased automation of business processes
\$4,795,000	Reduced maintenance and operations and hosting costs
\$135,784,924	TOTAL

Table 1-3 Recurring Tangible Benefits



1.2.2 Risk and Issues

Although the benefits derived from a new system provide sound justification for replacing the ACCESS Florida system, consideration must also be given to the risk of the current system failing. ACCESS Florida is the sole mechanism for the delivery of determining eligibility for the TANF, food assistance and Medicaid Programs. The impact of an ACCESS Florida failure would be catastrophic to Floridian's who are dependent upon these programs to provide for their most basic needs.

The failure of ACCESS Florida would also have a detrimental effect on state agencies that rely on data from the system in the performance of their public duties potentially impacting the funds made available to the state from the federal government. This would include the Agency for Health Care Administration (AHCA), Public Assistance Fraud in the Florida Department of Law Enforcement, and Child Support Enforcement in the Department of Revenue.

While predicting exactly when the system will fail is not possible, it has been showing signs of stress for some time and ever increasing caseloads will increase the likelihood of systematic failure.

1.2.3 Recommendation

The service life of ACCESS Florida's mainframe has been extended through "Band-Aid" programming and a substantial commitment of resources to maintain it and work around its technical shortcomings. What began as a single system now exists as an overlay of 21 additional subsystems wrapped around the core COBOL programming. This cannot go on indefinitely. By industry standards, the FLORIDA mainframe is an "aging" system – one for which "any further new development should be actively discouraged."³ The FLORIDA mainframe is a mission critical system nearing end-of-life, which struggles to support real-time decision making and efficient business process operations.

The recommendation of this Feasibility Study is to replace the aging mainframe application and its supporting systems with a modern application that supports the following:

- Maintained Integrated Eligibility for Medicaid, Food Assistance, TANF and Refugee Benefits
- Single Eligibility Website
- Benefit Calculation and Issuance
- Case Management
- Registration and Clearance
- Automated Data Exchanges
- Partner/Provider/Federal Interfaces
- Fraud Detection Tools and Case Management
- Client Self-Service
 - Pre-Screening

³ Gartner Group, "Software Aging Analysis", January 2006.



- Web Application
- Client Access to their account
- Ability to report changes
- Automated Response Unit systems
- Supports annual and semi-annual eligibility reviews
- Benefit Recovery Processes
 - Case Management
 - Referrals
 - Claims
 - Collections
 - Prosecutions
 - Accounting and Payments
 - Workload Management
- Appeals Processes
- Disaster Food Assistance

The Alternative Analysis supports the recommendation to replace the existing public assistance eligibility system. Additional analysis and procurement planning is needed to allow the Department to fully analyze and execute a deliberate, planned modernization project. Next steps are to conduct Planning, Procurement, Business Process Analysis (BPA) and Implementation beginning in FY 2012-2013.

1.2.3.1 Recommended Approach for Replacement of ACCESS Florida

“Multi-Phased Plan” - This study recommends that the replacement of ACCESS Florida be conducted according to best practices⁴ in a phased plan to transition to a solution that meets the business process requirements and user needs as delineated in the following diagram.

⁴ Project Management Institute Project Management Body of Knowledge

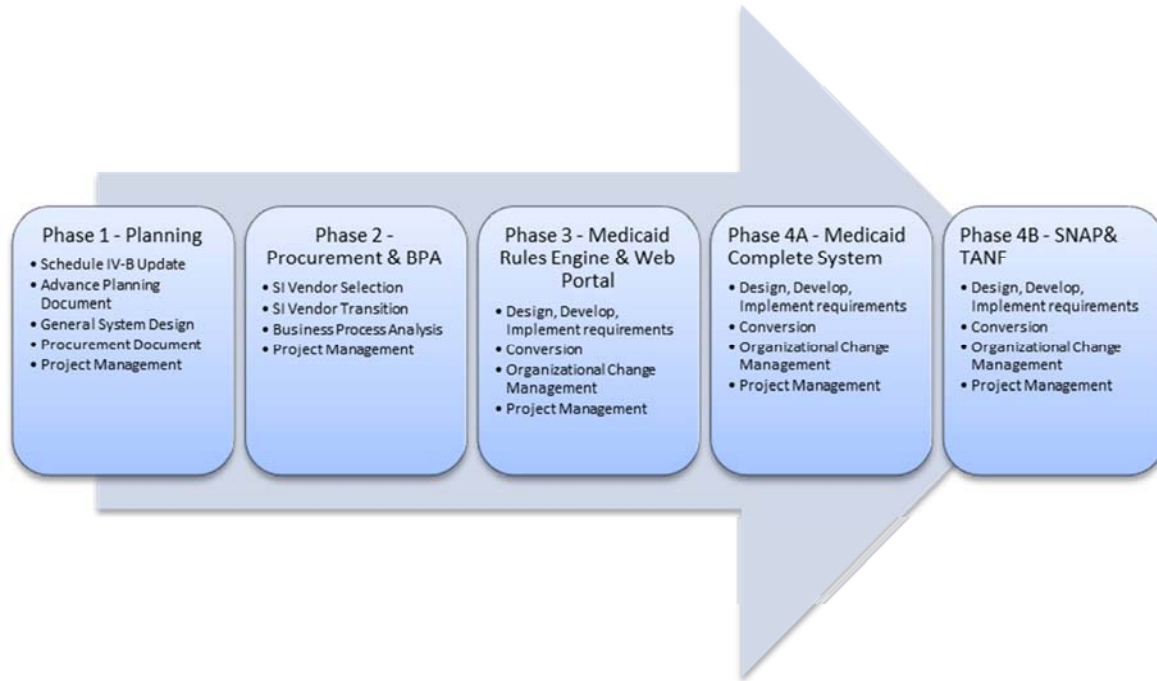


Figure 1-1 Proposed Project Phases

1.2.3.2 Project Timeline

A preliminary, high-level project timeline is shown in the following figure. The actual project timeline will be highly dependent upon the technology solution selected by DCF.

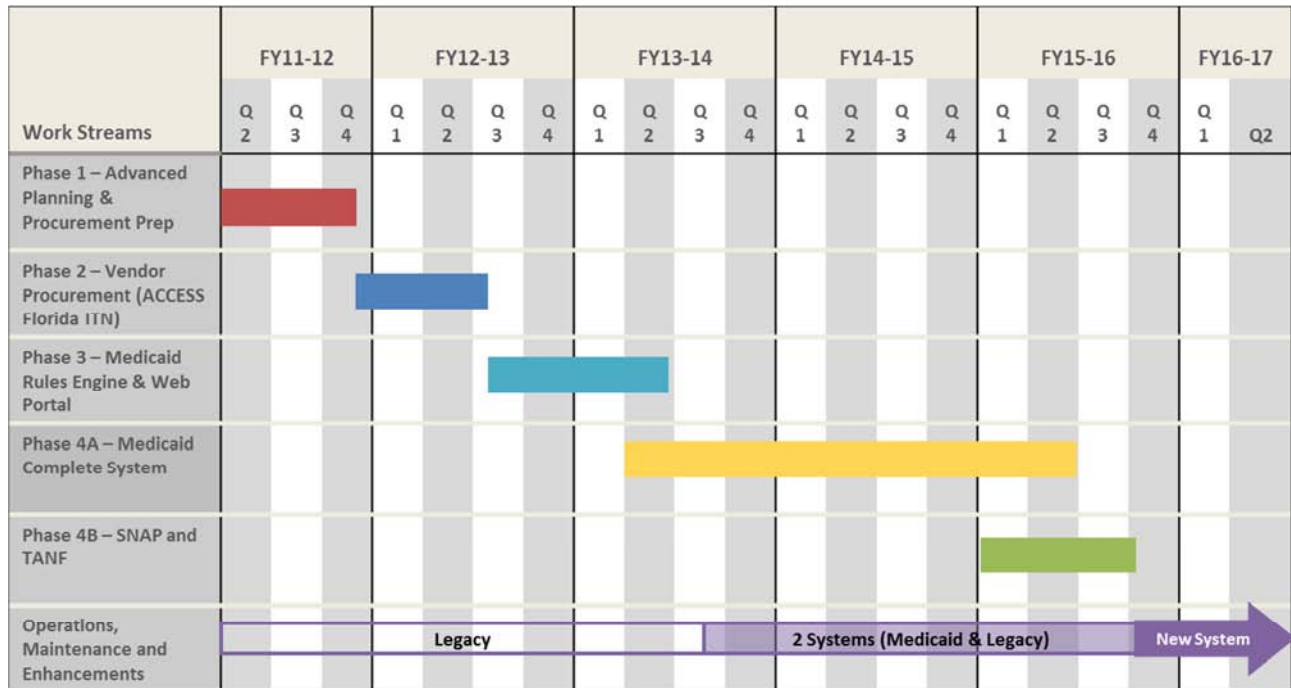


Figure 1-2 Proposed Project Timeline



The following table describes activities within each of the phases described in the above project timeline:

Phase	Description
Phase 1	Includes the development of this Feasibility Study, its associated Legislative Budget Request, and a federal Advanced Planning Document as well as the development of a procurement vehicle for Phase 2
Phase 2	Includes the procurement of a Project Director and Project Management Office, Independent Verification & Validation, and a vendor who will implement a system that will replace the ACCESS Florida systems
Phase 3	Includes the implementation of a new Medicaid eligibility rules engine to meet the Federally mandate of January 2014. Also includes the implementation of a new web portal for Medicaid, SNAP and TANF eligibility applications.
Phase 4A	Includes completion of the build of a new Medicaid eligibility System and all supporting functionality.
Phase 4B	Includes the implementation of new SNAP and TANF eligibility rules engines and supporting functionality along with transitioning to retirement of the FLORIDA system.

Table 1-4 Phase 2 Activities

The table below summarizes the activities in Phase 3, 4A and 4B to support the modernization project:

Activity	Description
Analysis	Validation of the system requirements collected during previous business process improvement and requirements gathering efforts.
Design	Joint Application Design sessions with end users, functional and technical design documentation and user interface prototyping.
Build	Application configuration and system development, database development, data conversion, data migration, data warehouse development, unit testing, creation of help screens and development of an online user tutorial.
Test	Creation of a test plan and test cases, and the performance of integration testing, system testing, user acceptance testing, and regression testing.
Deploy	Implementation planning and the deployment of the new system to a production environment.
Operations	Begins during the system implementation phase. The emphasis of this phase will be to ensure that the necessary equipment, staff, and procedures are in place to meet the needs of end users and ensure that the system will continue to perform as specified.

Table 1-5 Implementation Phase Activities



A transformation of this magnitude will require a period of workforce adjustment as staff become more familiar and confident with new processes and the new system. After a time, individual productivity is expected to steadily increase to a level higher than that achieved using the current system and then the other benefits identified in this study should also begin to be realized.

1.2.3.3 Project Costs

The estimated total cost of implementing the ACCESS Florida modernization project is \$222,717,100 million over a 4 year period.

FY12-13	FY13-14	FY14-15	FY15-16	4 Year Total
\$33,659,550	\$76,045,650	\$75,341,267	\$37,670,633	\$222,717,100

Table 1-6 ACCESS Florida Modernization Project Cost by Fiscal Year

The table below represents the state share of costs for the project. The state share of cost was calculated assuming the use of the enhanced 90/10 federal match rate. It is important to note that the 90/10 match applies to a majority of project costs, but not all of the costs. For instance, certain software costs are not eligible for the enhanced match and are funded at 75/25 or the standard 50/50. As a result, the match rate in the first three years of the project is not an exact 90/10 split. Further, in the fourth year of the project, the match rate is estimated at roughly 60/40 - this is primarily due to the expiration of the enhanced match rate at the end of December of 2015 as well as the focus of effort shifting to TANF and SNAP specific functionality which is funded at the standard 50/50 match rate.

FY12-13	FY13-14	FY14-15	FY15-16	State Total Cost
\$3,365,955	\$12,645,293	\$12,528,164	\$15,068,253	\$43,607,665

Table 1-7 ACCESS Florida Modernization Project State Share by Fiscal Year

The Department has computed the following values for the Medicaid Eligibility System project using both a five and ten year cost benefit and return on investment analysis:

Investment Term	Computed Value	
Total Cost	\$222.7 M distributed over four fiscal years	
Tangible Benefits - Yearly	\$135.7 M per year in recurring benefits	
Payback Date	SFY 2016-2017	
	5 Year Analysis	10 Year Analysis
Net Tangible Benefits	\$248.4 M	\$927.3 M
Return on Investment	\$25.7 M	\$704.6 M
Net Present Value	\$1.4 M	\$501.4 M
Internal Rate of Return	6.54%	46.06%



Table 1-8 Financial Terms

- The breakeven year is FY 2016-17, one year after the ACCESS Florida modernization project is fully deployed. A breakeven or “payback” period of 5-to-10 years indicates a good investment. A payback period that ends the year after the investment is completed is an excellent investment.
- The ten year net present value (NPV) is \$704.6 Million. By this measure the ACCESS Florida modernization project is an excellent investment.
- The ten internal rate of return (IRR) is 46.06 percent. The Florida Legislature’s Office of Economic and Demographic Research (EDR) estimates the cost of capital for investment analysis purposes to be 4.65 percent for the foreseeable future.

The following graph displays the cumulative discounted cash flow from the ACCESS Florida modernization projects costs and benefits over the ten fiscal years. This figure depicts the superior performance of the ACCESS Florida modernization project as an investment.

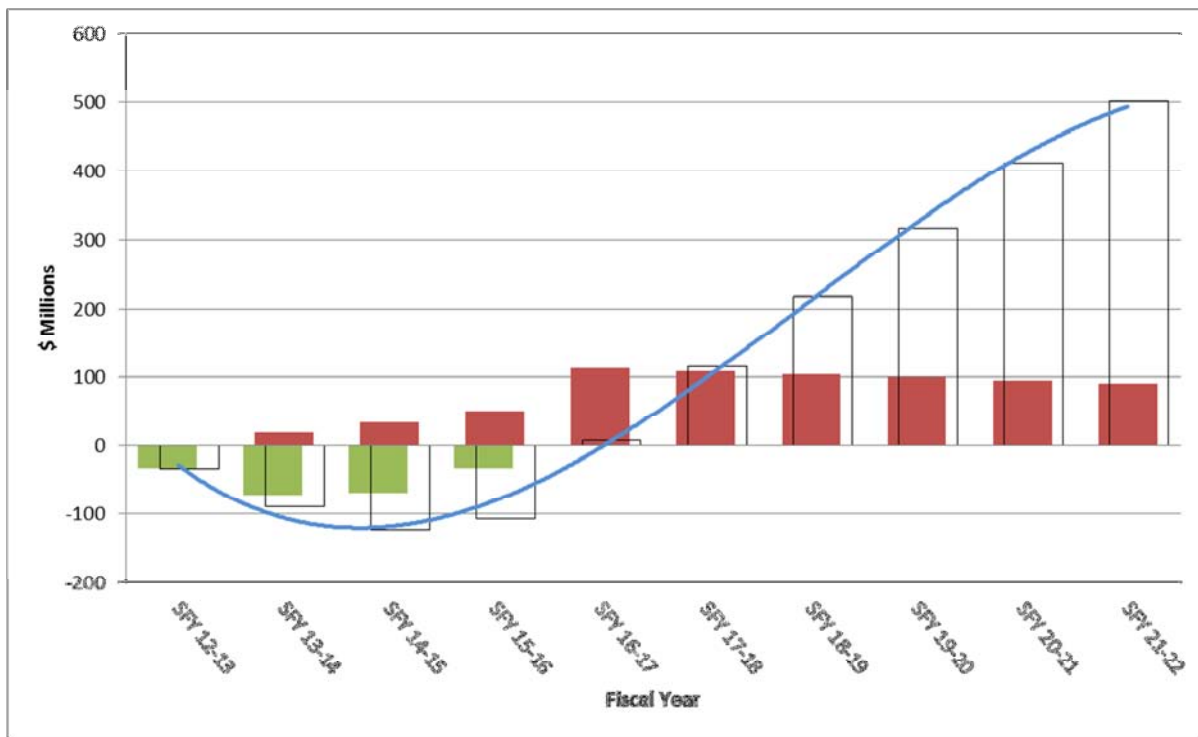


Figure 1-3 Cumulative Discounted Cash Flow

1.2.4 Conclusion

The challenges facing Florida are common to public assistance programs nation-wide; unprecedented caseload growth, more sophisticated clientele with higher expectations, limited fiscal resources, and aging technology.

DCF recommends that the new technology solution for Florida’s public assistance eligibility system be approved and sufficient funds appropriated to begin implementation of the phases described below in FY2012-2013.



The recommended next step is to secure a total funding of \$33,659,550 for FY 2012-2013, based upon a 50/50 match this would equate to \$17,166,371 in required State funding for FY 2012-2013.

2 SCHEDULE IV-B BUSINESS CASE

2.1 BACKGROUND AND STRATEGIC NEEDS ASSESSMENT

Purpose: To clearly articulate the business-related need(s) for the proposed project.

2.1.1 Department Programs and Services Environment

Introduction

DCF administers the Economic Self-Sufficiency Program known as ACCESS (Automated Community Connection to Economic Self-Sufficiency). This program provides public assistance eligibility services for the Supplemental Nutrition Assistance Program (SNAP, also known as food assistance or food stamps), Medicaid and Temporary Assistance for Needy Families (TANF, also known as cash assistance). Florida is the fourth most populous state and has the fourth largest food assistance caseload; assisting 3.2 million people in October 2011 with an average monthly benefit of \$134.36 per person for a total annual cost of \$4.62 billion (100 percent federal dollars).

ACCESS served an unduplicated customer base of 4.1 million people in the month of October 2011 and as of that same month, 2.6 million people received Medicaid through ACCESS and 84,000 received cash assistance (82 percent of whom were children).

In a typical work day, ACCESS receives and processes approximately 26,000 applications and images approximately 42,000 pieces of supporting evidence.

The array of public assistance eligibility services offered by the ACCESS Program further the Department's mission of:

- *Protect the Vulnerable*
- *Promote Strong and Economic Self-sufficient Families*
- *Advance Personal and Family Recovery and Resiliency*

In order to accomplish its mission, DCF has adopted a strategic vision that focuses on the four key areas seen in the following diagram:



Figure 2-1 Department Vision and Goals

ACCESS has undergone constant evaluation and improvement in order to adapt to the reality of serving a fast growing and changing public assistance caseload with limited financial resources. The model is based on streamlined workflows, policy simplification and technology innovations that continue to **empower the front line worker** in their ability to make eligibility decisions. ACCESS Florida **engages the community** by providing access to services through a combination of state staff and a community partnership network designed to serve as additional portals to services for customers mutually served by the partner agency and the Department.

This modernized system offers self-directed opportunities and 24/7 service which **enables families to be accountable** in their quest for self-sufficiency. The model reduces the investment of time required by customers to apply for or continue receiving public assistance. Many customers are employed and often cannot afford to take time off from their jobs to participate in the eligibility process. By streamlining program efficiency and providing new levels of access and technological support, customers may achieve new levels of self-sufficiency. Finally, as a national leader of program accuracy and ingenuity, ACCESS seeks to continue its history of **affecting program improvements to maximize efficiencies and outcomes.**

The ACCESS program provides Floridians with eligibility services in the following programs:



Department of Children and Families



Schedule IV-B Feasibility Study

Medicaid provides medical coverage to low-income individuals and families who meet the technical, income and asset requirements of the program. The Agency for Health Care Administration (AHCA) administers Medicaid services, while the Department determines Medicaid eligibility.

Temporary Cash Assistance provides cash assistance to families with children under the age of 18 or under the age of 19 if full time secondary school students, who meet the technical, income, and asset requirements. The program helps families become self-supporting while allowing children to remain in their own homes.

Food Assistance helps low-income individuals and families who meet the technical and income requirements of the program to buy the food they need for good health.

The following diagram illustrates the high level organizational structure of DCF and the relationship of Economic Self-Sufficiency Services:

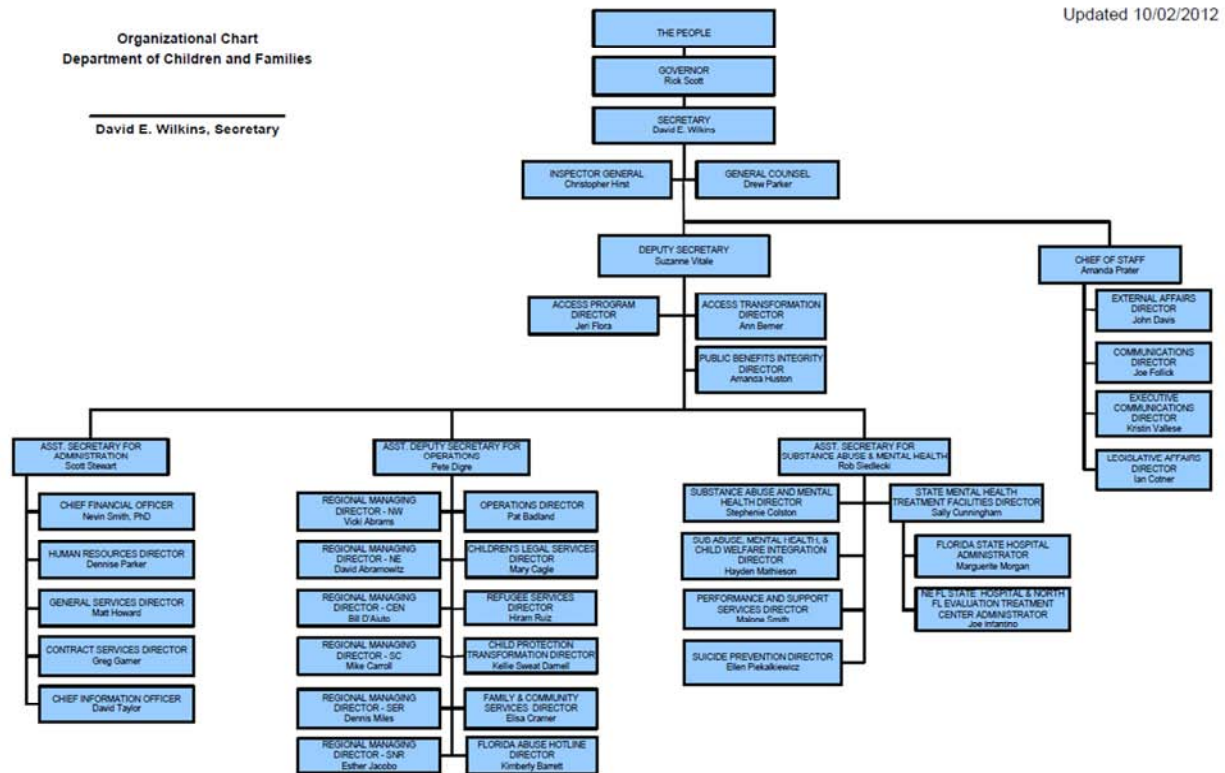


Figure 2-2 Organization Chart

Within the ACCESS eligibility determination program, several functional units provide direct or backroom services. Those areas of operation are:

- **Application Processing Centers:** Process applications, 90 percent of which are received via the internet, in the centralized, backroom setting.



- **Central Processing Units:** Located in Tallahassee, Daytona Beach and Fort Lauderdale these central processing units process application for Kid Care, a component of the state CHIP.
- **Call Centers:** ACCESS maintains three customer call centers located in Jacksonville, Tampa, and Miami. Call agents take customer calls on case status, policy, and informational calls that cannot be handled through an automated response unit. In addition, agents conduct intake interviews with applicants.
- **Mail Handling Document Scanning/Indexing:** Customer eligibility documents, either received by mail or electronically, are imaged and indexed to virtual case files in a centralized manner.
- **Case Maintenance Units (CMU):** The CMUs process casework that normally does not require direct customer contact, but due to the need for local coordination CMUs are situated in the circuits. Each month the CMUs handle over 500,000 data exchanges alerts from state, federal and private databases. In addition, CMUs also do bill tracking for Medicaid share of cost cases, impose and lift sanctions as requested by welfare to work and Child Support Enforcement programs, and process requests for verification of Medicaid coverage.
- **Public Benefits Integrity/ ACCESS Integrity:** The Office of Public Benefits Integrity (PBI) was created in January 2011 to enhance the Department's efforts to prevent, detect, and recover from public assistance and Medicaid fraud. Beginning with a review of the Department's existing systems, PBI seeks out innovations in information technology, and develops program and policy changes designed to more effectively combat fraud, loss, and increase the recovery of improperly paid benefits. Electronic data sharing with other agencies to identify correct income and eligibility factors is key. About 20 separate data matches are conducted on a nightly to quarterly basis, depending on type. These include:
 - Social Security income and validation of numbers
 - Unemployment Compensation
 - Wages
 - Internal Revenue Service Records
 - Drivers' Licenses
 - Immigration Records

Senior staff conducts targeted reviews of error prone cases. Investigators are assigned questionable cases prior to approval and as issues arise or are reported through anonymous or other means. (25,000 cases were reviewed in FY 2010, deterring \$36 million in benefits.)

- **Public Benefits Integrity/ Benefit Recovery:** Benefit Recovery staff evaluates and collect misspent funds. Through an Interagency Agreement with the Florida Department of Financial Services/Public Assistance Fraud (PAF) Unit, fraud cases are investigated and referred to the State Attorney's Office for prosecution. In State Fiscal year 2010-11 Benefit Recovery evaluated 77,527 referrals for overpayment (includes fraud and



mistakes); established 31,416 claims and collected \$18.7 million. In the same year, the State Attorney's Office prosecuted 375 cases of public assistance fraud.

- **Electronic Benefits Transfer:** Approximately 25 percent of retailer transactions are manually keyed rather than electronically swiped. (Manually keyed transactions are considered more error prone and can be an indicator of trafficking.) In 2011, the Department began issuing new cards to all recipients to assure functional card technology and improve integrity. In addition, EBT provides investigative support to ACCESS Integrity, PAF, and USDA Food and Nutrition Service through reports, data warehousing, and nightly transmissions of data and system activity files.

The Department's Economic Self-Sufficiency program began re-engineering their public assistance model in 2003. The initial efforts focused on streamlining workflows and simplifying policy with plans for enhanced technology at the foundation. Since initiating the modernization effort, Florida has experienced a food assistance caseload increase of 169 percent as a result of economic factors impacting families and individuals since the recession began impacting the caseload in April 2007. In addition, from 2004 – 2005 the State experienced seven direct hits from hurricanes resulting in the Department running disaster food stamp programs for those impacted.

The Department has met an increasingly demanding workload with the implementation of technical innovations such as:

- The ACCESS Web Application
- The My ACCESS Account, including a partner and provider view
- An Electronic Application Interface
- The ACCESS Management System
- Electronic document management (Imaging)
- Dedicated Customer Call Center
- An Automated Response Unit overlaying the Customer Call Center

The ACCESS Web Application – This on-line application is the front door to the Department's Economic Self-Sufficiency Services program. It allows customers to apply for benefits from any location that has Internet access. Individuals in need of assistance can apply for benefits at times and locations convenient to them, outside of traditional office hours, and in locations such as libraries or community partners instead of having to complete paper applications. Recent enhancements to the application include the ability for customers to select the type of benefit they would like to apply for and to only respond to questions that pertain to their selection. This includes a redirect prompt for customers who only wish to apply for Medicaid for children using the Florida Healthy Kids application. In addition, there are now links to helpful and required forms for applicants.

My ACCESS Account – At the heart of the self-service model, the My ACCESS Account is to public assistance what on-line banking is to the financial institution. This on-line application allows customers easy access to their public assistance case information. It is a secure system



that uses authentication software to insure confidentiality and data security. My ACCESS Account allows customers to submit a change to their current case, apply for additional assistance, complete a review on-line, view a copy of their notices, upload documents that the Department needs to determine eligibility, view their current and past benefits, check on appointments, keep abreast of their next review dates, view the reason their case is pending, and print their own temporary Medicaid card or request a replacement card. In addition, there are also views to My ACCESS Account for Medicaid providers and community partners. The provider view allows Medicaid service providers the ability to view Medicaid information. The providers are first authenticated against AHCA's provider system and then directed to the provider view of My Account. The community partner view of My ACCESS Account allows eligible community partner agencies to inquire about the status of a customer's application. This encourages community partner agencies to assist their customers to apply for public assistance to help individuals and families reach self-sufficiency while obtaining all potential wrap around services.

Electronic Application Interface – This interface allows other third party groups to utilize their own on-line application for their customers to apply for various community resources, including public assistance. Currently, the only company currently submitting applications is R & B Receivables through their RAMP application in Tenet Hospitals in the Broward area. DCF is working with several other companies to complete the application interface.

The ACCESS Management System (AMS) – The development of this system began in 2003/2004 with the vision that the FLORIDA mainframe would be the “engine” behind it, maintaining the business logic and array of system interfaces already in existence. With AMS, the Department began to build in phases a web front end to complement the web environment developed for customers. The goal was to build a case management portal for staff that would increase efficiency and accuracy. Several modules of AMS have been completed. The first to be completed was the client registration module which greatly streamlined the process used by clerks to match customers and case numbers based on demographic data. What were up to ten manually entered screens in FLORIDA is now mostly automated in a more intuitive web environment.

The next module was the work management module. This part of AMS created integrated inbox functionality for tracking applications, reported changes, additional benefit requests and redeterminations; and the automation of workload assignment for some functions. This system replaced an existing system decreasing the number of independent systems staff would have to use to complete their job.

Electronic Document Management (Imaging) – This application allows staff, including call center staff, virtual access to customer records and the ability to store electronic copies of important documents rather than keeping bulky paper case files.

Customer Call Center – The Department has one toll free number with three physical office locations, Miami, Tampa, and Jacksonville.



Automated Response Unit (ARU) – The Department has an automated response unit that overlays its toll free number. Customers can receive certain case status information through the (ARU) decreasing the need for customers to speak with agents.

Staff Telecommuting - In an effort to reduce overhead and improve productivity and accuracy, the Department has been increasing the use of telecommuting with its public assistance workforce. The Department has determined which functions are conducive to telecommuting and also ensures appropriate staff is telecommuting. The development and implementation of the technology over the last eight years has allowed the Department to increase its telecommuters.

Many of these applications function independently of the others; some interface with the aging mainframe. While essential in conducting the business of the Department, the processes developed around these initiatives are extensive and time-consuming. Additional subsystems have also generated a number of interfaces between the newer technologies and the legacy system, which requires specialized knowledge to manage and synchronize.

While these technologies and initiatives have served the state well, the most problematic technology issue is the underlying architecture of the FLORIDA mainframe. The system is built with a hierarchal rather than relational database that is difficult to change and adjust. Over time, as staff has consulted with other states on adapting newer technology to this system, the answer has consistently been “it won’t work with a hierarchal database”. The program needs and available technological solutions have simply outgrown the core mainframe.

2.1.2 Stakeholders and Users of ACCESS Programs, Services and Business Processes

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 that have been identified to-date, followed by a summarization of how each will be affected by, or will participate in, the system modernization project.

Major Stakeholders
Department of Children and Families
Public Benefits Integrity Unit
Agency for Health Care Administration
Department of Health
DFS-Division of Public Assistance Fraud
Florida Department of Revenue
Department of Economic Opportunity
Florida Healthy Kids Corporation
Public Assistance Applicants/Recipients
General Public
Legislature
Community Partner Network
USDA- Food and Nutrition Services



Major Stakeholders
U.S. Department of Health and Human Services

Table 2-1 Project Stakeholders

Department of Children and Families – The Department of Children and Families operates multiple programs that use the services of the ACCESS Program. For example, Family Safety/ Child Protective Services use the current system to facilitate child-in-care and Relative Caregiver eligibility determinations. Also, ACCESS eligibility services employ 4,246 persons who use the current system on a daily basis.

Public Benefits Integrity (PBI) Unit– PBI is responsible for combating fraud before, during and after the eligibility process. The ACCESS Integrity Section PBI uses data from the current system to pinpoint patterns of abuse and fraud. ACCESS Integrity also acts on referrals from eligibility workers and tips from the general public.

The Benefit Recovery Section of PBI establishes claims for overpayments of public assistance benefits and collects on those claims.

Agency for Health Care Administration (AHCA) – AHCA, as the State Medicaid Agency, receives Medicaid eligibility information from the current system through an interface with the Florida Medicaid Management Information System (FMMIS).

Florida Department of Health (DOH) – DOH, as the state agency responsible for disability determinations, provides information in the public assistance eligibility cases where disability is a factor.

Department of Financial Services/ Division of Public Assistance Fraud (DPAF) - DPAF investigates cases of benefit overpayments where fraud is thought to have occurred. DPAF works with the Attorney General’s Office to prosecute those cases with evidence of criminal intent.

Florida Department of Revenue (DOR) – This Department manages the State’s Child Support Enforcement Program. Child support is a determining factor in the public assistance eligibility process. DOR is also the purveyor of unemployment compensation data through its SUNTAX system. DCF uses this data in its eligibility process.

Department of Economic Opportunity (DEO) – The DEO provides mandatory work activities and employment programs for select groups of food and cash assistance recipients. The DEO also functions as a community partner in the ACCESS network; providing both self-serve and full service ACCESS eligibility services at its Regional Workforce Service Centers.

Florida Healthy Kids Corporation (FHKC) - FHKC administers the Title XXI portion of the Children’s Health Insurance Program (CHIP). FHKC exchanges information on CHIP applicants to ensure that children who are not eligible for Title XXI CHIP are reviewed for Medicaid eligibility by DCF.

Public Assistance Applicant/Recipients - Any individual who uses ACCESS services to apply for benefits or who currently receives benefits.

General Public – A general body of people within the Florida community. The general public accesses information regarding Department services, including ACCESS services, via the Department’s internet site.



Legislature – The governing body responsible for enacting laws. The Legislature has exclusive authority to adopt the budget for state government activities.

Community Partner Network- The over 3,200 organizations, state agencies and local governments that provide alternative, community-based sites for those in need of ACCESS services to apply for and receive assistance.

USDA/Food and Nutrition Services- The federal grantor agency responsible for administering the SNAP Program.

U.S. Department of Health and Human Services- The federal agency responsible for administering the Temporary Assistance for Needy Families Program (TANF/ Cash Assistance) through the Administration for Children and Families (ACF), and the Medicaid Program through the Center for Medicaid/Medicare Services (CMS)

2.1.3 Statement of Need

Across the nation, state public assistance agencies are faced with numerous challenges in meeting federal performance standards while workloads are increasing and state budgets are decreasing. The challenges of this environment are very demanding: economic downturns, shifting state funding priorities, technology enhancements, and the increased expectations of the public for easier access to government services. These demands must be met in a highly visible and politically charged backdrop.

In the State of Florida, the number of people receiving food assistance between April 2007 and November 2011 increased by 169 percent, while the Medicaid caseload (as determined by the Department) increased by 55 percent and the cash caseload rose by 21 percent. This caused a significant workload increase, with only temporary and now exhausted federally funded staff increases.

The primary technology systems that support the overloaded staff and the existing business processes are at the end of their life cycles and stopgap technology solutions have been deployed to meet the increased demands. As a result, the primary technology needs of the Department fall into two categories:

- Addressing the reality of a mission critical application approaching its “end of life”;
- Improving existing business processes to achieve operational efficiencies.

The application that provides core system functionality for all public assistance eligibility is a more than 20 year-old legacy mainframe system which has been modified over the years. Additionally a variety of web based systems have been added over time to provided additional tools and functionality. This situation is not uncommon; many states have begun replacing their public benefit systems with modular and flexible system architectures that are easier and cheaper to support, that reduce the need for many manual processes, and can be modified more easily when business rules and legislation change.

2.1.4 Mission Critical Application at End of Life

Today, the Department’s eligibility systems are comprised of multiple ancillary software applications, which are supported by a mainframe application referred to as the Florida On-Line Recipient Integrated Data Access, or FLORIDA, system. Most of the ancillary systems interface with the 20 plus-year-old mainframe application and rely on the synchronization of data between each system and the mainframe via batch and web service processes.



There are significant issues in trying to keep the existing mainframe system synchronized with other software applications due to the inflexibility of the mainframe architecture. The mainframe is also built with a hierarchal data base which is difficult and costly to change. Other states have moved to relational databases that have proven much more agile and easier to adapt to changing rules and needs.

According to Gartner⁵, key drivers lead organizations to modernize their mainframe applications:

- Total cost of ownership. This is a key factor in determining whether a modernization initiative should be undertaken, including a desire to move to less-proprietary, lower-cost platforms with more-competitive options.
- The generational shift in skills. The effect of this growing issue is leading companies to consider the risk associated with maintaining their application portfolios independent of the technical merits of their IT platforms⁶.

These issues are prevalent in the current DCF infrastructure, as evidenced by:

- Complex and poorly understood code complicates the process of evolving business requirements. Simple changes take too long to complete and test, and tend to cause significant “ripple effects” requiring more regression testing. As many applications are written on different platforms, interfaces have to be developed and/or modified to perform the new functions. This requires additional testing time and multiple development teams for each change. This, in turn, increases maintenance and evolution costs.
- Closed and outdated technology that is difficult to integrate and interface with new, open technologies and modern distributed architectures. This often requires developing a new application to act as middleware between the modified applications.
- Shrinking talent pool of developers skilled in legacy systems and decreasing vendor support. Knowledge of these systems is usually restricted to a core set of people whose knowledge is difficult to replace. While some vendors do not end their support for specific software, their pool of qualified staff is decreasing as they shift staff to new products. In the event of a problem, the response time by the vendor is increased, as they have to locate and reallocate the appropriate staff to correct the problem.
- Lack of application knowledge due to the departure of original developers or users, as well as missing or obsolete documentation. The amount of time it takes to ‘reverse engineer’ an application to be able to correct an issue will be prohibitive.
- Inability to update applications due to the “end of life” of the current software and the inability to perform an upgrade to all the current applications. This happens when the software company no longer supports the version of software the Department is running.

⁵ Gartner, Key Issues for Platform and Application Modernization, 2007

⁶ Gartner, Key Issues for Governance in Applications, 2007



2.1.5 Business Process Issues and Opportunities

In response to proviso language in the 2003 Appropriations Act, the Economic Self Sufficiency (ESS) Program began staff reductions that ultimately resulted in a loss of 43 percent FTEs and the closure of more than half of its public assistance offices. These reductions and the historic hurricane seasons of 2004 and 2005 forced the program to evaluate all aspects of its business practices.

Relying on advances in technology that encouraged self-service and automation the program not only continued to provide benefits to Floridians, but excelled to the point that the state has maintained the lowest food assistance error rate in the nation for the past three years, and won the Food and Nutrition Services, Southeastern Region's Director's Cup for best in region in 2008, 2009 and 2011.

Many dedicated DCF staff have worked diligently to ensure services have been delivered in a timely and accurate fashion to customers. But recent economic trends that more than doubled the food assistance caseload have taxed the system to the point that it is no longer practical to rely on the existing COBOL based technology for determining eligibility.

The limitations inherent in an information system that is more than 20 years old hinder the program's ability to serve its customers in a timely and efficient manner, and maintenance and modification to the system create an unnecessary expense to taxpayers.

Limitations having the greatest impact include:

- The systems' design makes updates and changes a lengthy and expensive process.
- Reliance on multiple systems when establishing eligibility creates additional workload for users, and delays the final determination.
- Limited self service capability.
- Little "no-touch" activity.
- Unnecessary reliance on manual and "paper" processing.
- Difficulty in gathering and incorporating external electronic data into the eligibility determination process.
- Data is not easily shared with program partners, limiting the holistic treatment of customers.

The issues facing the Department demand a comprehensive solution that includes significant changes to the business process, increased use of external data sources and the elimination of inefficient manual tasks and automating as many rote operations as possible. Customer service options should be improved to provide a greater range of self-management tools.

The technology exists to mitigate most if not all of the identified limitations. Replacing the existing legacy system with a single system and relational database will dramatically improve the Department's ability to meet its obligations in several ways.

- Due to limitations within the systems, the Department is often faced with choosing between large scale programming enhancements, modifications to support statutory and policy changes and system maintenance. A fully integrated system will allow for the expedited deployment of new and modified programming and not be vendor dependent to do so. Having the ability to move programming into production faster will



minimize the risk to the state associated with the non-compliant system and dramatically reduce the cost of system's modification and maintenance.

- The program is forced to work in several loosely integrated systems. During the course of processing an application, staff may navigate through five critical but separate systems. Reliance on multiple systems is time consuming and increases the opportunity for processing errors. A single fully integrated system, managed by a single data base ensures necessary case information is commonly located and accessible without the time and distraction of jumping from system to system.
- The program has identified several activities that could in whole or in part be conducted without staff intervention. These “no touch” activities include activities like automated denials and change processing and processing state and federal data exchanges. Modification to the existing systems to support these no touch activities would be complicated and costly. Including them in a new system would provide staff with time better invested in more complicated, less routine duties.
- There exists an abundance of personal information available that if properly utilized would make the process of applying for public assistance easier for low income families and the decisions made by the Department more accurate. System tools designed to collect information about earnings, assets and identity exist. Florida is required to have an automated Asset Verification System for elderly or disabled customers operational by October 2012. While the scope of this requirement is limited to certain types of Medicaid coverage, it could have the versatility to search out and incorporate personal information, public and private to more accurately and efficiently determine program eligibility.
- The Department's Strategic Vision has as one of its four principles “Enable Family Accountability. From the beginning of its modernization activities the Department has encouraged customers to take greater responsibility for their public assistance benefits. Online applications and redeterminations, the change reporting systems and My Access Account are all built on the premise that public assistance customers are capable of managing their case, as the general population is of using self-service technology for purchasing airline tickets and ordering videos. A new eligibility system must incorporate a greater array of consumer driven activities and utilize the most current communication technologies.

2.1.6 Program Business Objectives

The Department 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:



Figure 2-3 Department Vision & Goals

Goal 1- Empower Frontline Staff

Objective: Those who are closest to the customer will be armed with the authority to exercise discretion and decision making within the parameters of safety, integrity and fiscal considerations.

Goal 2- Effect Program Improvements

Objective: Apply proven best practices in the private sector to our overall governance and operational models at DCF.

Goal 3- Enable Family Accountability

Objective: Provide reasonable efforts that help families regain control of their lives.

Goal 4- Engage Communities

Objective: The Department will serve as the catalyst for the development of prevention and diversion services in an effort to reduce and eliminate government solutions so long as the vulnerable are not at risk of harm.



Schedule IV-B Feasibility Study

Initiatives specific to public assistance:

- Welfare Eligibility Redesign
- Achieving Family Accountability

Outcomes for public assistance:

- Percent of all applications for assistance processed within time standards (ES105)
- Percent of food stamp benefits determined accurately (ES 107)

Performance Measures specific to public assistance:

All Measures	Critical Few Measures	Contract	Federal Measures	General Appropriations Act
60910706 :: Welfare Transition and Employment Supports				
<input type="checkbox"/>	ES105	ESS	Percent of all applications for assistance processed within time standards.	
<input type="checkbox"/>	ES106	ESS	Total number of applications processed	
<input type="checkbox"/>	ES107	ESS	Percent of food stamp benefits determined accurately	
<input type="checkbox"/>	ES108	ESS	Percent of cash assistance benefits determined accurately	
<input type="checkbox"/>	ES110	ESS	Percent of suspected fraud cases referred that result in front-end fraud prevention savings	
<input type="checkbox"/>	ES111	ESS	Dollars collected through Benefit Recovery	
<input type="checkbox"/>	ES112	ESS	Number of fraud prevention investigations completed	
<input type="checkbox"/>	ES114	ESS	Percent of Optional State Supplementation (OSS) applications processed within time standards	
<input type="checkbox"/>	ES115	ESS	Number of applications processed for Optional State Supplementation payments	
<input type="checkbox"/>	ES119	ESS	Number of cash assistance participants referred to the Regional Workforce Development Boards	
<input type="checkbox"/>	ES219	ESS	Percentage of food assistance applications processed within 30 days	
<input type="checkbox"/>	ES223	ESS	Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days	
<input type="checkbox"/>	ES305	ESS	Number of cash assistance applications	
<input type="checkbox"/>	ES369	ESS	Return on investment from fraud prevention/benefit recovery	
<input type="checkbox"/>	ES5087	ESS	Percent receiving a diversion payment / service that remain off cash assistance for 12 months	
<input type="checkbox"/>	ES5088	ESS	Percent of All Family TANF customers participating in work or work-related activities	
<input type="checkbox"/>	ES5089	ESS	Percent of work able food stamp customers participating in work or work-related activities	
<input type="checkbox"/>	ES5136	ESS	Percent of applications completed by use of automation.	
<input type="checkbox"/>	ES678	ESS	Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate).	
<input type="checkbox"/>	ES733	ESS	Percentage of food assistance applications processed within 7 days (expedited)	



The remainder of this section will discuss these goals and outcomes with a description of how a modern public assistance system will support them.

Department Goal 1- Empower Frontline Staff

Provide the support and tools employees need to deliver world class services to Floridians. In support of this goal and with the new system, the Department will:

- Implement an eligibility determination system that fully complies with state and federal laws and regulations.
- Implement an eligibility determination system that speeds decision making, minimizes staff activity and maximizes automation.
- Implement an eligibility determination system that interfaces with federal databases and partner agencies to obtain data needed to make accurate determinations of eligibility.
- Implement a case management system to store data on applicants, recipients and benefits, including data need for federal reports.
- Make the resource assignments and re-assignments for required work based on the process flow.
- Prioritize alerts based on work assignments to bring important items to the worker's attention.
- Allow staff to monitor their assigned work.
- Allow management to monitor assigned work to their workers under their supervision.
- Eliminate duplicative data entry between disparate systems or within the same system.
- Support staff training to meet desired skill levels.

Department Goal 2- Effect Program Improvements

Apply proven best practices to maximize efficiencies and outcomes. In support of this goal and with the new system, the Department will:

- Consolidate systems to support easy access to information.
- Provide immediate access to data to support decision-making processes.
- Provide access to comprehensive data for complete and accurate trend analysis and statistical reporting, using a data warehouse.
- Provide report customization capabilities.
- Provide self-service capabilities to authorized applicants and recipients.
- Provide automated data population and cascading of data between input screens to improve productivity and reduce data entry errors.
- Provide simultaneous access to data among various users.
- Improve security, both internal and external.
- Reduce opportunities for fraud and abuse.

Department Goal 3- Enable Family Accountability



Help Floridians move from entitlement to empowerment. In support of this goal the new system will:

- Be easier for applicants and recipients to navigate and understand, enabling them to provide all information needed, and speeding eligibility decisions and accuracy.
- Be accessible 24 hours a day, seven days a week for customer use.
- Interface with welfare to work and child support enforcement programs, linking customers to these critical services.

Department Goal 4- Engage Communities

Seek partnerships that promote local programs designed to strengthen families. In support of this goal the new system will:

- Be accessible in community partner locations.
- Be easier for partners to navigate, enabling them to help customers provide all necessary information, thus speeding eligibility decisions and accuracy.

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 Business Process Descriptions

- Application/Redetermination Intake - Customers use the web application and My Access Account to submit their request for assistance online. The application is routed to intake and processing staff based on zip code and the type of assistance requested.
- Application/Redetermination Processing - Staff use a combination of the “worker view”, Access Management and FLORIDA Systems to determine program eligibility and benefit level.
- Case Maintenance - Staff primarily use the FLORIDA System to review, evaluate and process “data exchanges” received from a variety of federal and state partners and to determine eligibility for benefits.
- Document Imaging - From the customer’s perspective, the Department went paperless in 2007. The Document Imaging System is the tool used by staff to collect, index and file documents critical to eligibility determinations.
- Benefit Issuance - Food and cash assistance benefits are issued electronically via the Electronic Benefits Transfer (EBT) System. Medicaid coverage is maintained by the Agency for Health Care Administration (AHCA) using eligibility data provided by the FLORIDA System to their Florida Medicaid Management Information System (FMMIS).
- Notices - The notice module of the FLORIDA system generates notices to customers providing information on action taken by the Department regarding their eligibility.



- Call Center and Customer Service – Call centers are customer’s primary point of contact with program staff. Call center staff provide program information, conduct interviews, receive and process reported changes and provide customers with information on their cases. There are several additional tools available to customers with case information without the need to speak with a call agent. Critical to managing customer contacts, the Automated Response Unit, an automated telephonic triaging tool provides customers with both general and case level information, often eliminating the need to speak to an agent. The My Access Account and online case management tool provides customers, among other things, the ability to find information on the status of their application, check for appointments and outstanding documents, report changes and see electronic copies of recently mailed notices.
- Benefit Integrity and Benefit Recovery – Public Benefit Integrity (PBI) staffs are the watchdogs for the public assistance programs. They work with eligibility staff to scrutinize areas in which the Department is vulnerable to fraud (internal or external) and overpayment, and provide solutions to minimize the Department’s exposure. They work with the Department of Public Assistance Fraud to identify and prosecute individuals receiving benefits fraudulently and are responsible for recovering benefits paid in error.
- Appeals – The Office of Appeal Hearings is an impartial arbiter that, upon request, will evaluate the merits of the customer’s complaint and issue a binding decision on the Department’s action.
- Quality Management – Quality Management (QM) staff review case work to ensure the accuracy the casework and work with circuit and regional staff to identify and correct areas identified as issues.
- Interfaces – The program works closely with a variety of partners to meet the common goal of providing assistance to low income families. Interface or data sharing partners include:
 - The Florida Healthy Kids Corporation
 - The Agency for Health Care Administration
 - The Florida Department of Education
 - The Florida Department of Health
 - The Florida Department of Elder Affairs
 - The Florida Department of Corrections
 - The Florida Department of Revenue
 - The Florida Department of Economic Opportunity

2.3 PROPOSED BUSINESS PROCESS REQUIREMENTS

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.

In order to meet the ever increasing needs of Floridians, the Department requires a modern, integrated public assistance system that provides greater consistency and improved data



integrity than the existing system. Improved process flows, as well as the high-level requirements in this document are the starting point for a more detailed requirement writing and system programming process.

2.3.1 Process Specific Business Requirements

The following sections contain an overview of the business processes that a modern public assistance system would be required to support and enhance. More detailed requirements can be found in the Appendix.

2.3.1.1 Application and Eligibility Determination

These functions include receiving and processing initial applications and redetermining eligibility at regular intervals and in response to changes in household circumstances and income. These applications, redeterminations and other information come via internet, intranet, telephone and paper. The business requirements necessary to support these functions in the new system include:

- The proposed system must support internet channels for application intake.
- The web application must be able to gather information from the customers without staff intervention.
- The proposed system must auto-populate existing customer data (demographic and eligibility) into an electronic MyAccount system.
- The proposed system must make all necessary calculations to determine eligibility, based on state and federal rules and regulations, using data entered by customers as well as information and verification available from other databases, the data warehouse and corresponding interfaces.
- The proposed system must maintain a history of all benefits received.
- The proposed system must maintain an audit trail of transactions.
- The proposed system must have the ability to identify correct person, PIN numbers and information on each family.
- The proposed system must include information on customer rights and responsibilities and HIPPA compliance.
- The proposed system must have override capabilities to allow for the determination of eligibility outside of existing business rules in special circumstances.
- The proposed system must be accessible from all Department offices and community partner locations, as well as other locations from which staff telecommute including homes with internet access.
- The proposed system must have the ability to generate mail or email requests without agent intervention. This includes customer request for forms, which could be processed with no staff intervention. The system must include FAX on demand capability.

2.3.1.2 Benefit Recovery

The existing business processes to support overpayment detection and recovery of benefit overpayments in the FLORIDA, Integrated Benefit Recovery and Public Assistance Fraud



systems must be maintained. The business requirements necessary to support these functions in the new system include:

- The proposed system must include integrated case management with automated triggers and task assignment across defined functions.
- The proposed system must have the ability to adjust claims and payments.
- The proposed system must have the ability to issue/reissue/collect benefit payments.
- The proposed system must work with the Treasury Offset Program to intercept funds from tax returns.
- The proposed system must schedule and track repayments.

2.3.1.3 Quality Improvement and Federal Reporting

The existing business processes of this group supports the creation of mandated reports, provides and conducts program training, performs performance reviews, and conducts internal and external security audits and reviews. The business requirements necessary to support these functions in the new system include:

- The proposed system must implement a case management system to ease the burden of gathering information surrounding a determination.
- The proposed system must provide the capability to produce ad hoc reports, both programmatic and security.
- The proposed system must provide the capability to perform operational and productivity reporting.
- The proposed system must provide federally required reports.
- The proposed system must provide State required reports.
- The proposed system must provide the flexibility for reports and documents to be batched or locally printed.
- The proposed system must provide the capability to reprint official documents.
- The proposed system must provide the capability to produce ad hoc external reports, forms, and notices.
- The proposed system must provide the capability of reports, forms, document images, and notices to be archived and for the archived documents to be viewed online and retrieved.
- The proposed system must include an audit trail for user transactions, with ad hoc reporting capabilities to detect unauthorized attempts to gain systems access, unauthorized changes, and other threats and vulnerabilities to ensure the confidentiality and integrity of the system and data stored within the system.
- The proposed system must have the capability to manage user access privileges to restrict access privileges to only those required in the performance of the user's duties.



2.3.1.4 General Business Requirements

In addition to the process-specific business requirements listed above, the system must support the following general business requirements.

- The proposed system must provide a single interface for all defined processes and use a repository for all public assistance data.
- The proposed system must provide the ability to interface with the appropriate interstate and intrastate systems.
- The proposed system must provide support for foreign language speaking claimants and employers. Public-facing screens must be available in English, Spanish and Creole.
- All system-generated correspondence must be capable of being produced in English, Spanish and Creole.
- The proposed system must provide the ability to print documents on demand or queue them for printing locally or remotely.
- The proposed system must have processes that routinely purge and archive data based on rules defined by the Department.
- The proposed system must provide answers to frequently asked questions through the Integrated Voice Response system and internet.
- The proposed system must include an online training module as well as online help.
- The proposed system must allow customer access through the internet including scanned documents.

2.3.1.5 Scanning and Indexing

The imaging application scans paper documents of various sizes into an internal repository. It should have a screen interface to let the user view and delete what has been scanned and determine if they want to resume scanning into the current group of images or stop. Once the user accepts a batch, the workflow will move to the Index step for processing. Indexing should also include electronic media received by the user.

The primary objective of the Indexing step is to allow the user to associate data values with a specific document in the batch and make sure the documents have been scanned completely and adequately.

Scanning and indexing functionality will be required to support all business processes by providing users with the ability to:

- Scan documents and correspondence
- Scan documents in bulk or ad-hoc on a need basis
- Group related documents (e.g. Applications and supporting documents)
- Attach documents to an existing work-in-progress item
- Attach documents to a new or existing record
- Store versions of documents



2.3.1.6 System Administration

System administration functionality will be required to support all business processes by providing users with the ability to:

- Define and configure business rules for various business processes using a rules engine that will enforce federal, state and Department policies
• Create and maintain users
• Create and configure roles and associated security privileges
• Maintain code tables used by various functions within the system
• Enable and view audit trail information pertaining to data changes.
• Schedule and monitor report generation, data loads and other processing

2.3.1.7 Electronic Communications

Electronic communication functionality will be required to support all business processes by generating:

- Standard forms and letters
• Correspondence based on specific events/triggers
• Correspondence based on pre-defined templates
• Correspondence in bulk (batch) and/or on-demand customized messages based on the target audience

2.3.2 Business Process Participants

Table 2-2 identifies the business process participants who will be impacted by the implementation of a modern Public Assistance System and describes how they will benefit from the new system.

Table with 2 columns: Stakeholder and Benefits Realized. Rows include DCF Executive Management and DCF Staff with their respective benefits.



Stakeholder	Benefits Realized
External State Agencies	<ul style="list-style-type: none"> • Access to public assistance information in a timely manner
Customer	<ul style="list-style-type: none"> • Enhanced customer service experience • Real-time access to public assistance benefits information • Faster benefit payments • Ease of providing information • One place to access all their benefit data • More self-service options
Legislators	<ul style="list-style-type: none"> • Timely access to accurate information • Greater flexibility to implement future Legislative changes

Table 2-2 Business Process Participants

2.3.3 Performance Measures

The Department does not anticipate changes to the performance measures required by the Federal government as a result of this system implementation. However, system-specific measures that relate to cost savings will be implemented to track and manage system performance/benefits realization. For more information, see the Benefits Realization Strategy in Section 3, Cost-Benefit Analysis.

2.3.4 Business Solution Alternatives

Please refer to Section 5.5- Analysis of Alternatives.

2.3.5 Recommended Business Solution

As a result of the Analysis of Alternatives in Section 5.5 , the Department recommends replacing the existing business solution with a modern solution geared towards a 21st century service delivery. Figure 2-4 provides an overview of the proposed new business model. That model is centered on ten core business processes: Web Portal, Eligibility Rules Engine, Common Client Index, Data Broker, Common Case Management, Caseworker Workbench, Document Management, Reporting/ Analytics, Enterprise Service Bus and Data Integration Services.

This business solution will achieve the Department’s desired goal of a service delivery system which will reduce operating costs to the taxpayers, provides multiple “no touch” eligibility determination opportunities, is customer self-service oriented and better positions the State to holistically support families across agencies.

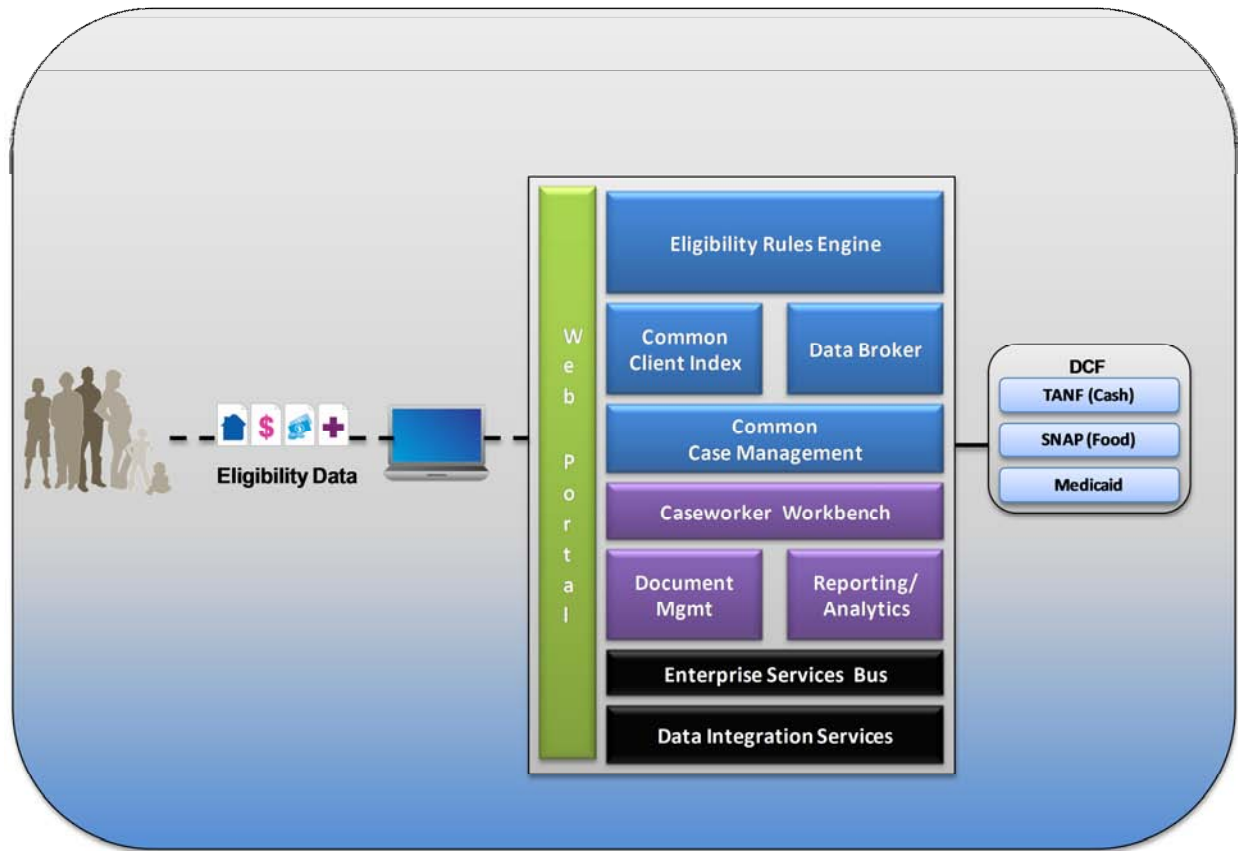


Figure 2-4 Conceptual DCF Business Model

2.3.5.1 Impact on Core Processes

Below are some examples of how core DCF processes will be improved under this conceptual DCF business model including:

Application/Redetermination Intake – Customers will use a web portal via a web application and to submit their request for assistance online.

Application/Redetermination Processing - The new solution will configure business rules for various business processes using a rules engine that will enforce federal, state and Department policies. The rules engine will be modular making policy changes easier.

Case Maintenance – A holistic view of the customer will be provided through common case management; streamlined processes will allow staff to work with customers on moving towards self-sufficiency.

Document Imaging – A Document Management System will allow all forms of information (email, fax, paper mail, telephone conversations) claim to be saved within a case in one common area. This includes an imaging system with the capabilities of reading data and automatically loading the documents into the case management system based on business rules. The document management system will have the capability to generate messages and a customizable workflow for the worker. This includes reminders of tasks as well as tracking of



the documents. This integrates with a workflow application to allow for an overall view of the case.

Quality Management - A case management system that integrates with the document management application and allows benefit information to be sorted and saved as a case will allow information to be searchable by multiple criteria within the case.

2.3.5.2 Technical Infrastructure Support

Under the conceptual business model, the accuracy, consistency and security of benefit data will be improved as follows:

Benefit Application with Rules Engine

Using a common interface protocol with all sub-systems, the Rules Engine will allow designated Department staff to make changes to the application business rules quickly and efficiently, eliminating the need for source code modifications.

SSO/Security

Authentication and authorization control using single sign on (SSO) technology to manage internal and external access to the Public Assistance system. Processes will include interfacing with external sources such as AHCA, DOR and DOH as well as internal users within the Department.

Data Storage

Implementation of a single relational database will facilitate immediate access and updates to benefit information. A data warehouse will be constructed to support program needs.

External Interfaces

Portal technology and web portals will allow the IVR and web application to integrate and share common data layers.

2.3.5.3 Summary of the Impacts of the Conceptual ACCESS Florida Business Model

The proposed conceptual business model presents a comprehensive approach to ACCESS Florida modernization that will serve to address the inherent limitations in the current business processes. The impacts of this model are listed below. Further discussion of the resulting benefits to the ACCESS Florida program can be found in the Benefit Realization Table in Section 3, Schedule IV-B Cost Benefit Analysis.

In summary, the most significant impacts of the conceptual business model include:

- More timely access to data for management decision making
- Reduced cycle time for all core and supporting ACCESS Florida processes
- Increased quality, accuracy and completeness of program data
- Easier and more sophisticated reporting mechanisms
- Increased capability to effectively analyze, plan, and manage costs
- Increased capability to identify and manage problems and trends
- Less staff time spent performing manual, paper-based activities
- Better consistency in decision making processes
- Increased ability to monitor performance measures



- More effective management of operations
- Ability to respond quickly to business changes and legislative mandates
- Learning curve for new hires significantly reduced

3 SCHEDULE IV-B COST BENEFIT ANALYSIS

The purpose of this section is to describe in detail the expected return on investment for the proposed ACCESS Florida modernization project. The Cost Benefit Analysis (CBA) forms presented later in this section are used to identify:

- Proposed project benefits
- Tangible changes in program operational costs and total project cost
- Planned funding sources to support resources needed for the project
- Fiscal return on investment associated with implementing the project

3.1 COST BENEFIT ANALYSIS DETAILS

The ACCESS Florida modernization project is intended to replace the existing ACCESS Florida system with more sophisticated technology and functionality, which will enable substantial improvements in how the ACCESS Florida program is operated and managed. A number of specific opportunities have been identified to eliminate or reduce the cost of current practices that are labor intensive, cumbersome or inefficient. These opportunities – when realized – will yield a significant economic benefit.

The ACCESS Florida modernization benefits described in this analysis will be the result of replacing out-dated, inefficient technology in combination with improvements in ACCESS Florida business processes. The tangible benefits are driven by a mix of operational savings and Medicaid and Food Stamp cost savings. The operating costs savings result from system efficiency gain and business process improvements; the Medicaid and Food Stamp savings come from the reduction of eligibility determination errors and fraud. A more detailed explanation for the how the benefits are calculated is provided in section 3.1.3 Benefits Realization Table.

3.1.1 Benefits Realization Table

The following table provides a breakdown and explanation of the expected benefits.



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Benefits Realization Table						
	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will realization of the benefit be measured?	Realization Date
1	<p>Reduced occurrences of Medicaid eligibility error and fraud</p> <p>\$73,477,790 in reduced Medicaid spending assumes a 25 percent reduction in Medicaid eligibility error and fraud. Florida's Medicaid eligibility error rate as reported in the FY2012 Medicaid Payment Error Rate Measurement (PERM) Consulting Report is 1.9 percent. The Department estimates Medicaid eligibility fraud to be approximately 1 percent. Based on AHCA projections, DCF will determine eligibility for individuals who will receive an estimated \$10,134,867,634 in Medicaid services in FY 2012/13. A 25 percent reduction in combined Medicaid eligibility error and fraud of 2.9 percent would result in a reduction of \$73,477,790 in Medicaid spending.</p>	Tangible	<p>Florida Taxpayers</p> <p>Federal Taxpayers</p> <p>Medicaid Applicants/ Beneficiaries</p> <p>DHHS/CMS</p>	<p>Benefit will be realized through a decrease in Medicaid eligibility error and fraud enabled by:</p> <ul style="list-style-type: none"> Automation of manual tasks which introduce error into Medicaid eligibility determination processes, including processing of data exchange results, eligibility determination, assignment of eligibility period, calculation and application of sanction periods, assignment of unborn child to case of the mother, identification and disposition of duplicate applications Integration with the Federal Data Hub Skill-based assignment of complex customer applications, reviews and inquiries Shortened learning curve for new employees Utilization of integrated client data lookup capabilities and fraud profiles to identify high risk cases 	<p>Medicaid eligibility error rate</p> <p>Number of fraud claims established</p> <p>Total dollar value of fraud claims established</p> <p>State share of dollars collected</p>	<p>Partial benefit realization beginning January 2014 (50%) and July 2015 (75%). Full benefit realization by July 2016.</p>



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Benefits Realization Table						
	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will realization of the benefit be measured?	Realization Date
2	<p>Reduced occurrences of Food Assistance error and fraud</p> <p>\$25,108,201 in reduced Food Assistance spending assumes a 25 percent reduction in error and fraud associated with Food Assistance eligibility processing. Florida's FY 2011 SNAP payment error rate as reported by the USDA FNS is 0.87 percent. Based on a March 2011 report by the USDA FNS Office of Research and Analysis, the USDA estimates that the rate of food stamp trafficking or fraud is approximately 1 percent. The degree of overlap in these numbers is uncertain, but collectively represents 1.87 percent of benefits. In FY2011/12 DCF determined eligibility for \$5,370,738,098 in Food Assistance benefits. A 25 percent reduction in errors and fraud would result in a reduction of \$25,108,201 in Food Assistance costs.</p>	Tangible	<p>Florida Taxpayers</p> <p>Federal Taxpayers</p> <p>Public Assistance Applicants/ Recipients</p> <p>USDA/FNS</p>	<p>Benefit will be realized through a decrease in Food Assistance eligibility error and fraud enabled by:</p> <ul style="list-style-type: none"> Automation of manual tasks which introduce error into Food Assistance eligibility determination processes, including processing of data exchange results, eligibility determination, identification and disposition of duplicate applications Skill-based assignment of complex customer applications, reviews and inquiries Shortened learning curve for new employees Utilization of integrated client data lookup capabilities and fraud profiles to identify high risk cases 	<p>SNAP payment error rate</p> <p>Number of fraud claims established</p> <p>Total dollar value of fraud claims established</p> <p>State share of dollars collected</p>	Full benefit realization by July 2016



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Benefits Realization Table						
	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will realization of the benefit be measured?	Realization Date
3	<p>Increased automation of business processes</p> <p>\$32,403,933 in annual savings is based on estimated operational efficiencies that will be achieved through automation enabled by the new system. This estimate was prepared by identifying staff time savings associated with automating labor-intensive business processes. The time savings were then applied to Medicaid, Food Assistance and Cash Assistance caseloads to calculate an annual cost reduction. The estimate is conservative as the calculation does not factor in growth of the Medicaid and Food Assistance caseloads.</p>	Tangible	<p>Florida Taxpayers</p> <p>Medicaid Applicants/ Beneficiaries</p> <p>Front-line Eligibility Workers</p> <p>DCF, AHCA, DOH, FHK</p> <p>DHHS/CMS</p>	<p>Benefit will be realized through:</p> <ul style="list-style-type: none"> • Staff reductions due to automation of manual Medicaid, Food Assistance and Cash Assistance eligibility determination business processes including: <ul style="list-style-type: none"> ○ Identification and disposition of duplicate applications ○ Authorization of benefits ○ Eligibility determination ○ Generation of pending verification notices ○ Processing of data exchange results • Integration with the Federal Data Hub • Shortened learning curve for new hires • Skill-based assignment of complex customer applications, reviews, and inquiries • Communications to community partners • Single system log on 	<p>Number of "no touch" applications and reviews</p> <p>Number of applications and reviews processed per worker</p>	<p>Full benefit realization by July 2016</p>



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Benefits Realization Table						
	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will realization of the benefit be measured?	Realization Date
4	<p>Reduced maintenance and operations and hosting costs</p> <p>\$4,795,000 in annual savings is based on the reduction of maintenance and operations (M&O) and hosting costs for the new Medicaid Eligibility System. This benefit uses current annual ACCESS Florida System M&O and hosting costs of \$3,700,000 and \$10,000,000, respectively, as a basis of estimate. A 20% discount is applied to M&O costs once the new system is deployed representing the lower cost and greater supply of support personnel with skills required to support the modern system. An additional 15% discount is applied to M&O costs once the new system is deployed based on Gartner benchmark data reflecting that SOA based systems cost 15%-22% less to maintain than COBOL mainframe systems. A 35% discount is applied to the hosting costs for the new system representing the migration away from the mainframe. Gartner research estimates hardware refresh, maintenance, and upgrades to represent 35% of annual Data Center Costs.</p>	Tangible	<p>Florida Taxpayers</p> <p>DCF, AHCA, DOH, FHK</p> <p>DHHS/CMS</p>	<p>Benefit will be realized through:</p> <ul style="list-style-type: none"> A reduction in system O&M and hosting costs 	<p>DCF time tracking and cost allocation system</p> <p>NSRC billings</p>	<p>Partial benefit realization beginning January 2016. Full benefit realization by July 2016.</p>



3.1.2 ACCESS Florida Modernization Benefits Realization Strategy

DCF has developed a strategy for realizing the estimated benefits expected from modernizing its ACCESS Florida system to improve ACCESS Florida business processes and their outcomes. That strategy is summarized in this section and is the same process developed to manage benefits realization for the new ACCESS Florida information system. The following figure summarizes how DCF will track and manage ACCESS Florida modernization benefits realization.

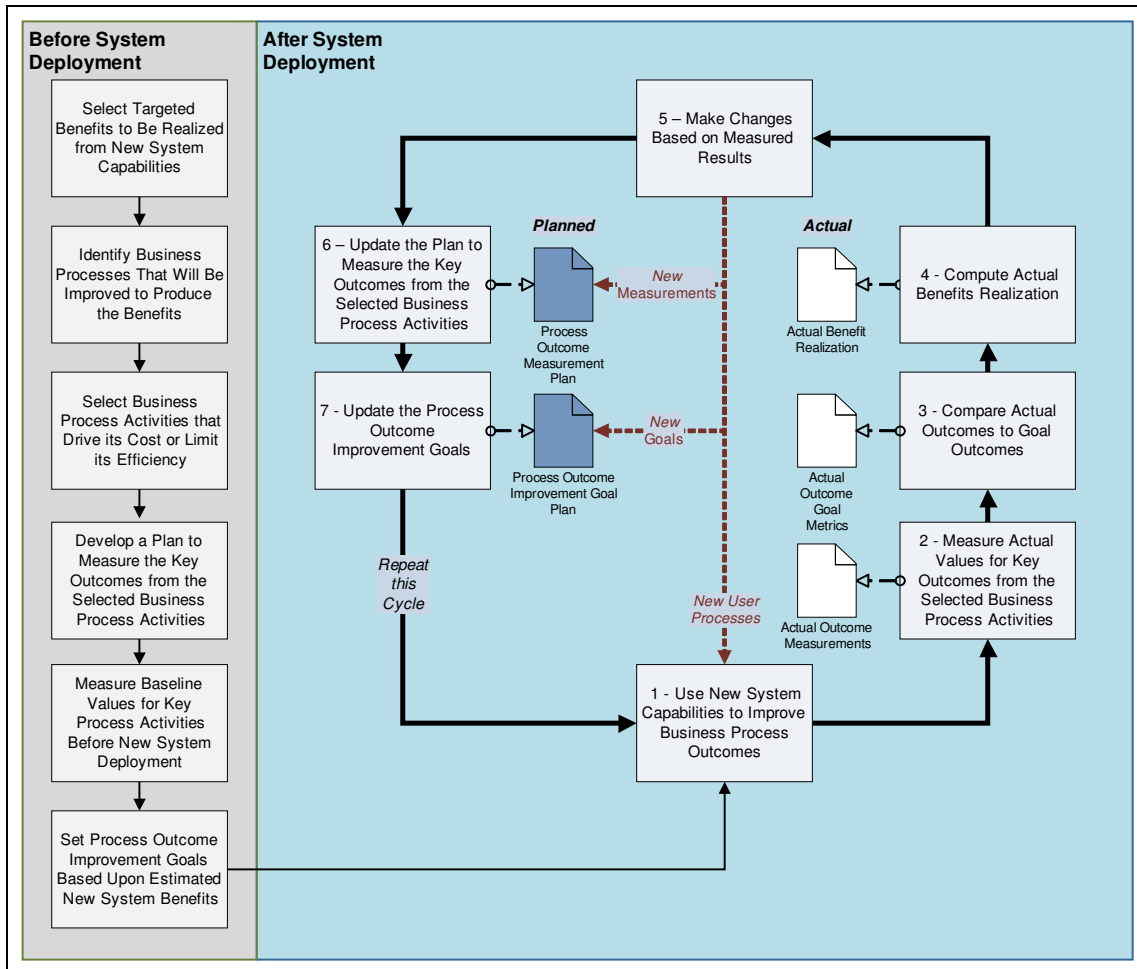


Figure 3-1 Benefits Realization Process

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. There is simply no substitute for this. The following paragraphs explain the benefits realization management activities. The management of ACCESS Florida modernization 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 ACCESS Florida 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 ACCESS Florida Modernization 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 should 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 new ACCESS Florida system 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 new ACCESS Florida system, 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

3.1.3 CBA FORMS

This section contains an explanation of the Federal matching funds that DCF plans to use for this project and the completed CBA Forms from the Schedule IV-B Feasibility Study Guidelines.

Limitations in the CBA Forms included with the Schedule IV-B Feasibility Study Guidelines prevent the Payback Period and Breakeven Fiscal Year from being determined if they are more than 5 years. A 10 year CBA has been prepared for this section for comparative purposes with the Medicaid Eligibility Supplement section.



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Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBA Form 1A															
Agency <i>(Operations Only -- No Project Costs)</i>	FY 2012-13			FY 2013-14			FY 2014-15			FY 2015-16			FY 2016-17		
	(a)	(b)	(c) = (a)+(b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)
	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754
A.b Total FTE	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00
A-1.a. State FTEs (Salaries & Benefits)	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086
A-1.b. State FTEs (# FTEs)	4308.00		4308.00	4308.00		4308.00	4308.00		4308.00	4308.00		4308.00	4308.00		4308.00
A-2.a. OPS FTEs (Salaries)	\$2,855,668		\$2,855,668	\$2,855,668		\$2,855,668	\$2,855,668		\$2,855,668	\$2,855,668		\$2,855,668	\$2,855,668		\$2,855,668
A-2.b. OPS FTEs (# FTEs)	150.00		150.00	150.00		150.00	150.00		150.00	150.00		150.00	150.00		150.00
A-3.a. Staff Augmentation (Contract Cost)	\$3,467,000		\$3,467,000	\$3,467,000		\$3,467,000	\$3,467,000		\$3,467,000	\$3,467,000		\$3,467,000	\$3,467,000		\$3,467,000
A-3.b. Staff Augmentation (# of Contract FTEs)	135.00		135.00	135.00		135.00	135.00		135.00	135.00		135.00	135.00		135.00
B. Data Processing -- Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Hardware			\$0			\$0			\$0			\$0			\$0
B-2. Software			\$0			\$0			\$0			\$0			\$0
B-3. Other <i>Specify</i>			\$0			\$0			\$0			\$0			\$0
C. External Service Provider -- Costs	\$55,828,623	\$0	\$55,828,623	\$55,828,623	\$0	\$55,828,623	\$55,828,623	\$0	\$55,828,623	\$55,828,623	\$0	\$55,828,623	\$55,828,623	\$0	\$55,828,623
C-1. Consultant Services	\$42,128,623		\$42,128,623	\$42,128,623		\$42,128,623	\$42,128,623		\$42,128,623	\$42,128,623		\$42,128,623	\$42,128,623		\$42,128,623
C-2. Maintenance & Support Services	\$3,700,000		\$3,700,000	\$3,700,000		\$3,700,000	\$3,700,000		\$3,700,000	\$3,700,000		\$3,700,000	\$3,700,000		\$3,700,000
C-3. Network / Hosting Services	\$10,000,000		\$10,000,000	\$10,000,000		\$10,000,000	\$10,000,000		\$10,000,000	\$10,000,000		\$10,000,000	\$10,000,000		\$10,000,000
C-4. Data Communications Services			\$0			\$0			\$0			\$0			\$0
C-5. Other <i>Contract Services</i>			\$0			\$0			\$0			\$0			\$0
D. Plant & Facility -- Costs			\$0			\$0			\$0			\$0			\$0
E. Others -- Costs	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268
E-1. Training			\$0			\$0			\$0			\$0			\$0
E-2. Travel			\$0			\$0			\$0			\$0			\$0
E-3. Other <i>Expenses</i>	\$33,943,268		\$33,943,268	\$33,943,268		\$33,943,268	\$33,943,268		\$33,943,268	\$33,943,268		\$33,943,268	\$33,943,268		\$33,943,268
Total of Operational Costs (Rows A through E)	\$274,580,645	\$0	\$274,580,645	\$274,580,645	\$0	\$274,580,645	\$274,580,645	\$0	\$274,580,645	\$274,580,645	\$0	\$274,580,645	\$274,580,645	\$0	\$274,580,645
F. Additional Tangible Benefits:		\$0			\$18,369,448			\$36,738,895			\$57,505,843			\$135,784,924	
F-1. <i>Reduction in Error Rates</i>					\$18,369,448			\$36,738,895			\$55,108,343			\$98,585,991	
F-2. <i>M&O + Hosting Reduction</i>											\$2,397,500			\$4,795,000	
F-3. <i>Increased Automation</i>														\$32,403,933	
Total Net Tangible Benefits:		\$0			\$18,369,448			\$36,738,895			\$57,505,843			\$135,784,924	



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PROJECT COST ELEMENTS		PROJECT COST TABLE -- CBAForm 2A					TOTAL
		FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	
State FTEs (Salaries & Benefits)							\$0
OPS FTEs (Salaries)							\$0
Contractors (Costs)		\$25,199,663	\$56,932,572	\$56,405,226	\$28,202,613		\$166,740,075
Deliverables							\$0
Major Project Tasks							\$0
Hardware		\$1,133,985	\$2,561,966	\$2,538,235	\$1,269,118		\$7,503,303
COTS Software		\$5,165,931	\$11,671,177	\$11,563,071	\$5,781,536		\$34,181,715
Misc. Equipment							\$0
Other Project Costs	PMO, IV&V, etc	\$2,159,971	\$4,879,935	\$4,834,734	\$2,417,367		\$14,292,006
							\$0
TOTAL PROJECT COSTS (*)		\$33,659,550	\$76,045,650	\$75,341,267	\$37,670,633	\$0	\$222,717,100
CUMULATIVE PROJECT COSTS		\$33,659,550	\$109,705,200	\$185,046,467	\$222,717,100	\$222,717,100	
INVESTMENT SUMMARY		FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	TOTAL
General Revenue		\$3,365,955	\$12,645,293	\$12,528,164	\$15,068,253		\$43,607,665
Trust Fund							\$0
Federal Match		\$30,293,595	\$63,400,357	\$62,813,103	\$22,602,380		\$179,109,435
Grants							\$0
Other							\$0
TOTAL INVESTMENT (*)		\$33,659,550	\$76,045,650	\$75,341,267	\$37,670,633	\$0	\$222,717,100
CUMULATIVE INVESTMENT (*)		\$33,659,550	\$109,705,200	\$185,046,467	\$222,717,100	\$222,717,100	
(*) Total Costs and Investments are carried forward to CBAForm3 Project Investment Summary worksheet.							



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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	TOTAL
Project Cost	\$33,659,550	\$76,045,650	\$75,341,267	\$37,670,633	\$0	\$222,717,100
Net Tangible Benefits	\$0	\$18,369,448	\$36,738,895	\$57,505,843	\$135,784,924	\$248,399,110
Return on Investment	(\$33,659,550)	(\$57,676,202)	(\$38,602,371)	\$19,835,209	\$135,784,924	\$25,682,010
Year to Year Change in Program Staffing	0	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	4 4/5	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2016-17	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	\$1,485,144	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	6.54%	IRR is the project's rate of return.

Treasurer's Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Cost of Capital	2.87%	4.17%	4.57%	5.14%	5.30%



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10 year Cost Benefit Analysis Worksheets

	SFY 12-13	SFY 13-14	SFY 14-15	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20	SFY 20-21	SFY 21-22	Totals
Project Cost Elements											
System Integrator	\$25,199,663	\$56,932,572	\$56,405,226	\$28,202,613							\$166,740,075
Hardware	\$1,133,985	\$2,561,966	\$2,538,235	\$1,269,118							\$7,503,303
Software	\$5,165,931	\$11,671,177	\$11,563,071	\$5,781,536							\$34,181,715
PMO / IV&V / etc Contractors	\$2,159,971	\$4,879,935	\$4,834,734	\$2,417,367							\$14,292,006
Total Project Cost	\$33,659,550	\$76,045,650	\$75,341,267	\$37,670,633							\$222,717,100
Federal Match	\$30,293,595	\$63,400,357	\$62,813,102	\$22,602,380							\$179,109,434
State Share	\$3,365,955	\$12,645,293	\$12,528,164	\$15,068,253							\$43,607,666
Benefits											
Reduction in Errors		\$18,369,448	\$36,738,895	\$55,108,343	\$98,585,991	\$98,585,991	\$98,585,991	\$98,585,991	\$98,585,991	\$98,585,991	\$701,732,632
Program Efficiencies					\$32,403,933	\$32,403,933	\$32,403,933	\$32,403,933	\$32,403,933	\$32,403,933	\$194,423,598
M&O and Hosting Reduction				\$2,397,500	\$4,795,000	\$4,795,000	\$4,795,000	\$4,795,000	\$4,795,000	\$4,795,000	\$31,167,500
Total Benefits	\$0	\$18,369,448	\$36,738,895	\$57,505,843	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$927,323,730
Operation Cost Changes											
No Additional Costs											\$0
											\$0
Total Operational Cost Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Benefits	\$0	\$18,369,448	\$36,738,895	\$57,505,843	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$927,323,730
Annual Benefit Flow	(\$33,659,550)	(\$57,676,202)	(\$38,602,371)	\$19,835,209	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	\$135,784,924	
Cumulative Benefit Flow (ROI)	(\$33,659,550)	(\$91,335,752)	(\$129,938,124)	(\$110,102,914)	\$25,682,010	\$161,466,934	\$297,251,858	\$433,036,782	\$568,821,706	\$704,606,630	
Discounted benefit flow											
Discounted costs	\$33,659,550	\$72,666,651	\$68,794,616	\$32,868,904	\$0	\$0	\$0	\$0	\$0	\$0	
Discounted benefits	0	17,553,223	33,546,532	50,175,796	113,212,563	108,182,096	103,375,151	98,781,798	94,392,544	90,198,322	
Total discounted benefit flow	(33,659,550)	(55,113,428)	(35,248,084)	17,306,892	113,212,563	108,182,096	103,375,151	98,781,798	94,392,544	90,198,322	
Total cumulative discounted benefit flow	(33,659,550)	(88,772,978)	(124,021,062)	(106,714,170)	6,498,393	114,680,489	218,055,640	316,837,437	411,229,982	501,428,304	
ROI Measures											
Return on Investment		17%	29%	49%	103%	155%	205%	252%	298%	341%	
Payback Period - Years	4.94										
Breakeven Fiscal Year	SFY 16-17										
Net Present Value (NPV)	\$501,428,304										
Internal Rate of Return (IRR)	46.06%										
Cost of Capital	4.65%										



3.2 COST-BENEFIT ANALYSIS RESULTS

The benefits that will be realized by replacing the current ACCESS Florida system are sizeable and make an extremely compelling business case for replacing it.

The new ACCESS Florida system is estimated to deliver the following annually recurring tangible benefits of \$135,784,924 million to Florida’s ACCESS Florida program stakeholders.

\$ Amount	Benefit Description
\$73,477,790	Reduced occurrences of Medicaid eligibility error and fraud
\$25,108,201	Reduced occurrences of Food Assistance error and fraud
\$32,403,933	Increased automation of business processes
\$4,795,000	Reduced maintenance and operations and hosting costs
\$135,784,924	TOTAL

Table 3-2 Summary of Benefits

3.2.1 Project Costs

4 The estimated **total** cost of implementing the ACCESS Florida modernization project is \$222,717,100 million over a 4 year period.

FY12-13	FY13-14	FY14-15	FY15-16	4 Year Total
\$33,659,550	\$76,045,650	\$75,341,267	\$37,670,633	\$222,717,100

The table below represents the state share of costs for the project. The state share of cost was calculated assuming the use of the enhanced 90/10 federal match rate. It is important to note that the 90/10 match applies to a majority of project costs, but not all of the costs. For instance, certain software costs are not eligible for the enhanced match and are funded at 75/25 or the standard 50/50. As a result, the match rate in the first three years of the project is not an exact 90/10 split. Further, in the fourth year of the project, the match rate is estimated at roughly 60/40 – this is primarily due to the expiration of the enhanced match rate at the end of December of 2015 as well as the focus of effort shifting to TANF and SNAP specific functionality which is funded at the standard 50/50 match rate.

FY12-13	FY13-14	FY14-15	FY15-16	State Total Cost
\$3,365,955	\$12,645,293	\$12,528,164	\$15,068,253	\$43,607,665

The Department has computed the following values for the Medicaid Eligibility System project using both a five and ten year cost benefit and return on investment analysis:

Investment Term	Computed Value
Total Cost	\$222.7 M distributed over four fiscal years



Investment Term	Computed Value	
Tangible Benefits - Yearly	\$135.7 M per year in recurring benefits	
Payback Date	SFY 2016-2017	
	5 Year Analysis	10 Year Analysis
Net Tangible Benefits	\$248.4 M	\$927.3 M
Return on Investment	\$25.7 M	\$704.6 M
Net Present Value	\$1.4 M	\$501.4 M
Internal Rate of Return	6.54%	46.06%

Table 3.2.1 Financial Terms

- The breakeven year is FY 2016-17, one year after the ACCESS Florida modernization project is fully deployed. A breakeven or “payback” period of 5-to-10 years indicates a good investment. A payback period that ends the year after the investment is completed is an excellent investment.
- The ten year net present value (NPV) is \$704.6 Million. By this measure the ACCESS Florida modernization project is an excellent investment.
- The ten internal rate of return (IRR) is 46.06 percent. The Florida Legislature’s Office of Economic and Demographic Research (EDR) estimates the cost of capital for investment analysis purposes to be 4.65 percent for the foreseeable future.

The following graph displays the cumulative discounted cash flow from the ACCESS Florida modernization projects costs and benefits over the ten fiscal years. This figure depicts the superior performance of the ACCESS Florida modernization project as an investment.

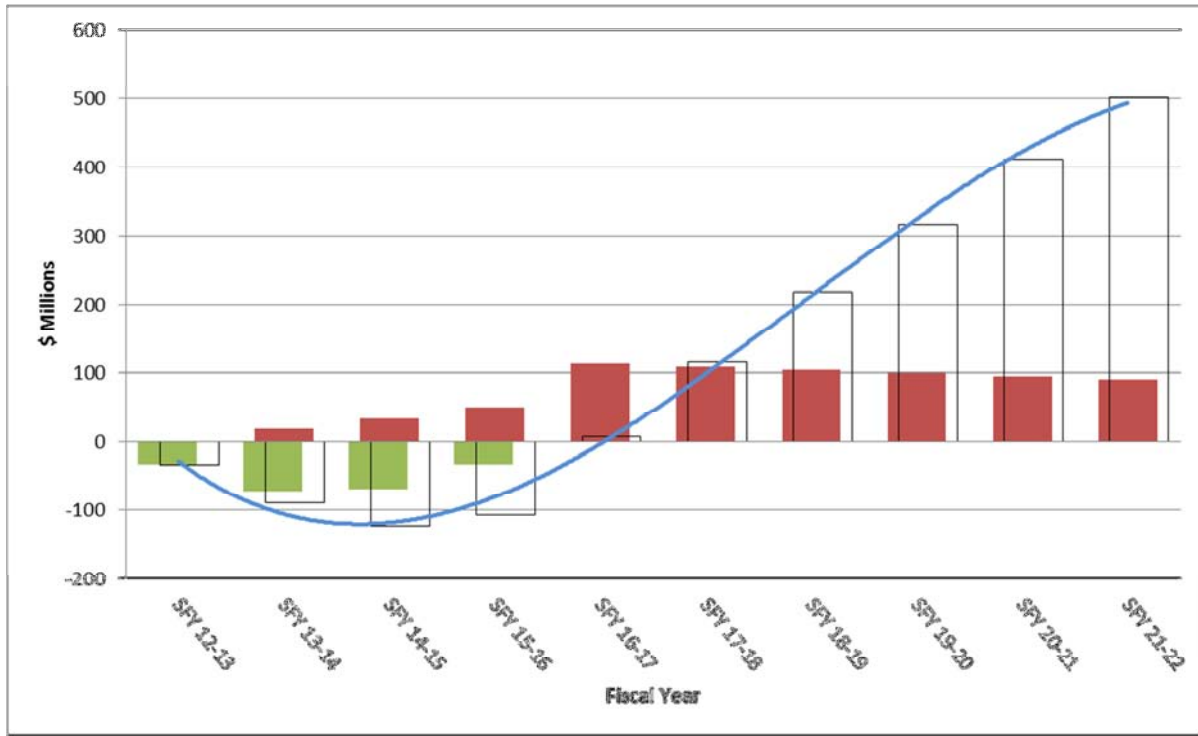


Figure 1-2 Cumulative Discounted Cash Flow

5 RISK ASSESSMENT

5.1 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 ACCESS Florida modernization 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.

5.2 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 that the ACCESS Florida modernization project is on its way to achieving solid business strategy alignment; but as would be expected at this early stage, the project still carries high risk. It is expected that overall project risk will diminish significantly by the conclusion of Phase 2 when low-level project requirements have been documented and a technology solution selected. 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.

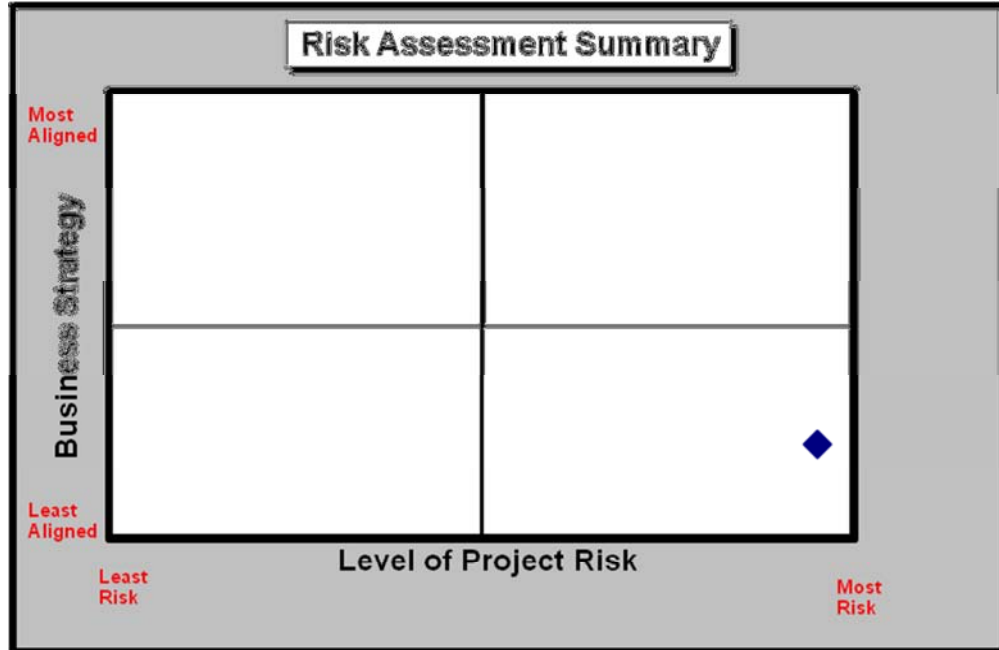


Figure 5-1 Project Risk Assessment Summary

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	HIGH
Technology Exposure Assessment	HIGH
Organizational Change Management Assessment	MEDIUM
Communication Assessment	HIGH
Fiscal Assessment	HIGH
Project Organization Assessment	HIGH
Project Management Assessment	HIGH
Project Complexity Assessment	HIGH
Overall Project Risk	HIGH

Figure 5-2 Project Risk Assessment Summary Table



6 TECHNOLOGY PLANNING COMPONENT

6.1 CURRENT INFORMATION TECHNOLOGY ENVIRONMENT

Over the last several years, there has been a national trend of states significantly retooling or replacing their public assistance delivery systems. There are a variety of reasons driving this trend, which can help to determine an overall approach to modernization of Florida's business processes and supporting technologies and provide the initial justification for moving forward with the next steps in the Department's continuing modernization initiatives. They include:

- Aging hardware and software – States, to include Florida, are supporting their public assistance business models with decades of old technology which were not designed to handle the demands of the current (and future) business models. It is increasingly impracticable and expensive to support Florida's current model let alone make the changes necessary to move the program into its desired state. As DCF becomes increasingly dependent on automated systems to perform rote business functions, defining a long-term technical strategy based on modern architecture, infrastructure and hardware/software components is not a viable option.
- Reduced operational funding levels – During a period of dramatically reduced state revenues government agencies are exploring mechanisms to increase efficiency and “do more with less”. Beginning in 2003 Florida's public assistance Department began staff reductions that ultimately resulted in a loss of 43% FTEs and the closure of more than half of its brick and mortar store fronts. These reductions took place at the beginning of a period of unprecedented demand upon the system. DCF has taken advantage of a variety of new technologies to meet this need, all without touching the core of the FLORIDA System, the benefit calculation module. To take it to the next level of efficiency the Department needs to invest in modern, fully integrated and modular technology.
- Increased customer expectations – In an era of advanced technologies both families in need and staff have reasonably come to expect systems that better supports an automated self-service business model. Along with self-service options, the program's customers (families, staff and state and federal partner agencies) expect, given the technologies available, the Department to provide an improved level of service, faster response times and more accurate results. It is not possible to meet these expectations with older technologies currently in use.
- Loss of technical skills and resources – Many agencies are dealing with the challenge of compensating for the loss of skilled staff due to attrition and retirement. Public assistance programs by their nature are technically detailed and complex. Historically, the Department has relied upon a highly trained staff to maintain the program. This does not fit the existing business model or work



force. It takes time to get new staff functional in the policies, processes and systems required to support the program. The days when an agency could expect an individual to remain in a position for several years have passed. Given this more temporary workforce, it is critically important that technologies supporting their work perform as many tasks without staff intervention as possible, are intuitive and easy to learn.

Integrating new technology systems into the overall modernization effort will automate many of the business functions and boast numerous advancements, including:

- Reduction in operating costs
- Elimination of many manual business processes
- Better customer service
- Flexible platform to accommodate legislative and policy changes
- Real time processing of many routine activities
- System-driven workload balancing
- Reduce overpayment and fraud
- Higher employee productivity through increased process automation and enterprise-wide access to information

6.1.1 Current System Description Overview

The major areas of public assistance programs include:

- Application /Redetermination Intake
- Application/Redetermination Processing
- Case Maintenance
- Benefit Issuance
- Notices
- Call Center and Customer Services
- Benefit Integrity and Benefit Recovery
- Appeals
- Quality Management

Automation of the public assistance programs first went online in 1992 with the implementation of the FLORIDA System. It was in 2003 that the Department began to develop more modern systems to interface with the mainframe. As the plan for improved technology began to evolve, it was determined that certain functionality desired by the Department, such as using customer entered data from the web



applications in the mainframe, could not be fully satisfied by the mainframe alone. This led to additional development of applications outside of, but connected to the mainframe. These applications included newer technology such as Visual Basic, .NET, and JAVA. This now leaves the Department with a series of interfaces between multiple platforms and technologies that are challenging to maintain.

There are a number of major internal and external interfaces that support the multiple applications that support the Economic Self-Sufficiency Program. Internal interfaces include:

- FLORIDA Mainframe
- ACCESS Management System (AMS)
- ACCESS Document Imaging System
- ACCESS Pre-Screening
- ACCESS Web Application
- My ACCESS Account
 - Partner View
 - Provider View
- Automated Response Unit
- Integrated Benefit Recovery System (IBRS)

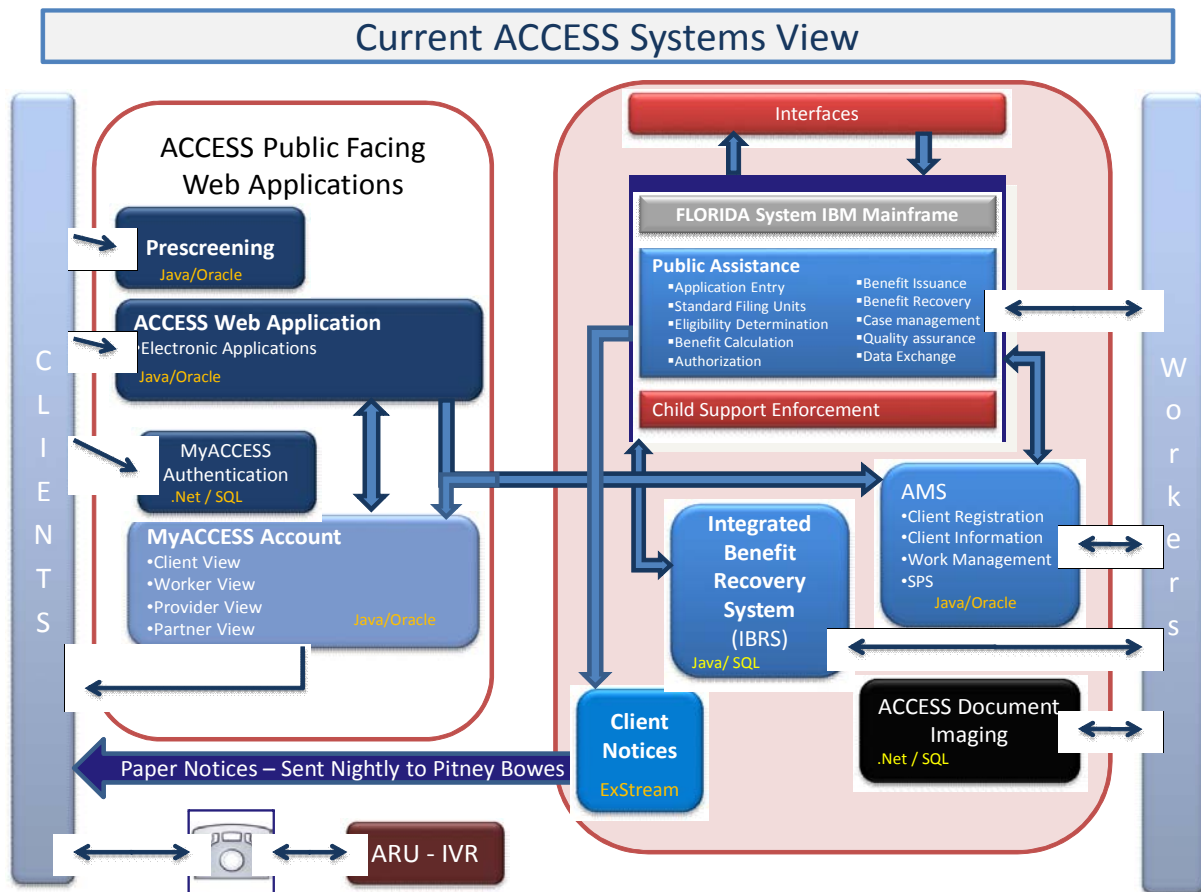
External Interfaces include:

- DEO (Department of Economic Opportunity) – state wage data, national new hire data, program sanctions and job placement, out of state unemployment, and in state unemployment. Department staff also has individual on-line access to the SUNTAX System.
- DOR (Department of Revenue) - Child Support Enforcement sanctions.
- DOH (Department of Health) - Vital Statistics.
- SSA (Social Security Administration) – Bendex data, numident, prisoner data, SSI data, and work history for non-citizens for 40 quarters. Department staff also has individual on-line access to SSA’s database to verify customers SSN, SSA, and SSI information.
- DHS (Department of Homeland Security) - Department staff has individual on-line access to the Systematic Alien Verification for Entitlement database.
- IRS (Internal Revenue Service) - Unearned income data from form 1099.
- DMS (Department of Management Services) - Florida Retirement data.
- DOE (Department of Education) – School age children dropouts and truant data.



- FHKC (Florida Healthy Kids Corporation) – the Department sends FHKC a nightly file of Medicaid closures for children. It also receives a nightly file on applications submitted to FHKC for children who screen as potentially eligible for Medicaid.

The following diagram depicts the high level architecture of the systems supporting the Economic Self-Sufficiency Services program:



FLORIDA (Florida On-Line Recipient Integrated Database)

FLORIDA is the legacy mainframe that contains all the business rules, workflow and interfaces for the public assistance programs. The system is written in IBM COBOL.

ACCESS Management System (AMS)

AMS is a web front end to FLORIDA. The business rules remain in FLORIDA, so this system does not replace FLORIDA functionality; rather it takes advantage of using customer entered data in the web applications along with providing staff a web friendly



environment to work in. IMSCONNECT is an application program interface product of IBM and enables access to mainframe transactions from AMS and other web applications. The application is written in JAVA with an Oracle back-end.

ACCESS Document Imaging System

The documents imaging system is used by the workers and call center agents to store and view client documents needed for verification and eligibility. This application is written in .Net with a SQL back-end.

ACCESS Prescreening Tool

Internet based system that provides a high-level determination to customers regarding potential eligibility for public assistance programs. This is a stand-alone system and does not interface with any others. Application is written in JAVA with an Oracle back-end.

ACCESS Web Application

Internet based system allowing Florida residents to apply for public assistance. The application is written in JAVA with an Oracle back-end.

My ACCESS Account

Internet based system allowing Florida residents to manage their own public assistance case with the Department. It allows staff to do such things as check case status, complete a review or report a change, print out a temporary Medicaid card or request a replacement, view notices and upload documents.

Automated Response Unit

Through a vendor, the Department maintains an automated response unit. This provides customers with the ability to receive answers to some of their questions through telephonic automation rather than speaking to a call center agent.

Integrated Benefit Recovery System

The system is designed to facilitate and aid in the recovery of over-issuance of public assistance benefits. This system is written in JAVA with a SQL back end.

The Department developed a database to support the data integration of most of these systems. This database is referred to as FLODS (FLORIDA Operational Data Store) and extracts data from the mainframe on a nightly basis. This data supports both the customer and staff facing web applications.



1.1.1 Strategic Information Technology Direction

The Department has developed a number of internal applications to cope with the changes in technology, policy, and legislation. The current infrastructure constrains the Departments options for implementing a Universal Eligibility platform and automating business processes.

The feasibility study recommendation builds upon the Information Technology guidance provided by CMS. This vision not only moves Health Insurance in the State towards an enterprise wide system, but the entire Human Services' arena in the State towards a universal eligibility platform. The goal is a seamless system that improves customer service. The recommendation is to develop a new public assistance system infrastructure that meets the following criteria:

- A modular system with open interfaces and business rules that are separate from core programming
- Alignment with the Medicaid Information Technology Architecture (MITA) maturity model and the CMS Seven Standards and Conditions ⁷
- Identification and incorporation of industry standards to reduce administrative burdens
- Reduction of waste with duplicative technology systems within the State
- Improvement of business outcomes and customer service through increased automation
- Increased program accountability through continuous feedback and improvement

Through collaboration amongst state agencies, the framework for a modular system that is flexible will allow the State to be more responsive to policy and process changes in the public assistance programs.

6.2 PROPOSED SOLUTION DESCRIPTION

The proposed solution has not yet been defined. High level business requirements can be found in the Appendix. Architecture decisions will be based upon the solution selected and the findings of the Planning and Vendor Procurement phases.

⁷ The CMS Seven Standards and Conditions are: 1) Modularity Standard 2) MITA Condition 3) Industry Standard Condition 4) Leverage Condition 5) Business Results Condition 6) Reporting Condition 7) Interoperability Condition (<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf>)



6.3 RESOURCE AND SUMMARY LEVEL FUNDING REQUIREMENTS FOR PROPOSED SYSTEM

Because the proposed system has not yet been defined, summary level funding requirements are not available at this time. More information will be available after the business requirement elaboration and general design activities are completed in Phase 1.

6.4 CAPACITY PLANNING

No capacity plan has been included as services are provided by the Northwood Shared Resource Center (NSRC). The Department believes there will be a need for increased support due to the anticipated caseload increase and transactions to the systems; however, the NSRC is responsible for requesting funding for any additional resources needed to support their customers.

6.5 ANALYSIS OF ALTERNATIVES

This section describes the analysis of alternative approaches considered for implementing a replacement for the current ACCESS FLORIDA system. Three options are presented:

- Status Quo
- Custom Build
- Replace the System using Commercial Off-The-Shelf (COTS) products

To conduct the alternatives analysis the following steps were performed:

- Identified and defined a list of potential alternative system implementation methods.
- Developed high-level functional 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.

Alternative 1 - Status Quo (Not Recommended)

No changes or possible improvements to the existing business processes would be implemented. Maintenance and ad-hoc development support of the application would be provided going forward.

Key Findings

Alternative 1 does not meet State and Federal mandates that require the implementation of new Medicaid eligibility rules by January 2014. Without having a system to accurately process new program rules, DCF will need to develop manual workarounds for calculating eligibility. This will result in the need for additional FTEs, longer time to



process applications, increased risk of improper denials of clients who are indeed eligible for assistance, and increased error rates and overpayments.

Additionally, the legacy System must rely on a shrinking pool of practitioners for operation and maintenance. Alternative 1 would be the least costly option in the short term. However, there is a cost for maintaining “status quo” from a functionality stand point. Of real importance is the potential risk of failure and the fact that doing business “as usual” eliminates the opportunity to realize tangible cost savings.

The costs to keep the System viable, the costs associated with maintaining an aging system, the costs associated with attracting and retaining trained development personnel, and the lost opportunity to realize significant cost savings make Alternative 1 an undesirable option for the long term.

Alternative 2 - Custom Build

The goal for this alternative is to meet all the recently documented requirements and provide an application that maps directly to the way in which the Department wants to do business. This would require the Department to take the following steps to develop the new system:

Procure a vendor to design, develop, and deploy a system “from scratch”.

OR

Engage in an in-house development effort using existing (or new) Department resources.

Key Findings

Custom development can be designed to meet specific needs but is typically a more difficult project with a higher risk level and longer implementation times. It is unlikely that this alternative will allow the Department to meet State and Federal mandates that require the implementation of new Medicaid eligibility rules by January 2014.

The design phase alone can take an inordinate amount of effort with the output of this phase documentation only (no working product). Custom development also assumes a large commitment of internal resources (SMEs) for design sessions and design validation. Often these are also the key operational resources for ongoing UI business making their scheduling and availability difficult. Custom development is typically the most costly approach and the most difficult to accurately estimate a budget. There are more variables to be considered and even the most experienced vendors will adjust their cost / schedule estimates to allow for delays. Forrester states, “in a massive custom development project ... the costs might escalate significantly over original estimates, given the track record of large projects in the public sector.”⁸ Overall, Custom development projects have the highest risk of project failure and require strong project and risk management planning.

⁸ Forrester’s Risk in IT Decisions, By Duncan Ellis, May 13, 2003



Alternative 3 - Replace System using COTS products (Recommended)

The goal for this alternative is to address the current and future information needs of the Department while limiting the risk associated with undertaking a custom development project. This would require the Department to take the following steps in developing the new system:

- Select a state transfer system or procure a vendor solution matching most, if not all, of the functional and non-functional requirements for the ACCESS Florida system.
- Hire/contract with a vendor to configure and deploy a customized COTS/Transfer solution.

Key Findings

This solution allows for competitive procurement of a state transfer/COTS solution that will fit the functional and technical requirements of an ACCESS Florida replacement system. A COTS solution presents higher initial costs than custom development due to the outlay associated with the product license, but the availability of a state transfer solution might negate the licensing costs. Forrester recommends “buying commodity functionality when you can”⁹ and both COTS and transfer solutions allow the Department to mitigate the risks associated with custom development and takes advantage of “best practices” in the industry.

6.5.1 Assessment Process

Eight evaluation criteria were used to evaluate the alternatives, based on key objectives for DCF and on common industry models. 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 ACCESS Florida system.

6.5.1.1 Evaluation Criteria

Evaluation Criteria		
Criteria	Definition	Factors

⁹ Forrester’s Got Legacy? Migration Options for Legacy Applications, By Phil Murphy, September 12, 2006



Evaluation Criteria		
Criteria	Definition	Factors
1. User Enablement	The solution meets or exceeds current and projected requirements for ease of use, productivity, training, and growth.	<ul style="list-style-type: none">• Usability – the system is intuitive and adheres to familiar GUI and WEB constructs – especially for the Florida constituent base.• Adaptability – few barriers to preclude immediate use without extensive training.• Productivity – increases throughput, consistency, and overall work quality.• Accessibility – web-based access for any authorized user from any authorized location.• Workflow – structured, system-guided work processes.• Training – on-line Help, tutorials, context sensitive assistance.



Evaluation Criteria		
Criteria	Definition	Factors
2. Public Assistance Service Delivery	<p>The solution supports the DCF’s mandate to provide and manage public assistance program services.</p> <p>The system directly addresses and provides the required capability</p>	<ul style="list-style-type: none"> • Functionality – meets or exceeds the requirements to capture and access information about public assistance service delivery. • Manageability – provides an ability to effectively manage the “business” of public assistance service delivery (e.g., redetermination /intake, redetermination processing, eligibility, case maintenance, notices, benefit integrity, appeals, quality management and interface capability, etc.). • Configurability – allows ESS administrators to control and modify pre-defined rules and edits in accordance with changing legislative and/or PA guidelines without technical staff support. • Consistency – ensures all activities are accomplished in the same manner, regardless of physical location. • Decision Support – the system prompts the user to follow defined procedures based on legal requirements and standard practices. • Validation and business rules – the system automatically checks for pre-defined inconsistencies or errors. • Reporting – enables users to define standard and ad-hoc reports to provide real-time access to information in the system.



Evaluation Criteria		
Criteria	Definition	Factors
3. Operational Effectiveness	The solution supports existing or planned DCF technology-related policies, procedures, and guidelines for application support.	<ul style="list-style-type: none"> • Maintainability – adheres to common industry practices for application and database management such as backup and recovery capabilities. • Workflow - create efficiencies such as abridging claims procedures, simplification of application, and improving avenues of communication. • Scalability – will allow the addition of users and storage to meet increased staffing and record storage requirements. • Availability – system up-time is in accordance with program specific needs. • Supportability – aligned with standard operations and practices. • Recoverability – no data loss due to environmental impacts or user induced errors. • Portability – the underlying technology and data can be migrated to other platforms as dictated by needs. • Performance – the solution delivers acceptable operational throughput and response times over the full spectrum of system load. • Security – provides a complete audit trail to address security concerns surrounding customer privacy and financial transactions.



Evaluation Criteria		
Criteria	Definition	Factors
4. Data Management	The solution adheres to accepted data storage and exchange protocols, provides significant protections for sensitive information, and allows for future growth.	<ul style="list-style-type: none"> • Data Integrity – enforces system data edits and formats and, if applicable, referential integrity and other data related controls. • Security – the underlying data architecture provides native data security to protect sensitive information. • Data Sharing – provides industry standard interface methodologies (e.g., ODBC). • Data Standards – adheres to industry standard data exchange formats. • Centralized Data Repository – data is maintained in a central location.
5. Support	The solution is built on industry standard platforms and supports a wide variety of utilities to facilitate implementation, modification, and maintenance.	<ul style="list-style-type: none"> • Open Architecture (Service Oriented Architecture). • Relational Data Model. • Ability to apply rules and ‘process transactions’ that span multiple versions of both rules and client (data) circumstances. • Common Graphical User Interface. • User-maintained rules engine that controls application behavior. • Compatible with commercially available reporting tools. • Easily manage applicant/entitlement eligibility in a continuously evolving legislative environment.



Evaluation Criteria		
Criteria	Definition	Factors
6. Risk	Project implementation constraints	<ul style="list-style-type: none"> • 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.
7. Cost	Project implementation costs	<ul style="list-style-type: none"> • Project costs. • Affordability. • Feasibility. • Expected changes in operations and maintenance costs. • Benefits, ROI and payback period.
8. Supports Universal Eligibility Vision	Will support platform for Universal Eligibility Determination	<ul style="list-style-type: none"> • Modular Framework – provides a platform that allows for new eligibility programs to be added without the need to change existing program code. • Scalability – facilitates increasing determination requirements in response to a growing number of programs and customers.

Table 6-1 Evaluation Criteria



6.5.1.2 Evaluation Weighting Criteria

Each of the seven criteria was weighted for overall strategic importance to DCF. The justification and weighting can be found in the table below.

Criteria Weighting Factors		
Criteria	Weighting	Factors
1. User Enablement	10	DCF desires to deliver consistent, quality solutions to its clients and users.
2. DCF Service Delivery	25	DCF is responsible for the administration of the state Medicaid eligibility and public assistance programs.
3. Operational Effectiveness	10	The system supports the DCF public assistance service delivery model, enable improvements in outcomes, and achieve reductions in operating costs.
4. Data Management	10	The underlying data structure is manageable and scalable to meet current and future growth. In addition, child data is sensitive so data must be protected from disclosure.
5. Support	10	The system adheres to common industry structures and practices which facilitate administration and management of the application and its associated data repository.
6. Risk	10	The extent to which the alternative mitigates the perceived risks associated with the DCF system implementation effort.
7. Cost	15	The overall costs associated with procurement, application preparation (whether enhancement, development, or configuration), deployment, operations, and maintenance.
8. Supports Universal Eligibility Vision	10	FLORIDA replacement system should provide the framework and tools necessary to support the vision of a system that provides the ability to grow a master client index across social services programs.

Table 6-2 Weighting Criteria



6.5.1.3 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 DCF. No benefits will be received in this category.
1	The alternative will provide some small value to DCF.
2	The alternative will provide significant value and benefit to DCF.
3	The alternative will provide maximum value and benefits to DCF.

Table 6-3 Scoring Criteria

6.5.2 Scoring Results for the Four Alternatives (General)

Each of the category scores (evaluation criterion) were added together to determine a final, overall score for each alternative. The results are shown below.

Categories	Wt.	Alternative 1 Status Quo		Alternative 2 Custom Build		Alternative 3 Replace System using COTS products	
		Score	Total	Score	Total	Score	Total
1. User Enablement	10	1	10	3	30	3	30
2. ACCESS Florida Service Delivery	25	1	25	3	75	3	75
3. Operational Effectiveness	10	1	10	4	40	4	40
4. Data Management	10	2	20	4	40	4	40
5. Support	10	1	10	3	30	3	30
6. Risk	10	0	0	1	10	3	30



Categories	Wt.	Alternative 1 Status Quo		Alternative 2 Custom Build		Alternative 3 Replace System using COTS products	
		Score	Total	Score	Total	Score	Total
7. Cost	15	0	0	1	15	3	45
8. Supports Universal Eligibility Vision	10	0	0	4	40	4	40
Total Weighted Score	100		75		280		330

Table 6-4 Alternative Scoring Results Summary

6.5.3 Scoring Results Explained

The detailed evaluation expands on the weighted scoring system by providing justification and rationale of the scores assigned to each criterion. Rationale for each score is provided for each alternative below.

The detailed evaluation expands on the weighted scoring system by providing justification and rationale of the scores assigned to each criterion. Rationale for each score is provided for each alternative below.

Alternative Scoring Explanations - Status Quo

Alternative 1 - Status Quo		
Criteria	Score	Rationale
1. User Enablement	1	<ul style="list-style-type: none"> • It does not reflect the current business processes in all cases. • Does not provide a graphical user interface for all functions. • The system is not intuitive and requires users to access multiple applications for single tasks negatively impacting productivity. • Requires extensive training for proficiency. • System does not provide much in the way of online help.



Alternative 1 – Status Quo		
Criteria	Score	Rationale
2. DCF Service Delivery	1	<ul style="list-style-type: none"> Does not meet the data capture needs of the Medicaid eligibility expansion program. Business rules are not documented and are hidden within the code. Frequent law and policy changes require extensive programming in the system. Does not enable users to define standard and ad-hoc reports to provide real-time access to information in the system. Help and decision support is not available from the systems.
3. Operational Effectiveness	1	<ul style="list-style-type: none"> Too many screens or different are required to complete processes, creating operational inefficiencies. There are processes that need more automation. ACCESS Florida system is, for many core business functions, able only to record results obtained by labor-intensive manual processes.
4. Data Management	2	<ul style="list-style-type: none"> The current system does not allow for the appropriate level of data validation at the database level. Reporting processes are inefficient. Ad-hoc analysis capabilities are lacking due to the hierarchal database structure. Reporting processes are inefficient. Redundant data exists across multiple platforms. Ad-hoc analysis capabilities are slow, expensive and limited.
5. Support	1	<ul style="list-style-type: none"> The Department is not positioned well for competitive development and sole sourcing due to the aging technology and the highly customized nature of the system. Extensibility and scalability of the current system is limited and financially impractical. Multiple installations duplicate operation and maintenance costs at each site



Alternative 1 – Status Quo		
Criteria	Score	Rationale
6. Risk	0	<ul style="list-style-type: none"> Increasing risk of failure as workload continues to climb (increase in claims etc.). Risk of losing key personnel who are the sole owners of ACCESS Florida system expertise (no documentation). ACCESS Florida system support costs will continue to rise as the systems continues to age beyond 25+ years. Risk of not being able to attract and retain development resources.
7. Cost	0	<ul style="list-style-type: none"> Valuable benefits from enabling business process with a modern system will go unrealized. Over time maintenance costs will continue to increase as technology ages.
8. Supports Universal Eligibility Vision	0	<ul style="list-style-type: none"> Maintains a non-modular approach to eligibility. Does not provide any framework or architecture for universal eligibility platform.

Table 6-5 Alternative 1 Scoring Results

Alternative Scoring Explanations – Custom Development

Alternative 2 – Custom Development		
Criteria	Score	Rational
1. User Enablement	3	<ul style="list-style-type: none"> Custom development is the best alternative to precisely achieve all project goals and implement most, if not all, system functional requirements
2. DCF Service Delivery	3	<ul style="list-style-type: none"> Would directly address and achieve most, if not all, improvement to DCF business capabilities
3. Operational Effectiveness	4	<ul style="list-style-type: none"> Depending on the technology and infrastructure chosen, would support all aspects of operation effectiveness
4. Data Management	4	<ul style="list-style-type: none"> Would encompass all facets of data management best practices
5. Support	3	<ul style="list-style-type: none"> Application would align very closely with desired business processes



Alternative 2 – Custom Development		
Criteria	Score	Rational
6. Risk	1	<ul style="list-style-type: none"> High risk associated with custom development projects. Too many variables and unknowns Risk is very high due to complexity of requirements Lack of staff availability to support detailed design sessions.
7. Cost	1	<ul style="list-style-type: none"> Custom development is the best alternative to precisely achieve all project goals and implement most, if not all, system functional requirements
8. Supports Universal Eligibility Vision	4	<ul style="list-style-type: none"> Custom development would allow for a modular approach to eligibility determination Provides framework needed for universal eligibility

Table 6-6 Alternative 2 Scoring Results

Alternative Scoring Explanations – Replace System using COTS products

Alternative 3 – Replace System using COTS products		
Criteria	Score	Rational
1. User Enablement	3	<ul style="list-style-type: none"> Would achieve all stated goals and encompass most, if not all, system requirements
2. DCF Service Delivery	3	<ul style="list-style-type: none"> Would directly address and achieve most, if not all, required business functionality
3. Operational Effectiveness	4	<ul style="list-style-type: none"> Would support all aspects of operation effectiveness
4. Data Management	4	<ul style="list-style-type: none"> Would encompass all facets of data management best practices
5. Support	3	<ul style="list-style-type: none"> Application would align very closely with desired business processes Vendor support would cover the initial implementation period with options for follow-on maintenance



Alternative 3 – Replace System using COTS products		
Criteria	Score	Rational
6. Risk	3	<ul style="list-style-type: none"> • DCF may have to adapt current business processes conform with the selected COTS applications “native” capabilities in order to avoid the substantial cost and schedule risk that would result modifying the applications code • Vendor solutions use proprietary data formats and/or implementation conventions • DCF must plan, execute, and manage a full competitive procurement cycle, which will increase cost and may delay the start of the implementation • A firm, fixed price contract with a vendor will significantly reduce DCF’s exposure to cost overruns
7. Cost	3	<ul style="list-style-type: none"> • A COTS implementation avoids much of the risk and shortens the time for implementation when compared to a custom development. However, these benefits can be quickly erased if extensive modifications to the core application are undertaken
8. Supports Universal Eligibility Vision	4	<ul style="list-style-type: none"> • Custom development would allow for a modular approach to eligibility determination • Provides framework needed for universal eligibility

Table 6-7 Alternative 3 Scoring Results

6.5.4 Technology Recommendation

The Feasibility Study process has concluded that it is in the best interest of DCF to proceed with the replacement of the aging mainframe based Eligibility Determination system through the procurement of a collection of COTS products. This approach will maximize technical and business process benefits and provide the flexibility and scalability needed for the future. This option will also reduce overall project risks and ensure that the resulting application can be supported in the future. The additional costs, resources, complexities, and risks associated with either doing nothing or developing a new system from scratch are prohibitive.

Additional advantages of the recommended approach:

- Meets the timeline of Federal Medicaid Eligibility mandate of January 2014.
- Can provide for a shorter implementation timeframe and less risk of cost or schedule overruns than a custom development alternative.
- Provides modular approach to eligibility determination, allowing for 90/10 or enhanced match.



- Preserves current integrated eligibility model
- Provides a configurable application and data architecture that provides the most flexibility in meeting complex rules/requirements, and flexibility to change as conditions/rules change.
- Includes numerous tools and interfacing capabilities not currently in place to enhance Department performance and compliance such as workflow, scripting, help capabilities, quality/integrity maintenance tools, complex reporting tools, etc.
- Require a larger initial investment to implement than the status quo. The savings in process efficiencies, ongoing maintenance costs, the availability of tools and resources to maintain the system and improvement in data quality will bring significant value to the Department.
- Solution will include a built-in analytical reporting capability. This could have a significant improvement on the method and frequency of reporting to the State. It would also serve the needs of other agencies that may need to be able to receive reports from the ACCESS Florida system in the future.
- The “core code” of the solution is separated from the business rules.
- Pre-built components such as workflow, scripting, and standard interfaces reduce development, support, and system integration efforts versus custom development alternative.
- A modern architecture greatly reduces the risk of technical obsolescence that exists in the legacy system today.
- Supports vision of Universal Eligibility platform.

7 PROJECT MANAGEMENT PLANNING COMPONENT

7.1 PROJECT CHARTER

Purpose: To document the formal authorization of the project by the Project Sponsor. It is an agreement between a project's customers, the project team, and key management stakeholders regarding the scope and schedule for the project used to determine the project's success when it has been completed. The Project Charter is the underlying foundation for all project related decisions.

Project Name

This project is referred to as the ACCESS Florida Modernization Project.

Project Purpose

The purpose of the project is to replace the outdated and non-integrated systems currently supporting the ACCESS Florida program with a single, modern, integrated, web-based information system that will support the entire ACCESS Florida organization and its customers well into the future.



Project Objectives

This project will meet the following objectives:

- Re-engineer the ACCESS Florida business processes for public assistance programs (Medicaid eligibility, food stamp, and cash assistance)
- Create a modern, integrated, rules-based business system that supports the public assistance programs using modern technology
- Facilitate improved communication within the Department as well as between the Department and its' external stakeholders.
- Provide Department staff with timely access to information necessary for performance measurement and quality management
- Provide better access to data through searching and reporting capability
- Employ project management best practices throughout the life of the project
- Complete the project within agreed budget and timeframes

Project Phases

The ACCESS Florida Modernization Project will consist of multiple phases as illustrated in below:

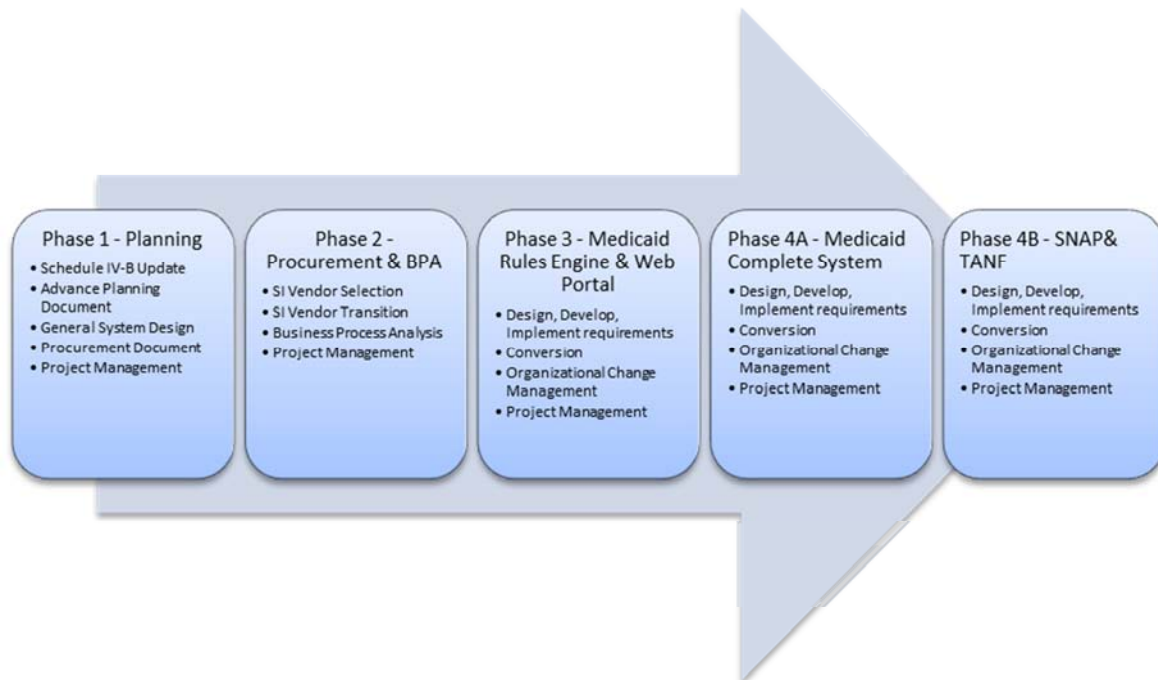


Figure 7-1 Proposed Project Phases

Project Management



The primary project management methodology used by DCF is based on the Project Management Institute's Project Management Framework. An appropriate project management methodology will be agreed upon by the DCF Project Manager and the implementation vendor(s). Changes to the methodology may be considered at any phase of the project, as deemed appropriate by the Project Director or Project Sponsor.

Regardless of the specific project management methodology employed, certain management and control mechanisms will be relevant to all phases of this project, including:

- Project Charter that clearly conveys what will be accomplished by the project, signed and authorized by the Project Executive Sponsor.
- Project contract(s)
- Project Management Plan
- Baseline project schedule
- Executive Steering Committee
- Independent Verification and Validation (IV&V)
- Change Control Register
- Project Issues Register
- Project Risk Register

The use of the project control framework indicated above, together with application of the Project Management Plan, will assist both the Project Manager and Project Sponsor in planning, executing, managing, administering and controlling all phases of the project. Control activities will include, but may not be limited to:

- Monitoring project progress; identifying, documenting, evaluating and resolving project related problems that may arise
- Reviewing, evaluating and making decisions with regard to proposed changes; Changes to project scope will be tightly controlled according to a documented change request, review and approval process agreed to by all stakeholders.
- Monitoring and taking appropriate actions with regard to risks as required by the risk management plan
- Monitoring and tracking issues as required by a documented issue reporting and management process
- Monitoring the quality of project deliverables and taking appropriate actions with regard to any project deliverables that are deficient in quality

Project Scope



The scope of this project will include a significant business process analysis and requirements development effort as well as the design, development, testing, user training and state-wide implementation of a new business system that supports the following DCF functions:

- Medicaid
 - Family Based
 - Age and Disabled
 - Institutional Care
 - Child and Care (FSFN)
 - Refugee Medical Assistance
- Food Assistance (SNAP)
 - DIS Food Assistance Program
 - SUNCAP
 - Regular SNAP
- Cash Assistance
 - Child Only
 - Relative Caregiver
 - One Parent
 - Two Parent
 - Refugee Cash
 - OSS (Optional State Supplementation)
- Benefit Recovery Program

Also Included in the Project Scope

- Establishment of a Project Management Office
- Organizational Change Management
- Independent Verification and Validation (IV&V)
- Data conversion and migration
- Data warehouse design and development
- Statewide system implementation
- Content development for training materials and system help screens
- End-user training
- Operations and maintenance planning
- Reporting functions

Project Timeline



Schedule IV-B Feasibility Study

A preliminary, high-level project timeline is shown in the table below. The actual project timeline will be highly dependent upon the technology solution selected by DCF.

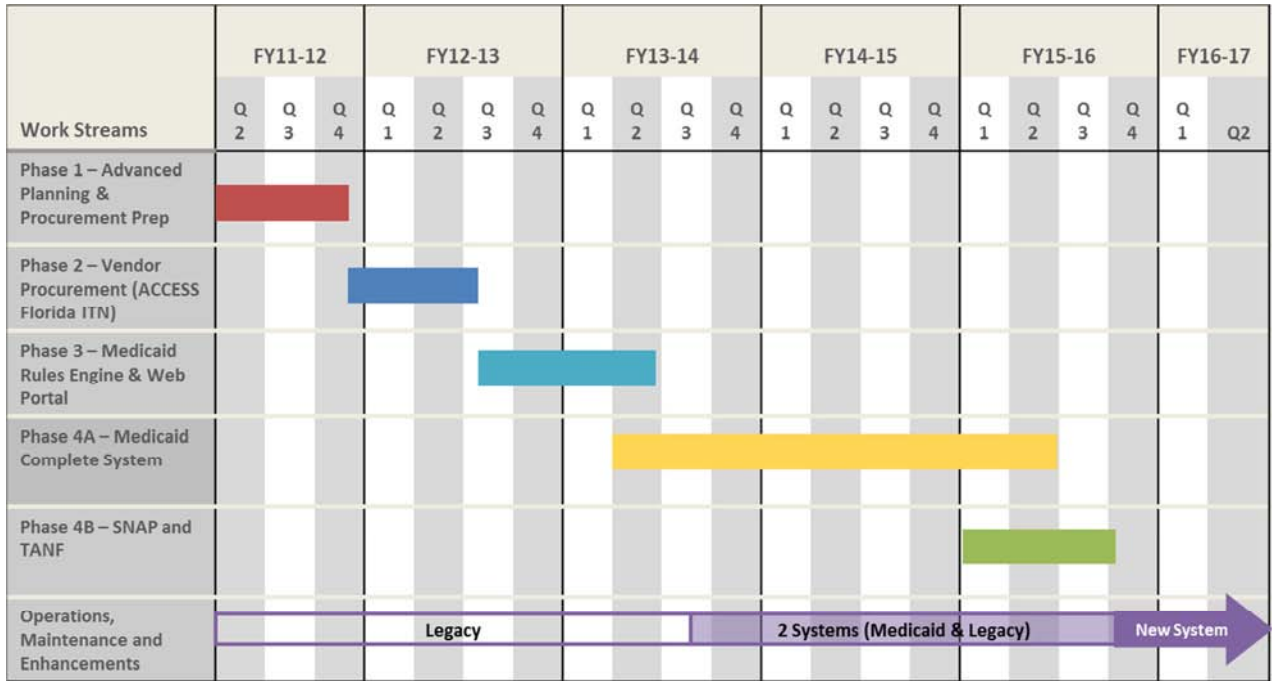


Figure 7-2 Proposed Project Timeline

The following table describes activities within each of the phases described in the above project timeline:

Phase	Description
Phase 1	Includes the development of this Feasibility Study, its associated Legislative Budget Request, and a federal Advanced Planning Document as well as the development of a procurement vehicle for Phase 2
Phase 2	Includes the procurement of a Project Director and Project Management Office, Independent Verification & Validation, and a vendor who will implement a system that will replace the ACCESS Florida systems
Phase 3	Includes the implementation of a new Medicaid eligibility rules engine to meet the Federally mandate of January 2014. Also includes the implementation of a new web portal for Medicaid, SNAP and TANF eligibility applications.
Phase 4A	Includes completion of the build of a new Medicaid eligibility System and all supporting functionality.
Phase 4B	Includes the implementation of new SNAP and TANF eligibility rules engines and supporting functionality along with transitioning to retirement of the FLORIDA system.

Table 7-1 Phase 2 Activities



The table below summarizes the activities in Phases 3 and 4 to support the modernization project:

Activity	Description
Analysis	Validation of the system requirements collected during previous business process improvement and requirements gathering efforts.
Design	Joint Application Design sessions with end users, functional and technical design documentation and user interface prototyping.
Build	Application configuration and system development, database development, data conversion, data migration, data warehouse development, unit testing, creation of help screens and development of an online user tutorial.
Test	Creation of a test plan and test cases, and the performance of integration testing, system testing, user acceptance testing, and regression testing.
Deploy	Implementation planning and the deployment of the new system to a production environment.
Operations	Begins during the system implementation phase. The emphasis of this phase will be to ensure that the necessary equipment, staff, and procedures are in place to meet the needs of end users and ensure that the system will continue to perform as specified.

Table 7-2 Phase 3 Activities

Project Deliverables

The following table 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.

Name	Phase (s)	Deliverable Description
Project Management Status Reports	All Phases	Weekly status reports to project management team and monthly progress reports to the Project Steering Committee.
Risk and Issue Registers	All Phases	Prioritized lists of risks and issues identified and reviewed during the course of the project.
Meeting Minutes	All Phases	Record of decisions, action items, issues, and risks identified during formal stakeholder meetings.
Schedule IV-B Feasibility Study (Updates)	1	Incorporates information collected during Phase 1, to be submitted with the Department’s Legislative Budget Request for follow on phases.
Procurement Documents	1	Includes the procurement vehicle selected (i.e., Invitation to Negotiate) and any supporting documentation.



Name	Phase (s)	Deliverable Description
Project Charter	2 - 4B	Issued Project Sponsor that formally authorizes the existence of the project and provides the Project Manager with the authority to apply organizational resources to project activities.
Project Management Plan	2 - 4B	Includes the following documents as required by the DCF Project Director and/or the PMO: <ul style="list-style-type: none"> • Work Breakdown Structure • Resource Loaded Project Schedule • Change Management Plan • Communication Plan • Document Management Plan • Scope Management Plan • Quality Management Plan • Risk Management Plan • Risk Response Plan • Issue Management Plan • Resource Management Plan • Conflict Resolution Plan • Baseline Project Budget
As-Is Business Process Flows	3 - 4B	Represents, graphically, the current state of public assistance business processes using standard business process notation. This document should include narrative descriptions of key activities, including owners, inputs and outputs.
To-Be Business Process Flows	3 - 4B	Represents the future state of public assistance business processes, as reengineered by the vendor in conjunction with DCF subject matter experts. The process flows are developed using standard business process notation. This document should include narrative descriptions of key activities, including owners, inputs and outputs.
Public Assistance Functional/non-Functional Requirements Document	3 - 4B	Includes at a minimum: <ul style="list-style-type: none"> • 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



Schedule IV-B Feasibility Study

Name	Phase (s)	Deliverable Description
Interface Control Document	3 - 4B	Describes the relationship between the ACCESS Florida or new system and a target system (i.e., one of the many federal, state or other entity systems). 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.
Technical Design Specification	3 - 4B	Detailed technical design for data and information processing in the new business system to include: <ul style="list-style-type: none"> • Data Model/ERD • Data Dictionary • Technical Architecture (to include a hardware usage plan)
User Interface Prototypes	3 - 4B	Mock-ups of how functional requirements will be translated into screen design.
Design Demonstration	3 - 4B	Review and acceptance of the system integrator’s design required before proceeding to development. Key stakeholders will experience the prototype and then a go/no-go decision will be submitted to the Project Sponsors for action.
Data Conversion Plan	3 - 4B	Plan for converting data from existing systems to meet the specifications of the new database design; to include detailed data conversion mapping.
Knowledge Transfer Plan	3 - 4B	Details the steps taken to adequately transfer knowledge about the system to the resources that ultimately will be responsible for implementation.
Organizational Change Management (OCM) Plan	3 - 4B	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	3 - 4B	Weekly status reports to project management team and monthly progress reports to the Project Steering Committee.
Stakeholder Analysis	3 - 4B	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	3 - 4B	Defines the objectives, scope and approach for training all stakeholders who require education about the new organizational structures, processes, policies and system functionality.
Change Readiness Assessment	3 - 4B	Surveys the readiness of the impacted stakeholders to “go live” with the project and identifies action plans to remedy any lack of readiness.



Name	Phase (s)	Deliverable Description
IV&V Project Charter	3 - 4B	A document issued by the Project Sponsor that formalizes the scope, objectives, and deliverables of the IV&V effort.
IV&V Status Reports	3 - 4B	Quarterly reports to the Executive Management Team and the Project Steering Committee.
IV&V Periodic Assessments	3 - 4B	Documents the results of IV&V activity to determine the status of project management processes and outcomes including but not limited to: <ul style="list-style-type: none"> • Schedule Review Summary • Budget Review Summary • Business Alignment Summary • Risk Review Summary • Issue Review Summary • Organizational Readiness Summary • Recommended Next Steps/ Actions for each of the above areas • Milestone and Deliverable reviews (to determine if the project is prepared to proceed to the next phase in the project work plan) • Current scorecard of the project management disciplines • Strengths and areas for improvement in the project management disciplines • IV&V Next Steps/ Actions
IV&V Lessons Learned	3 - 4B	Documents obstacles navigated during the IV&V project and associated best practices.
IV&V Contract Compliance Checklist	3 - 4B	Documents that all contractual requirements have been met by vendors involved with the project.
Data Migration Plan	3 - 4B	Plan for migration of data from existing systems to the new database.
Test Plans	3 - 4B	Detailed test plans for unit testing, system testing, load testing, and user acceptance testing.
Test Cases	3 - 4B	Documented set of actions to be performed within the system to determine whether all functional requirements have been met.
Implementation Plan	3 - 4B	Detailed process steps for implementing the new business system statewide.



Name	Phase (s)	Deliverable Description
Knowledge Transfer Plan	3 - 4B	Based on a gap analysis, this plan will detail the steps taken to adequately transfer knowledge about the system to the resources that ultimately will be responsible for post-implementation support.
Functional Business System	3 - 4B	Final production version of the new business system.
System Operation and Maintenance Plan	3 - 4B	Detailed plan for how the finished system will be operated and maintained.

Table 7-3 Project Deliverables

Project Milestones

It is anticipated the project will be managed according to the following milestones. 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	Phase	Deliverable(s) to Complete
Legislative Approval	1	<ul style="list-style-type: none"> Updated Schedule IV-B
Federal Funding Approval	1	<ul style="list-style-type: none"> Advance Planning Document
Vendor Procurement	2	<ul style="list-style-type: none"> Updated Schedule IV-B General System Design Procurement Documentation
Phase 3 Project Kick-Off	3,4A,4B	<ul style="list-style-type: none"> Project Charter
Project Management Documents Completed	3,4A,4B	<ul style="list-style-type: none"> Various (See deliverable list)
Business Process Analysis Completed	3,4A,4B	<ul style="list-style-type: none"> As-Is Business Process Flows To-Be Business Process Flows
Acceptance of Functional and Technical Requirements	3,4A,4B	<ul style="list-style-type: none"> System Requirements Document Public Assistance Requirements Document
Project Close-out	3,4A,4B	<ul style="list-style-type: none"> Lessons Learned Knowledge Transfer Contract Compliance Checklist Project Close-out Checklist
Project Management Documents Completed	3,4A,4B	<ul style="list-style-type: none"> Various (See deliverable list)
Acceptance of Validated Requirements	3,4A,4B	<ul style="list-style-type: none"> Validated Functional Requirements Document
Acceptance of User Interface Prototypes	3,4A,4B	<ul style="list-style-type: none"> User Interface Prototypes
Acceptance of Functional and Technical Design Specifications	3,4A,4B	<ul style="list-style-type: none"> Functional and Technical Design Specification documents



Milestone	Phase	Deliverable(s) to Complete
User Acceptance Testing Complete	3,4A,4B	<ul style="list-style-type: none"> NA
End User Training Complete	3,4A,4B	<ul style="list-style-type: none"> On-site training sessions Training materials
System Deployment	3,4A,4B	<ul style="list-style-type: none"> Functional system released into production
Project Close-out	3,4A,4B	<ul style="list-style-type: none"> Lessons Learned Knowledge Transfer Contract Compliance Checklist Project Close-out Checklist

Table 7-4 Project Milestones and Go/No-Go Decision Points

Affected Stakeholders and Groups

The Project Management Institute defines a stakeholder as “anyone who may be positively or negatively impacted by the project.” Table 7-5 identifies the project stakeholders that have been identified to-date, and summarizes how each will be affected by or will participate in the ACCESS Florida modernization project.

Major Stakeholders	How They Are Affected or How They Will Participate
Department of Children and Families	DCF operates multiple programs that use the services of the ACCESS Program. For example, Family Safety/ Child Protective Services use the current system to facilitate child-in-care and Relative Caregiver eligibility determinations. Also, ACCESS eligibility services employ 4,246 persons who use the current system on a daily basis.
Public Benefits Integrity Unit	Public Benefits Integrity (PBI) Unit- PBI is responsible for combating fraud before, during and after the eligibility process. The ACCESS Integrity Section PBI uses data from the current system to pinpoint patterns of abuse and fraud. ACCESS Integrity also acts on referrals from eligibility workers and tips from the general public. The Benefit Recovery Section of PBI establishes claim for overpayments of public assistance benefits and collects on those claims.
Agency for Health Care Administration (AHCA)	The State Medicaid Agency, receives Medicaid eligibility information from the current system through an interface with the Florida Medicaid Management Information System (FLMMIS).
Department of Health	DOH, as the state Department responsible for disability



Department of Children and Families



Schedule IV-B Feasibility Study

Major Stakeholders	How They Are Affected or How They Will Participate
(DOH)	determinations, provides information in the public assistance eligibility cases where disability is a factor.
DFS Division of Public Assistance Fraud	Department of Financial Services/ Division of Public Assistance Fraud (DPAF) - DPAF investigates that case of benefit overpayments where fraud is thought to have occurred. DPAF works with the Attorney General's Office to prosecute those cases with evidence of criminal intent.
Florida Department of Revenue (DOR)	DOR manages the State's Child Support Enforcement Program. Child support is a determining factor in the public assistance eligibility process. DOR is also the purveyor of unemployment compensation data through its SUNTAX system. DCF uses this data in its eligibility process.
Department of Economic Opportunity (DEO)	DEO provides mandatory work activities and employment programs for select groups of food and cash assistance recipients. The DEO also functions as a community partner in the ACCESS network; providing both self-serve and full service ACCESS eligibility services at its Regional Workforce Service Centers.
Florida Healthy Kids Corporation (FHKC)	FHKC administers the Title XXI portion of the Children's Health Insurance Program (CHIP). FHK exchanges information on CHIP applicants to ensure that children who are not eligible for Title XXI CHIP are reviewed for Medicaid eligibility by DCF.
Public Assistance Applicants/Recipients	Public Assistance Applicant/Recipients - Any individual who uses ACCESS services to apply for benefits or who currently receives benefits.
General Public	A general body of people within the Florida community. The general public accesses information regarding Department services, including ACCESS services, via the Department's internet site.
Legislature	The governing body responsible for enacting laws. The Legislature has exclusive authority to adopt the budget for state government activities.
Community Partner Network	The over 3,200 organizations, state agencies and local governments that provide alternative, community-based sites for those in need of ACCESS services to apply for and receive assistance.
USDA- Food and Nutrition	The federal grantor Department responsible for



Major Stakeholders	How They Are Affected or How They Will Participate
Services	administering the SNAP (food assistance) Program.
U.S. Department of Health and Human Services	The federal Department responsible for administering the Temporary Assistance for Needy Families Program (TANF/ Cash Assistance) through its Administration for Children and Families (ACF), and the Medicaid Program through its Center for Medicaid/Medicare Services (CMS)

Table 7-5 Stakeholders Affected by the ACCESS Florida modernization project

Assumptions and Constraints

The following assumptions are statements about the project or its environment that are taken to be true and, accordingly, are factored into DCF’s plans and analysis for the proposed project.

- A suitable architecture model exists to facilitate rapid and scalable deployment of business rules
- The procurement process for the systems solution(s) will be timely, fair, open, competitive and without serious challenge
- DCF desires to increase process effectiveness, reduce manual steps that rely on the use of ad-hoc tools and processes
- DCF will embrace the Organizational Change Management needed to implement the recommended solution
- The project team will be adequately staffed to accomplish the project’s deliverables, milestones, and infrastructure, manage user involvement, produce necessary project planning documents, project status reporting, etc.
- The system will invest in building data interfaces with other agencies/departments rather than re-create the storing of duplicate data
- Data conversion and migration from multiple legacy systems will be required
- All labor costs for the project are assumed to be for system integrator and support contractor staff only, exclusive of state employees
- Labor rates for contracted staff are assumed to be in accordance with the IT consulting State Term Contract for staff augmentation and comparable to similar projects recently undertaken by other Florida State Agencies

Constraints

Constraints are identified factors that will limit the project management team’s options, and impact the progress or success of the proposed project.

- Project funding is appropriated annually and may be subject to periodic releases throughout the year; depending upon suitable schedule and cost performance.



- Approval by either the Executive Office of the Governor (in consultation with the Legislature) or the Legislative Budget Commission is required before any appropriated funds are made available to the Department.
- All schedules depend on the continual availability of appropriated funds.
- The total time to plan for the procurement process is unknown, because the total time from start-to-finish to complete IT fixed-price procurement varies widely. This analysis is based upon a realistic and achievable schedule.
- Information requests from external overseers and partners can be time consuming to produce and can impact the project's timeline.
- State and/or federal statutory changes, changes in administrative rules, and DCF policy changes may impact the project.
- The software tools supporting desired capabilities will be determined based on the solution proposed by the selected system integration vendor.
- DCF staff availability
- Stakeholder understanding of project dynamics and impacts

General Project Approach

The following activities are required to complete the ACCESS Florida modernization project:

1. Submit a Legislative Budget Request
2. Perform Schedule IV-B Feasibility Study update
3. Prepare federal Advance Planning Document
4. Develop procurement documents
5. Issue the procurement documents and score the vendor proposals when received
6. Negotiate with proposing vendors for a firm fixed price contract to design, develop, and implement the system
7. Select a qualified vendor to perform design, development and implementation
8. Execute the project
9. Monitor and control the project
10. Develop an integrated, relational database that supports improved data access and integrity, data sharing between DCF, Medicaid applicants/recipients and other state and federal entities.
11. Develop an integrated, relational database that supports improved data access and integrity, data sharing between DCF, public assistance claimants and other state and federal entities.
12. Implement a comprehensive system to streamline the public assistance application and management processes
13. Deploy the system to trained users who are fully prepared to use the new system and are supported by on-screen help
14. Conduct knowledge transfer
15. Continued operations, administration and support of the system through the warranty period
16. Close Out the project
17. Operate and enhance the system throughout its service life



Change Request 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 7-3 illustrates the proposed change request process.

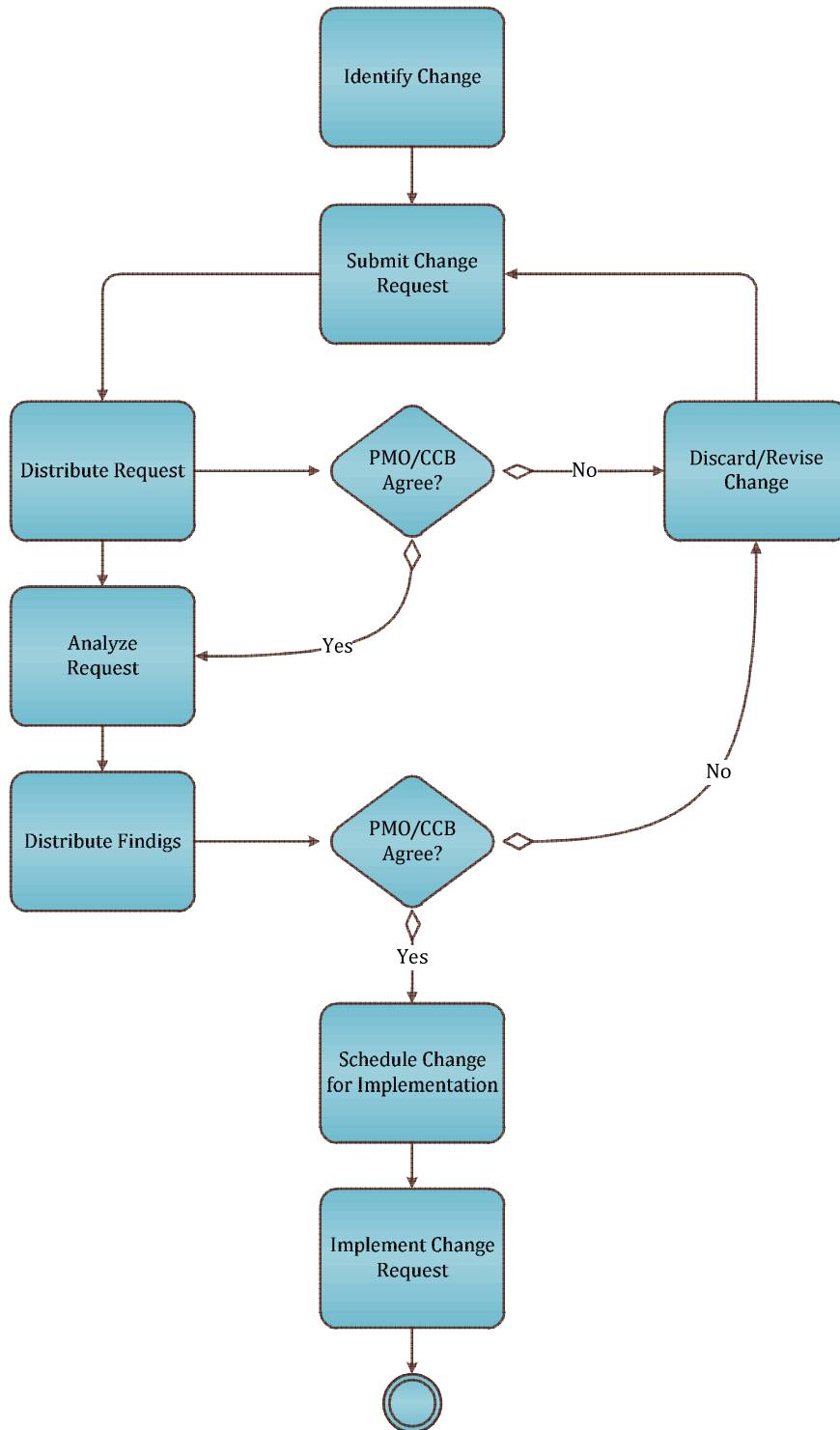


Figure 7-3 Proposed Change Request Process



7.2 WORK BREAKDOWN STRUCTURE

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 ACCESS Florida modernization project is presented in Figure 7-4. Note that Design, Development, and Implementation phases may change to align with the chosen solution. The WBS will be finalized by the Project Director, working closely with the selected integration vendor. Any changes will be required to conform to PMO standards.

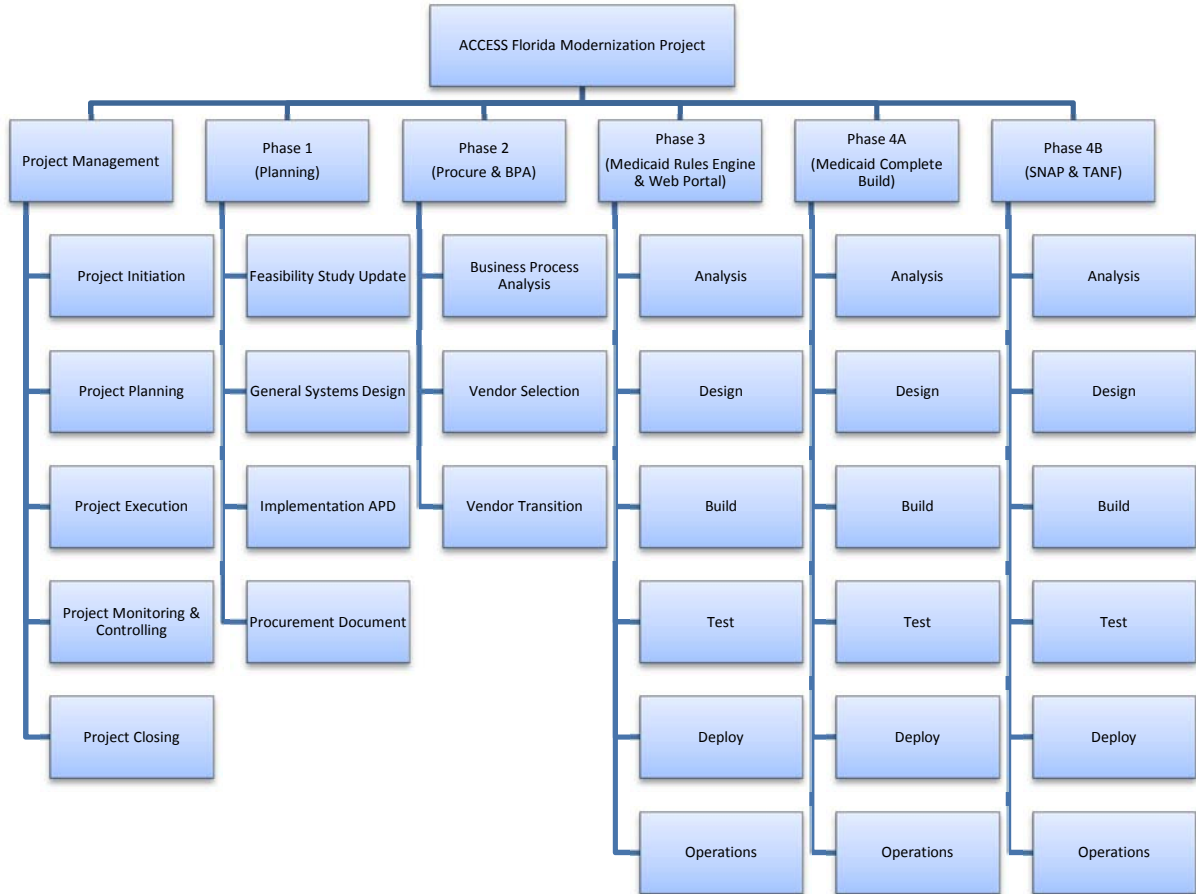


Figure 7-4 High-Level Work Breakdown Structure



7.3 RESOURCE LOADED PROJECT SCHEDULE

A preliminary project schedule has been. However, it should be noted that the actual project schedule will be highly dependent upon the technology solution chosen. The development of the actual project schedule will be the responsibility of the DCF project manager and selected implementation vendor(s). The MS Project schedule can be found in Appendix B.

7.4 PROJECT BUDGET

See section 3 Cost Benefit Analysis for a breakdown of the project budget.

7.5 PROJECT ORGANIZATION

Project Steering committee members will include senior DCF management demonstrating commitment to the success of the project by their willingness to provide both oversight and advocacy for the modernization effort. One of their most important roles will be to keep the project's charter firmly in view and assist the Project Director in resisting the ever-present 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 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 DCF Project Management Team will be headed by the Project Director and will include the Vendor Project Manager, and IV&V Vendor. This team will be responsible for day-to-day oversight of the project. In addition, the Project Management Team will work closely with the Office of Policy and Budget (OPB) to ensure that sufficient external project oversight is established and maintained.

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 will be staffed with multiple Certified Project Management Professionals.*

The project business stakeholders identified in Table 7-6 include seasoned DCF staff from the program's core business areas. These key stakeholders will be instrumental in the design, development and testing of the new business system and will assist in the review and approval of all project deliverables.

Figure 7-5 shows the proposed project organization and the relationship between its components.

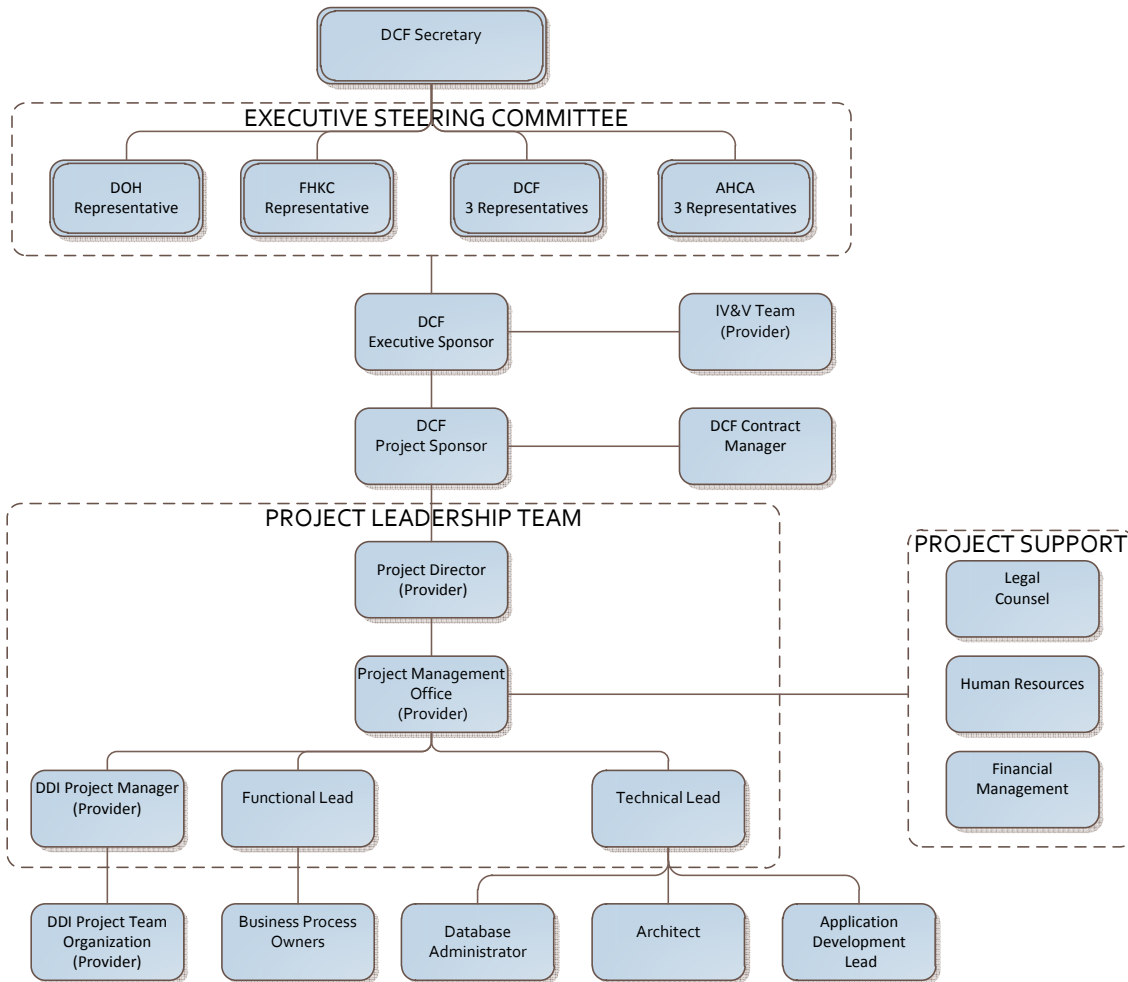


Figure 7-5 Proposed Project Organization



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The following table identifies, where known, the names of the people assign a role in the project organization and a summary of their responsibilities

Role Name	Description	Assigned To
Executive Management Team (EMT)	<ul style="list-style-type: none"> Provides executive oversight to the project Supports the project vision Resolves escalated issues 	TBD
IV&V Vendor	<ul style="list-style-type: none"> 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
Project Steering Committee	<ul style="list-style-type: none"> Provides oversight to the project Contributes to the scope and strategic direction for the project Establishes policies Identifies project risks and mitigation strategies Resolves escalated issues Decides on project changes in terms of scope, budget, or schedule Approves all final deliverables 	Project Business Sponsor Project IT Sponsor Project Budget Officer
Project Business Sponsor	<ul style="list-style-type: none"> Has programmatic decision making authority 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 Project Steering Committee Facilitates communication with the EMT 	DCF-ESS Director



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Role Name	Description	Assigned To
Project IT Sponsor	<ul style="list-style-type: none"> • 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 • Deputy chairs the Project Steering Committee • Facilitates communication with the EMT 	DCF Chief Information Officer
Project Budget Officer	<ul style="list-style-type: none"> • Controls project budget • Provides budget related input into project scope and contract change decision making process • Member of the Project Steering Committee 	TBD
Project Director	<ul style="list-style-type: none"> • 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 Business Sponsor for business resources and day-to-day activities • Reports to the Project Steering Committee 	TBD
Project Deputy Director	<ul style="list-style-type: none"> • Provides overall direction and coordination of the organizational change management effort and activities related to implementation • Implementation of project activities; • Reports to Project Director for day-to-day activities • Assumes the role and responsibilities of Project Director in the absence of Project Director 	TBD



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Role Name	Description	Assigned To
Project Management Office	<ul style="list-style-type: none"> • Responsible for day-to-day project oversight • Provides overall guidance and direction to the System Integrator • Coordinates with the Project Director for resources • Works with System Integrator Project Manager to ensure stakeholder needs are met • Has daily decision making authority • Oversees and manages project plan • Facilitates the Business Stakeholders Committee • 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
Project Business Stakeholders Committee <i>(Small Group of internal and external stakeholders usually made up of Business Unit Manager(s) and Supervisor(s) from DCF and other agencies.)</i>	<ul style="list-style-type: none"> • Provides input on functional requirements • Participates in project user group meetings and sessions • Provides input on project activities • Reviews and comments on project documents and deliverables • Disseminates project information and updates to local internal/external stakeholders 	TBD



Role Name	Description	Assigned To
Systems Integrator Project Manager	<ul style="list-style-type: none"> • Reports to the Project Management Office • Works with the Project Management Office to seek guidance and direction; • Responsible for systems integrator project management activities • Leads the planning and development of project deliverables • Develops and manages the project schedule and associated tasks • Maintain all project documentation including detailed project plan • Ensure adherence to the process and project management standards and guidelines • Responsible for project management areas including scope, risk, quality and change control • Prepare formal project reports and presentations • Ensure deliverables conform to DCF standards • Facilitate project related meetings as required 	Selected Systems Integrator Vendor

Table 7-6 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 PMO guidelines 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
Development Standards	If applicable, the vendor selected for design and development of the Public Assistance System will follow DCF's programming and development standards.
Testing Management	The vendor will follow the established standards of the DCF PMO for 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.
Software Configuration Management	If applicable, the vendor will follow the established standards of the DCF PMO for Software Configuration Management. This includes Stakeholder sign-off, documentation, and version control.
Contract Management	The DCF PMO will be involved in contract management. All contracts must pass executive and legal approval. In addition, external project oversight will be required for contract negotiation.

Table 7-7 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, including the creation of a change review and control board that provides representation for all affected stakeholders
- Contract manager and DCF Project Director acceptance and approval
- Maintain detailed requirements definitions under configuration management
- Defined test plan with standard levels of technical and acceptance testing



- Risk Management and Mitigation

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.

A full-scale 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 DCF
 - 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 DCF
 - Acts in the best interests of DCF 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 DCF Executive Leadership throughout each phase of the project.

In addition, the DCF Project Management Team will work closely with the OPB to ensure that sufficient external project oversight is established and maintained.



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 that the risk will negatively impact the project.

The project management methodology chosen for this project will include processes, templates, and procedures for documenting and mitigating risk. Formal risk analysis, tracking and mitigation will be ongoing throughout all phases of the project. Risks are actively identified, detailed, and prioritized. Mitigation strategies are developed. Risks are tracked, mitigated and closed throughout the lifecycle.

7.8.1 Mitigation Strategies

Risk mitigation involves prioritizing, evaluating and implementing the appropriate risk-reducing activities in response to the risk assessment. Risk mitigation options 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 Limitation.** Limit risk by implementing controls that prevent the adverse impact from a particular risk or provide early detection of rising risk so that project leadership can respond to correct the risky condition.
- **Risk Planning.** Manage risk by developing a risk mitigation plan that prioritizes, implements, and maintains controls.
- **Research and Acknowledgement.** Lower the risk of adverse project impact by acknowledging the vulnerability and researching controls that can be applied to manage or eliminate it.
- **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 PMO. Standards include processes, templates, and procedures for documenting and mitigating risk. Formal risk analysis, tracking and mitigation will be ongoing throughout all phases of the project. Risks are actively identified, detailed, and prioritized. Mitigation strategies are developed. Risks are tracked, mitigated and closed throughout the lifecycle.

A Risk Management Plan (RMP) will be developed and adhered to throughout all phases of the project. The RMP will include 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 ACCESS Florida Modernization 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 that the risk will negatively impact the project. It is recommended that the following checkpoints be followed during the project:

Task	Recommendation
Risk Management Plan	Have planned semi-annual reviews and updates after the submission and approval of the Risk Management Plan with the Steering Committee. More frequent or "as required" updates should be performed.
Risk Management Reviews	As part of a disciplined approach to addressing project risks, monthly Risk Meetings should be conducted during the project lifecycle.

Table 7-8 Project Risk Checkpoints



7.8.3 Project Risk and Mitigation Table

The following table provides an overview of the strategies that DCF will employ to mitigate the risks identified by the risk assessment tool in Section 5.2.

#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Strategic (Medium Risk)					
1	Sign-off on project objectives has not been received by all stakeholders; lack of consensus and understanding of core objectives could erode stakeholder support	High	Low	<ul style="list-style-type: none"> Ensure that project objectives are clearly stated in the Project Charter, and that the charter is signed by all stakeholders Implement a communications plan to ensure stakeholder support and involvement throughout project - positive expectations must be nurtured through regular communication and feedback. Executive Steering Committee and the Project Management Team will provide coordination between the project and stakeholders Begin Organizational Change Management prior to the project start and make it an integral, ongoing part of the project 	DCF Project Sponsor; DCF Project Director
2	Necessary changes in law, rule or policy have not been identified or documented; unexpected changes could increase project budget and timeline	High	Medium	<ul style="list-style-type: none"> Document high-priority requirements for a business rule driven system that can easily accommodate legislative and regulatory changes Business process improvement activities conducted in Phase 2 should include a policy analysis activity to determine if policy and rule changes will be needed 	DCF Project Director; Vendor Project Manager



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
3	The proposed system will have extensive external visibility; problems with accessibility or usability could lead to negative publicity for the Department	High	Low	<ul style="list-style-type: none"> Ensure that all Internet accessibility standards required by the state of Florida are met Devote sufficient time and budget to hardware and software capacity planning Solicit feedback and/or participation from a sample population of claimants and employers during design and user acceptance testing activities 	DCF Project Director; Vendor Project Manager
4	Technologies have not been selected and finalized; impact unknown	High	Low	<ul style="list-style-type: none"> The project team will use State, Department, and industry standards to evaluate and select the technical components The successes and failures of technologies used by other states will be scrutinized Detailed future-state business processes and requirements will be developed prior to technology selection A user interface prototype will be required at the end of the design phase to ensure that the design of the system meets the requirements put forth by the Department 	DCF Project Director; Vendor Project Manager



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Change Management (High Risk)					
5	Changes to core business processes will be required as part of the move toward greater efficiency and away from manual processes; some users will be reluctant to these changes and negative perceptions could sabotage project efforts	High	Low	<ul style="list-style-type: none"> • 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 • 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 • The Organizational Change Management Plan will address mitigation strategies associated with expected changes as they are identified • Project communication will be actively monitored and controlled according to a comprehensive communications plan • A well-defined training strategy will be defined that includes both process training and system training • Executive management will be proactive in listening and responding to concerns and objections from Department staff 	DCF Deputy Project Director; DCF Project Sponsor; DCF EMT



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
6	Successful implementation of a modern business system will have a some impact on state agencies other than DCF; failure to anticipate, plan for and communicate these changes could result in implementation delays and negative publicity for the Department	Medium	Low	<ul style="list-style-type: none"> The Organizational Change Management Plan must address how changes to DCF's interaction with other state agencies will be addressed Requirements development phase must include requirements for interfacing with other state agencies, and the Department should have a representative during the requirements process Required changes to other state Department's processes must be communicated in a timely manner to the appropriate staff 	DCF Deputy Project Director;
Communication (High Risk)					
7	Communication channels and key messages have not yet been established; lack of effective project communication could erode project support	High	Low	<ul style="list-style-type: none"> Develop and execute a comprehensive communication plan for providing targeted and timely communications to stakeholders Ensure that the communication plan promotes the collection and use of feedback from management, the project team, as well as internal and external stakeholders Identify and document all communication channels Identify and document all affected stakeholders Identify and document all key messages, message outcomes and success measures Identify and assign needed staff resources Emphasize and execute proactive communication forums for all stakeholders - positive expectations must be nurtured through regular communication and feedback. 	DCF Project Director; DCF Deputy Project Director; DCF Project Sponsor; DCF EMT



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
8	Communication channels will include agencies outside of DCF; failure to communicate effectively with external entities could result in implementation delays and negative publicity for the Department	High	Low	<ul style="list-style-type: none"> • Ensure that the Communication Plan addresses communication with external agencies • Emphasize early and frequent communication • Involve affected agencies in requirements process 	DCF Project Director; DCF Project Sponsor; DCF EMT
Fiscal (High Risk)					
9	Initial cost estimates were developed prior to detailed requirements gathering; unanticipated requirements may increase the cost estimate for Phase 3	Medium	Low	<ul style="list-style-type: none"> • Initial cost estimates were developed using a standards-based estimation model; output from this model was checked against total costs incurred by other states that have undergone similar ACCESS Florida system modernization projects 	DCF Project Director; Phase 1&2 Vendor Project Manager
10	Actual project costs may exceed estimates	High	Low	<ul style="list-style-type: none"> • Engage in thorough requirements gathering process to increase likelihood that final cost estimates will be accurate. • At the conclusion of Phase 2, revise the original implementation cost estimate based on a quantitative analysis using a standards-based estimation model • Thoroughly vet prospective implementation vendors during the procurement process • Prevent cost overruns by executing stringent change control and scope management 	DCF Project Director; Phase 2 Vendor Project Manager; Phase 3 & 4 Vendor Project Manager;



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Project Organization (High Risk)					
11	Due to the current caseload, DCF subject matter experts will be dedicated 50% or less to the project	High	Medium	<ul style="list-style-type: none"> 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 DCF Executive Management will regularly acknowledge SMEs for their contributions to the project 	DCF Project Manager; Phase 2 Project Manager; Phase 3 & 4 Vendor Project Manager; DCF EMT
12	The Department does not have the necessary knowledge, skills and abilities to staff the project team with in-house resources	Medium	Low	<ul style="list-style-type: none"> The Department 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 	DCF Project Manager; DCF Project Sponsor



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Project Management (Medium Risk)					
13	Inadequate project management and oversight could result in project time and cost overruns	Medium	Low	<ul style="list-style-type: none"> An experienced, full-time DCF 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 or employed Additional project oversight will include IV&V, Quality Assurance, and 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 	DCF Project Manager; Phase 2 Vendor Project Manager; Phase 3 & 4 Vendor Project Manager;



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Project Complexity (High Risk)					
14	The fact that many stakeholders are dispersed across the state in call centers and remote locations will make project communication more challenging; the result could be missed requirements and/or unreasonable expectations	Medium	Low	<ul style="list-style-type: none"> • 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 	DCF Project Manager; Phase 2 Vendor Project Manager; Phase 3 & 4 Vendor Project Manager;
15	Several external agencies could be impacted by this project; failure to communicate with these entities throughout all phases of the project could result in implementation delays and negative publicity for the Department	High	Low	<ul style="list-style-type: none"> • Ensure that the Communication Plan addresses communication with external agencies especially CHIP and the exchange • Emphasize early and frequent communication • Involve affected agencies in requirements process 	DCF Project Manager; Vendor Project Manager;

Table 7-9 Risk and Mitigation Table



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 need 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 improvement, implementation and user acceptance. Significant organizational change is expected as a result of automating existing manual processes. Throughout the ACCESS Florida modernization project, OCM will be effectively implemented through communication, awareness, and training.

DCF 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 Phase 3 and executed in Phase 3, Phase 4A and Phase 4B.

At a minimum, the following will be included in the final Organizational Change Management Plan:

- Description of roles, responsibilities, and communication between vendor and customer
- To-be process maps including a role oriented flowchart (swim lane view) of the organization
- Skill/Role gap analysis between the existing system and the proposed system
- Training plan including platform (classroom, CBT, etc.), schedule, and curriculum
- 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 Manager (a member of the project management team dedicated to OCM)
- DCF Project Manager
- Project Sponsor
- DCF 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.

Phases 3, 4A and 4B of the ACCESS Florida modernization project will use communication methods proven to be effective on large-scale IT implementations, and will follow the standards developed by the PMO. These will include a communication plan, a formal project kick off meeting, status meetings, milestone reviews, adoption of methodology in defining roles, responsibilities and quality measures of deliverables, regular status reports, regular review and evaluation of project issues and risks, periodic project evaluation, regular system demonstrations and reviews, and a project artifact repository.

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 in Phases 3, 4A and 4B. Generally speaking, the project communication methodology will espouse the following types of information dissemination:

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.

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.

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 vendor contract for implementation with the new 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. It is expected that the Communication Plan will be adhered to and receive updates as applicable during the life of the project.

7.11 SPECIAL AUTHORIZATION REQUIREMENTS

For the ACCESS Florida Modernization project, DCF is required to follow the State Systems Advance Planning Document (APD) Process (45 CFR Part 95). The Advance Planning Document (APD) process governs the procedure by which States obtain approval for Federal financial participation in the cost of acquiring automated data processing equipment and services. In summary, DCF will submit two APD's.

Advance Planning Document	Description/Requirements	Phase Delivered
Planning	Plan of action in a record which requests Federal Financial Participation (FFP), to determine the need for, feasibility, and cost factors of an IT system or services acquisition and to perform one or more of the following: <ul style="list-style-type: none"> • prepare a Functional Requirements Specification • assess other State's systems for transfer to the maximum extent possible, of an existing system • prepare an Invitation to Negotiate (ITN) and/or develop a General Systems Design (GSD) 	Phase 1
Implementation	Recorded plan of action to request FFP in the costs of designing, developing, and implementing the system	Phase 2

Table 7-10 Special Authorization



8 APPENDICES

8.1 APPENDIX A – HIGH LEVEL BUSINESS REQUIREMENTS

Category	Sub-Category	Description
Eligibility	Eligibility Engine	Provide a method to enter program eligibility factors
Eligibility	Eligibility Engine	Provide a method to maintain program eligibility factors
Eligibility	Eligibility Engine	Provide a method to display program eligibility factors
Eligibility	Eligibility Engine	Provide a method to enter the federal poverty income level information
Eligibility	Eligibility Engine	Provide a method to maintain the federal poverty income level information
Eligibility	Eligibility Engine	Provide a method to display the federal poverty income level information
Eligibility	Eligibility Engine	Provide a method to determine eligibility for a prior period, portion of a prior period, or new period of eligibility for all programs based on program specific rules
Eligibility	Eligibility Engine	Provide a method to re-determine eligibility for a prior period, portion of a prior period, or new period of eligibility for all programs based on program specific rules
Eligibility	Eligibility Verification	Provide a method to enter third-party verifications for clients
Eligibility	Eligibility Verification	Provide a method to maintain third-party verifications for clients
Eligibility	Eligibility Verification	Provide a method to display third-party verifications for clients
Eligibility	Eligibility Verification	Provide a method to initiate request for individuals for verification information contained in the systems accessed an Online Verification (OLV) system (those systems to be determined at a later date)
Eligibility	Eligibility Verification	Provide a method to query the systems accessed via an Online Verification (OLV) system for individuals matching the requested list (those systems to be determined at a later date)
Eligibility	Eligibility Verification	Provide a method to electronically transmit information in real time for OLV information to named systems
Eligibility	Eligibility Verification	Provide a method to electronically receive information in real time with OLV information from named systems
Process Support	Appeals	Provide a method to calculate if the appeal request was made in the specified timeframe based on policy
Process Support	Appeals	Provide a method to calculate the date by which the appeal must be requested based on policy.
Process Support	Appeals	Provide a method to enter if the appeal request was made in the specified timeframe based on policy.
Process Support	Appeals	Provide a method to display if the appeal request was made in the specified timeframe based on policy.



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Category	Sub-Category	Description
Process Support	Appeals	Provide a method to maintain whether the appeal request was made in the specified timeframe based on policy
Process Support	Appeals	Provide a method to enter the date the Notice of Hearing Letter is mailed
Process Support	Appeals	Provide a method to display the date the Notice of Hearing Letter is mailed
Process Support	Appeals	Provide a method to maintain the date the Notice of Hearing Letter is mailed
Process Support	Appeals	Provide a method to enter the date the services/benefit client was notified of the appeal hearing date and time
Process Support	Appeals	Provide a method to display the date the services/benefit client was notified of the appeal hearing date and time
Process Support	Appeals	Provide a method to maintain the date the services/benefit client was notified of the appeal hearing date and time
Process Support	Appeals	Provide a method to generate applicable information from the eligibility/case management unit for the applicant to review based on policy
Process Support	Appeals	Provide a method to display applicable information from the eligibility/case management unit for an applicant to review based on policy
Process Support	Appeals	Provide a method to enter which information from the eligibility/case management unit was reviewed by the applicant
Process Support	Appeals	Provide a method to maintain information that the benefit was reviewed by the applicant.
Process Support	Appeals	Provide a method to display information that the benefit unit was reviewed by the applicant
Process Support	Appeals	Provide a method to enter benefit appeal request(s) including the date and whether it was verbal or written
Process Support	Appeals	Provide a method to display service/benefit appeal request(s) including the date and whether it was verbal or written
Process Support	Appeals	Provide a method to maintain service/benefit appeal request(s) including the date and whether it was verbal or written.
Process Support	Appeals	Provide a method to enter the reasons for a delay in the service/benefit appeal request and if it constitutes a waiver.
Process Support	Appeals	Provide a method to display the reasons for a delay in the service/benefit appeal request and if it constitutes a waiver
Process Support	Appeals	Provide a method to maintain the reasons for a delay in the service/benefit appeal request and if it constitutes a waiver
Process Support	Appeals	Provide a method to override the timely notice period for the service/benefit appeal request if the delay constitutes a waiver based on policy
Process Support	Appeals	Provide a method to generate the information on a Request for State Appeal
Process Support	Appeals	Provide a method to maintain all signatures acknowledgement(s) of Request for State Appeal



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Category	Sub-Category	Description
Process Support	Appeals	Provide a method to enter the type of service/benefit appeal hearing
Process Support	Appeals	Provide a method to display the type of service/benefit appeal hearing
Process Support	Appeals	Provide a method to maintain the type of service/benefit appeal hearing
Process Support	Appeals	Provide a method to enter client's written request for service/benefit appeal
Process Support	Appeals	Provide a method to display client's written request for service/benefit appeal
Process Support	Appeals	Provide a method to enter the date the service/benefit record review took place
Process Support	Appeals	Provide a method to display the date the service/benefit record review took place
Process Support	Appeals	Provide a method to maintain the date the service/benefit record review took place
Process Support	Appeals	Provide a method to enter the decision from the State Hearing Officer on the appeal
Process Support	Appeals	Provide a method to display the decision from the State Hearing Officer on the appeal
Process Support	Appeals	Provide a method to maintain the decision from the State Hearing Officer on the appeal
Process Support	Appeals	Provide a method to calculate whether the service/benefit appeal request was made within the time specified in policy
Process Support	Appeals	Provide a method to display whether the service/benefit appeal request was made within the time specified in policy
Process Support	Appeals	Provide a method to maintain whether the service/benefit appeal request was made within the time specified in policy
Process Support	Appeals	Provide a method to enter the client's decision to continue services/benefits pending the appeal-hearing disposition
Process Support	Appeals	Provide a method to display the client's decision to continue services/benefits pending the service appeal-hearing disposition
Process Support	Appeals	Provide a method to maintain the client's decision to continue services/benefits pending the service appeal-hearing disposition
Process Support	Appeals	Provide a method to enter the date of notification to the client of the cost of services/benefits received during the appeal process
Process Support	Appeals	Provide a method to display the date of notification to the client of the cost of services/benefits received during the appeal process
Process Support	Appeals	Provide a method to enter the date the client/customer is informed of the requirement to repay for the cost of service/benefit, if appeal decision is upheld
Process Support	Appeals	Provide a method to maintain the date the client/customer is informed of the requirement to repay for the cost of service/benefit, if appeal decision is upheld
Process Support	Appeals	Provide a method to display the date the client/customer is informed of the requirement to repay for the cost of service/benefit, if appeal decision is upheld
Process Support	Appeals	Provide a method to enter the client/customer's waiver of continued service/benefits and the date requested



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Category	Sub-Category	Description
Process Support	Appeals	Provide a method to display the client/customer's waiver of continued service/benefits and the date requested
Process Support	Appeals	Provide a method to maintain the client/customer's waiver of continued service/benefits and the date requested
Process Support	Appeals	Provide a method to query all appeal requests using specified search criteria
Process Support	Calendar Scheduling	Provide a method to display time frame/clock for the scheduling feature
Process Support	Calendar Scheduling	Provide a method to maintain calendar data/information
Process Support	Calendar Scheduling	Provide a method to display calendar data/information
Process Support	Calendar Scheduling	Provide a method to enter staff availability
Process Support	Calendar Scheduling	Provide a method to maintain staff availability
Process Support	Calendar Scheduling	Provide a method to display staff availability
Process Support	Calendar Scheduling	Provide a method to enter appointments for a worker on a calendar/schedule
Process Support	Calendar Scheduling	Provide a method to maintain appointments for a worker on a calendar/schedule
Process Support	Calendar Scheduling	Provide a method to display appointments for a worker on a calendar/schedule
Process Support	Calendar Scheduling	Provide a method for workers to schedule appointments on another worker's calendar
Process Support	Calendar Scheduling	Provide a method to generate a record of calendared appointments past and present and future
Process Support	Case Maintenance	Provide a method to maintain relationships among participants, as defined by each program, while retaining history
Process Support	Case Maintenance	Provide a method to enter relationships among participants, as defined by each program, while retaining history
Process Support	Case Maintenance	Provide a method to display relationships among participants, as defined by each program, while retaining history



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Category	Sub-Category	Description
Process Support	Case Maintenance	Provide a method to require name and address field lengths be at least long enough to match other systems field lengths (i.e., , MMIS, SSA, etc.)
Process Support	Forms	Provide a method to print professionally formatted documents that maintain consistency
Process Support	Forms	Provide a method to print formatted documents, that incorporate specified "letterhead"
Process Support	Forms	Provide a method to associate documents and forms by service/benefit area
Process Support	Forms	Provide a method to maintain associated documents and forms by service/benefit area
Process Support	Forms	Provide a method to display associated documents and forms by service/benefit area
Process Support	Forms	Provide a method to automatically generate forms/letters/templates for specific services or benefits
Process Support	Forms	Provide a method to automatically display forms/letters/templates for specific services or benefits
Process Support	Mass Change	Provide a method to select all potentially affected active cases for a program mass change
Process Support	Messaging	Provide a method to prompt worker to save unsaved data/information.
Process Support	Messaging	Provide a method to send a tickler to a worker to inform of any additions, changes, or deletions to calendar
Process Support	Messaging	Provide a method to automatically resolve alert, based on related actions being completed
Process Support	Messaging	Provide a method to manually resolve an alert
Process Support	Messaging	Provide a method to escalate an alert to supervisor if supervisory action is required
Process Support	Messaging	Provide a method to customize alert and tickler functionality based on predefined parameters
Process Support	Messaging	Provide a method to tag a person with textual information
Process Support	Messaging	Provide a method to alert workers assigned to a tagged individual of their presence in the facility
Process Support	Messaging	Provide a method for all alerts to be received at any time
Process Support	Messaging	Provide a method to alert of client's arrival
Process Support	Messaging	Provide a method to send broadcast alerts
Process Support	Messaging	Provide a method to automatically send a tickler regarding data changes
Process Support	Messaging	Provide a method to send messages to users or group of users
Process Support	Messaging	Provide a method to notify the sender of a message (alert, tickler, etc.) that the message has been opened
Process Support	Messaging	Provide a method to notify Program Integrity of a case-unit referral
Process Support	Messaging	Provide a method to automatically send alert to the Hearings Office when a request for State Hearing has been submitted
Process Support	Messaging	Provide a method to automatically send an alert to Hearings Office when a hearing exceeds policy timeframes
Process Support	Messaging	Provide a method to automatically send alert when the outcome of a hearing is entered
Process Support	Messaging	Provide a method to send an alert
Process Support	Messaging	Provide a method to send a tickler prior to expiration of lawful residence
Process Support	Messaging	Provide a method to prompt worker that case-unit cannot be assigned to selected worker due to worker or caseload criteria



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Category	Sub-Category	Description
Process Support	Messaging	Provide a method to enter narrative documentation
Process Support	Narrative	Provide a method to maintain narrative documentation
Process Support	Narrative	Provide a method to display narrative documentation
Process Support	Narrative	Provide a method to query narrative documentation
Process Support	Narrative	Provide a method to print case narratives by dates
Process Support	Narrative	Provide a method to automatically enter a case narrative when eligibility is determined, or a form, notice, or letter is generated
Process Support	Person	Provide a method to enter relationships among multiple clients who are not in the same case, as defined by each program
Process Support	Person	Provide a method to maintain relationships among multiple clients who are not in the case, as defined by each program
Process Support	Person	Provide a method to display relationships among multiple clients who are not in the same case as defined by each program.
Process Support	Person	Provide a method to enter client demographic information
Process Support	Person	Provide a method to maintain client demographic information
Process Support	Person	Provide a method to display client demographic information
Process Support	Person	Provide a method to enter non-client demographic information
Process Support	Person	Provide a method to maintain non-client demographic information
Process Support	Person	Provide a method to display non-client demographic information
Process Support	Person	Provide a method to uncombine persons (including client and non-client) combined in error
Process Support	Person	Provide a method to combine duplicate persons (including client and nonclient)
Process Support	Person	Provide a method to query person information with multiple search criteria using Soundex-like, partial, exact and fuzzy search capabilities
Process Support	Person	Provide a method to enter multiple demographic information (including, but not limited to: address, phone, alias, etc.) types
Process Support	Person	Provide a method to maintain multiple demographic information (including, but not limited to: address, phone, alias, etc.) types
Process Support	Person	Provide a method to display multiple demographic information (including, but not limited to: address, phone, alias, etc.) types
Process Support	Person	Provide a method to query for possible duplicate persons
Process Support	Person	Provide a method to enter alien status information for a client
Process Support	Person	Provide a method to maintain alien status information for a client
Process Support	Person	Provide a method to display alien status information for a client
Process Support	Query	Provide a method to query broadcast messages that have been sent.



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Category	Sub-Category	Description
Process Support	Reporting	Provide a method to select and print multiple work items
Process Support	Second Party Review	Provide a method to query caseloads by a number of criteria (including, but not limited to: timeframe, event, topic, family, court, client, provider/facility, etc.).
Process Support	Second Party Review	Provide a method to query and print daily/weekly/monthly and annual reports of Reception Log data
Process Support	Second Party Review	Provide a method to pend a case action for second party review
Process Support	Second Party Review	Provide a method to automatically pend a case action for second party review based on policy and worker profile
Process Support	Second Party Review	Provide a method to enter the second party review decision
Process Support	Second Party Review	Provide a method to maintain the second party review decision
Process Support	User configuration	Provide a method to display the second party review decision
Process Support	Query	Provide a method to query the second party review decision
Process Support	Reporting	Provide a method to enter a user profile
Process Support	User configuration	Provide a method to query users with multiple search criteria
Process Support	User configuration	Provide a method to maintain a user profile
Process Support	User configuration	Provide a method to display a user profile
Process Support	User configuration	Provide a method to enter a county profile
Process Support	User configuration	Provide a method to maintain a county profile
Process Support	User configuration	Provide a method to display a county profile
Process Support	User configuration	Provide a method to activate/inactivate a user
Process Support	User configuration	Provide a method to customize the display and content of a user's personal home page



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Category	Sub-Category	Description
Process Support	Workload management	Provide a method to enter a user's daily work list
Process Support	Workload management	Provide a method to maintain a user's daily work list
Process Support	Workload management	Provide a method to display a user's daily work list
Process Support	Workload management	Provide a method to display worker appointments with daily work list
Process Support	Workload management	Provide a method to enter a staff rotation schedule, by county and program area
Process Support	Workload management	Provide a method to maintain a staff rotation schedule, by county and program area
Process Support	Workload management	Provide a method to display a staff rotation schedule, by county and program area
Process Support	Workload management	Provide a method to display assignments for individual staff
Process Support	Workload management	Provide a method to maintain assignments for individual staff
Process Support	Workload management	Provide a method to enter assignments for individual staff
Quality Assurance		Provide a method to query cases for program review, which may include a random sample
Technical	Data	Provide a method to hold (cache) information user enters across pages/screens, to allow changes prior to committing data to record
Technical	Data	Provide a method to automatically enter the ID, name, date and time of staff that make changes to data/information
Technical	Data	Provide a method to query the ID, name, date and time of staff that make changes to data/information
Technical	Forms	Provide a method to automatically enter historical forms, letters, and notices when generated
Technical	Forms	Provide a method to query historical forms, letters, and notices as they existed when generated
Technical	Forms	Provide a method to display historical forms, letters, and notices as they existed when generated
Technical	Forms	Provide a method to print historical forms, letters, and notices as they existed when generated
Technical	Forms	Provide a method to populate program documents (including, but not limited to: forms, letters, interviews, etc.)
Technical	Messaging	Provide a method to print a "receipt" associated with a cases, when information has been received



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Category	Sub-Category	Description
Technical	Messaging	Provide a method to enter a "receipt" associated with a case, when information has been received
Technical	Messaging	Provide a method to display a "receipt" associated with a case, when information has been received
Technical	Messaging	Provide a method to maintain a "receipt" associated with a case, when information has been received
Technical	Printing	Provide a method to print locally or by DCF print facility/provider facility
Technical	Role based Security	Provide a method to secure the system with role-based authorization
Technical	User	Provide a method to allow multiple county profiles for a DCF walk-in offices
Technical	User	Provide a method to enter a Family Workgroup by associating two or more workers together
Technical	User	Provide a method to maintain a team by associating one or more workers together
Technical	User	Provide a method to display a team by associating one or more workers together
Technical	Workload management	Provide a method to assign/reassign cases to workers individually or in mass based upon various criteria
Technical		Provide a method to dynamically guide the application/interview process to enable the user to easily enter required information
Technical		Provide a method to automatically enter a historical snapshot record of all information obtained during intake and at each life-cycle phase of the process (e.g., Intake, Eligibility, Assessment, Service Planning, Service Provision, Case Closure, etc.)
Technical		Provide a method to query the historical snapshot record of all information obtained during intake and at each life-cycle phase of the process (e.g., Intake, Eligibility, Assessment, Service Planning, Service Provision, Case Closure, etc.)
Technical		Provide a method to display the historical snapshot record of all information obtained during intake and at each life-cycle phase of the process (e.g., Intake, Eligibility, Assessment, Service Planning, Service Provision, Case Closure, etc.)
Technical		Provide a method to designate fields as "required" thus inhibiting continued work flow until the field is populated with a response
Technical		Provide a method to print information in multiple languages based on policy
Technical		Provide a method to facilitate user navigation with "show me how to" features and "mouse-over's" along with "what's this?" activation for more detailed help online
Technical		Provide a method to normalize data across programs (including, but not limited to: forms, letters, interviews, etc.)
Technical		Provide a method to attach external files to a person or case
Technical		Provide a method to display attached external files within the system
Technical		Provide a method to print attached external files within the system



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Category	Sub-Category	Description
Outcomes / Reporting		Provide a method to display communications received from the public (i.e., complaints and fraud)
Outcomes / Reporting		Provide a method to enter communications received from the public (i.e., complaints and fraud)
Outcomes / Reporting		Provide a method to maintain communications received from the public (i.e., complaints and fraud)
Outcomes / Reporting		Provide a method to print a report on communications received from the public (i.e., complaints and fraud)
Process Support	Case Management	Provide a method to display case status of the case
Process Support	Case Management	Provide a method to enter case status of the case
Process Support	Case Management	Provide a method to maintain case status of the case
Process Support	Case Management	Provide a method to indicate if a paper file history, not yet scanned, is associated with the case
Process Support	Case Management	Provide a method to display acknowledgement of completed forms
Process Support	Case Management	Provide a method to enter acknowledgement of completed forms
Process Support	Case Management	Provide a method to maintain acknowledgement of completed forms
Process Support	Messaging	Provide a method to prompt worker to ensure all required and appropriate data is present prior to processing and/or authorizing payment
Process Support	Messaging	Provide a method to send a tickler when a case is inactive for a specified time based on policy
Process Support	Messaging	Provide a method to alert supervisor of case activities pending for review
Process Support	Messaging	Provide a method to alert worker that supervisor has completed review
Process Support	Messaging	Provide a method to send a tickler prior to the expiration of time for recertification completion based on policy
Process Support	Resource	Provide a method to display a list of persons that match demographic information submitted with alerts from other agencies that are looking for the individual
Process Support	Resource	Provide a method to match client demographic information with alerts from other agencies that are looking for the individual
Process Support	Resource	Provide a method to access contact information for directors and supervisors of specific agencies, and programs within the agencies, and use the information to populate letters and forms
Process Support	Supervisor Review	Provide a method to pend a case activity(s) requiring supervisory review
Process Support	Supervisor Review	Provide a method to prioritize pending case activity(s) needing supervisor approval
Process Support	Supervisor Review	Provide a method to display supervisor feedback regarding needed revisions on pending forms / case activities



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Category	Sub-Category	Description
Process Support	Supervisor Review	Provide a method to enter supervisor feedback regarding needed revisions on pending forms / case activities
Process Support	Supervisor Review	Provide a method to maintain supervisor feedback regarding needed revisions on pending forms / case activities
Quality Assurance	Program Review	Provide a method to display information contained in the Quality Control Letter
Quality Assurance	Program Review	Provide a method to enter information contained in the Quality Control Letter
Quality Assurance	Program Review	Provide a method to maintain information contained in the Quality Control Letter
Quality Assurance	Program Review	Provide a method to generate information contained in the Quality Control Letter
Quality Assurance	Supervisor Review	Provide a method to establish priority on cases needing supervisor review / approval
Quality Assurance	Timeliness	Provide a method to indicate if the eligibility decision was timely based on policy
Quality Assurance	Timeliness	Provide a method to display if the eligibility decision was timely based on policy
Quality Assurance	Timeliness	Provide a method to maintain the indicator for timeliness of the eligibility decision
Service Provision	Case Management	Provide a method to maintain signature acknowledgement(s) of completed forms / case activity(s)
Service Provision	Case Management	Provide a method to enter information contained in Authorization to Disclose Information
Service Provision	Case Management	Provide a method to maintain information contained in Authorization to Disclose Information
Service Provision	Case Management	Provide a method to generate information contained in Authorization to Disclose Information
Service Provision	Case Management	Provide a method to display information contained in Authorization to Disclose Information
Service Provision	Fiscal	Provide a method to calculate a client's total assets
Technical	Security / Privacy	Provide a method to maintain confidentiality statements and privacy protections wherever required
Technical	Security / Privacy	Provide a method to display confidentiality statements and privacy protections wherever required
Technical	Security / Privacy	Provide a method to enter confidentiality statements and privacy protections wherever required
Eligibility Benefits Common Processes-Case Maintenance- Change	Change Reported	Provide a method to maintain client interview information
Eligibility Benefits Common Processes-Case Maintenance- Change	Change Reported	Provide a method to enter client interview information



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Category	Sub-Category	Description
Eligibility Benefits Common Processes-Case Maintenance- Change	Interview	Provide a method to display the information contained in the interview
Eligibility Benefits Common Processes-Case Maintenance- Change	Interview	Provide a method to select the specific category of Eligibility Benefits interview questions to maintain based on type of change
Eligibility Benefits Common Processes-Case Maintenance- Change	Send Tickler to Other Workers if Needed	Provide a method to send a tickler about the changed Eligibility Benefits information to all program areas where the client is receiving benefits or services
Eligibility Benefits Common Processes-Case Maintenance- Change	Eligibility Determination	Provide a method to determine eligibility for all Eligibility Benefits programs based on program-specific rules
Eligibility Benefits Common Processes-Case Maintenance- Change	Additional Information Needed?	Provide a method to determine if additional information is needed to process Eligibility Benefits changes based on program-specific rules
Eligibility Benefits Common Processes-Case Maintenance- Change	Generate/Print Required Forms	Provide a method to generate required Eligibility Benefits forms based on the information that has changed (required forms can vary based on change and program area)
Eligibility Benefits Common Processes-Case Maintenance- Change	Generate/Print Required Forms	Provide a method to display the information contained in required Eligibility Benefits forms



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Category	Sub-Category	Description
Eligibility Benefits Common Processes-Case Maintenance- Change	Generate/Print Required Forms	Provide a method to enter additional information on the required Eligibility Benefits forms
Eligibility Benefits Common Processes-Case Maintenance- Change	Generate/Print Required Forms	Provide a method to maintain the information on the required Eligibility Benefits forms
Eligibility Benefits Common Processes-Case Maintenance- Change	2nd Party Review?	Provide a method to determine if a second-party review for Eligibility Benefit program(s) is needed prior to the action processing
Eligibility Benefits Common Processes-Case Maintenance- Change	Change in Benefits?	Provide a method to determine if there is a change in Eligibility Benefits.
Eligibility Benefits Common Processes-Case Maintenance- Change	Hold Change	Provide a method to pend the Eligibility Benefit action based on program-specific rules
Eligibility Benefits Common Processes-Case Maintenance- Change	Update Case Folder/Unit	Provide a method to maintain the Eligibility Benefit case
Eligibility Benefits Common Processes-Case Maintenance- Change	Update Case Folder/Unit	Provide a method to display the Eligibility Benefit case



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Category	Sub-Category	Description
Eligibility Benefits Common Processes-Case Maintenance- Change		Provide a method to electronically transmit any changed Eligibility Benefit information to applicable external systems (see legacy interface requirements)
EB Common Processes-Case Maintenance-Mass Change	% COLA Increase Received from SSA	Provide a method to maintain Eligibility Benefit rules/tables based on program-specific mass change requirements
EB Common Processes-Case Maintenance-Mass Change	% COLA Increase Received from SSA	Provide a method to display Eligibility Benefit rules/tables based on program-specific mass change requirements
EB Common Processes-Case Maintenance-Mass Change	Select All Cases Listed	Provide a method to select all active cases potentially affected by the Eligibility Benefit rules/tables change
EB Common Processes-Case Maintenance-Mass Change	Select All Cases Listed	Provide a method to automatically maintain Eligibility Benefit cases data necessary to complete the mass change
EB Common Processes-Case Maintenance-Mass Change	Eligibility Determination	Provide a method to perform automatic eligibility determination for all selected Eligibility Benefit cases with the effective date being specific to program policy
EB Common Processes-Case Maintenance-Mass Change	Send Appropriate Notices	Provide a method to make Eligibility Benefits notice data available to the appointed print facility based on the automatic updates made
EB Common Processes-Case Maintenance-Mass Change	Select closed Case Units	Provide a method to select terminated or denied cases to be automatically reopened



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Category	Sub-Category	Description
EB Common Processes-Case Maintenance-Mass Change	Reopen Selected Closed Case Units	Provide a method to re-open terminated or denied cases based on selection criteria
EB-Common Processes-Case Maintenance-Review	Interview	Provide a method to enter for which Eligibility Benefit program(s) a review is being completed
EB-Common Processes-Case Maintenance-Review	Interview	Provide a method to display previously entered Eligibility Benefit interview information
EB-Common Processes-Case Maintenance-Review	Interview	Provide a method to maintain Eligibility Benefit interview information
EB-Common Processes-Case Maintenance-Review	Generate/Print Required Forms	Provide a method to generate required Eligibility Benefit forms for specific Eligibility Benefit programs. (Depending on the program, there could be any number of different forms that must be generated.)
EB-Common Processes-Case Maintenance-Review	Generate/Print Required Forms	Provide a method to display the information contained in required Eligibility Benefit forms
EB-Common Processes-Case Maintenance-Review	Generate/Print Required Forms	Provide a method to enter additional information on the required Eligibility Benefit forms
EB-Common Processes-Case Maintenance-Review	Generate/Print Required Forms	Provide a method to maintain the information on the required Eligibility Benefit forms



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Category	Sub-Category	Description
EB-Common Processes-Case Maintenance-Review	Eligibility Determination	Provide a method to determine eligibility for all Eligibility Benefit programs based on program-specific rules at review
EB-Common Processes-Case Maintenance-Review	Create/Update Case	Provide a method to maintain Eligibility Benefit case information at review
EB-Common Processes-Case Maintenance-Review	Additional Information Needed?	Provide a method to automatically determine if additional information is needed to complete an Eligibility Benefit review based on program-specific rules
EB-Common Processes-Case Maintenance-Review	System Pends Action	Provide a method to pend the Eligibility Benefit review for additional information based on program-specific rules
EB-Common Processes-Case Maintenance-Review	Second Party Review Needed?	Provide a method to determine if Second-Party review for Eligibility Benefit program(s) is needed prior to the review processing
EB-Common Processes-Case Maintenance-Review	Generate Ticklers and Alerts	Provide a method to send a tickler about the changed information to all program areas where the client is receiving Eligibility Benefit benefits or services
EB-Common Processes-Case Maintenance-Change	Update Case Folder/Unit	Provide a method to send a tickler about the changed information to all program areas where the client is receiving benefits or services
EB-Common Processes-Case Maintenance-Change	Document in Case Narrative	Provide a method to automatically maintain case narrative with the changed information
EB-Common Processes- Outcomes	Interfaces	Provide a method to electronically transmit the Food Stamp File for Disbursements



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Category	Sub-Category	Description
EB-Common Processes- Outcomes	Interfaces	Provide a method to electronically receive the Food Stamp File for Disbursements
EB-Common Processes- Outcomes	Interfaces	Provide a method to electronically transmit funding source data for IV-E recipients.
Contact Information for Notices	Civil Rights	Provide a method to maintain the Civil Rights complaints contact information.
Contact Information for Notices	Civil Rights	Provide a method to display the Civil Rights complaints contact information
Contact Information for Notices	Civil Rights	Provide a method to enter the Civil Rights complaints contact information
Contact Information for Notices	Worker Information	Provide a method to query the Worker Profile for worker contact information (address, worker name, and phone number)
EB-Common Processes-DSS Application Due Date Calculation	General Application Processing Due Date	Provide a method to calculate processing due dates for Eligibility Benefits applications by program area based on program-specific rules
Common Forms		Provide a method to generate the Application for Disaster Food Stamp Assistance (DSS-1432)
Common Forms		Provide a method to display information contained on the Application for Disaster Food Stamp Assistance Form
Common Forms		Provide a method to enter information contained on the Application for Disaster Food Stamp Assistance Form
Common Forms		Provide a method to maintain information contained on the Application for Disaster Food Stamp Assistance Form
Common Forms		Provide a method to generate the Replacement Affidavit Form
Common Forms		Provide a method to display information contained on the Replacement Affidavit Form
Common Forms		Provide a method to enter information contained on the Replacement Affidavit Form
Common Forms		Provide a method to maintain information contained on the Replacement Affidavit Form
Common Forms		Provide a method to generate the Replacement Affidavit Form (Spanish)
Common Forms		Provide a method to generate the Report of Erroneous Issuance Form
Common Forms		Provide a method to display information contained on the Report of Erroneous Issuance Form
Common Forms		Provide a method to enter information contained on the Report of Erroneous Issuance Form
Common Forms		Provide a method to maintain information contained on the Report of Erroneous Issuance Form
Common Forms		Provide a method to generate the Designation of Authorized Representative Form
Common Forms		Provide a method to display information contained on the Designation of Authorized Representative Form



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Category	Sub-Category	Description
Common Forms		Provide a method to enter information contained on the Designation of Authorized Representative Form
Common Forms		Provide a method to maintain information contained on the Designation of Authorized Representative Form
Common Forms		Provide a method to generate the Designation of Authorized Representative Form (Spanish)
Common Forms		Provide a method to generate the Appointment Notice - Notice of Expiration Form
Common Forms		Provide a method to display information contained on the Appointment Notice - Notice of Expiration Form
Common Forms		Provide a method to enter information contained on the Appointment Notice - Notice of Expiration Form
Common Forms		Provide a method to maintain information contained on the Appointment Notice - Notice of Expiration Form
Common Forms		Provide a method to generate the Food Stamp Notice of Expiration Recertification Form
Common Forms		Provide a method to display information contained on Food Stamp Notice of Recertification Form
Common Forms		Provide a method to enter information contained on Food Stamp Notice of Expiration Recertification Form
Common Forms		Provide a method to maintain information contained on Food Stamp Notice of Expiration Recertification Form
Common Forms		Provide a method to generate the Rights and Responsibilities Form
Common Forms		Provide a method to display information contained on the Rights and Responsibilities Form
Common Forms		Provide a method to enter information contained on the Rights and Responsibilities Form
Common Forms		Provide a method to maintain information contained on the Rights and Responsibilities Form
Common Forms		Provide a method to generate the Rights and Responsibilities Form (Spanish)
Common Forms		Provide a method to generate the Food Stamp Notice of Expiration Semi- Annual Recertification Form (Spanish)
Common Forms		Provide a method to generate the Appointment Notice and Notice of Expiration for SSI/SSA Households Forms
Common Forms		Provide a method to display information contained on form /SSI, Appointment Notice and Notice of Expiration for SSI/SSA Households.
Common Forms		Provide a method to enter information contained on the Appointment Notice and Notice of Expiration for SSI/SSA Households Forms
Common Forms		Provide a method to maintain information contained on the Appointment Notice and Notice of Expiration for SSI/SSA Households Forms
Common Forms		Provide a method to generate the FSE&T Program Information Transmittal
Common Forms		Provide a method to display information contained on the FSE&T Program Information Transmittal
Common Forms		Provide a method to enter information contained on the Simplified Nutritional Assistance Program (SNAP) Application Form



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Category	Sub-Category	Description
Common Forms		Provide a method to maintain information contained on the Simplified Nutritional Assistance Program (SNAP) Application Form
Common Forms		Provide a method to enter information contained on the FSE&T Program Information Transmittal
Common Forms		Provide a method to maintain information contained on the FSE&T Program Information Transmittal
Common Forms		Provide a method to display information contained on the Shelter Verification Letter
Common Forms		Provide a method to enter information contained on the Shelter Verification Letter
Common Forms		Provide a method to display information contained on the Simplified Nutritional Assistance (SNAP) Authorized Representative Form
Common Forms		Provide a method to enter information contained on the Simplified Nutritional Assistance (SNAP) Authorized Representative Form
Common Forms		Provide a method to maintain information contained on the Simplified Nutritional Assistance (SNAP) Authorized Representative Form
Common Forms		Provide a method to generate the Simplified Nutritional Assistance (SNAP) Authorized Representative Form
Common Forms		Provide a method to display information contained on the Change Report Form
Common Forms		Provide a method to enter information contained on the Change Report Form
Common Forms		Provide a method to maintain information contained on the Change Report Form
Common Forms		Provide a method to generate the Change Report Form
Common Forms		Provide a method to generate the Change Report Form (Spanish)
Common Forms		Provide a method to display information contained on the Notice of Eligibility, Denial, or Pending Status Form
Common Forms		Provide a method to enter information contained on the Notice of Eligibility, Denial, or Pending Status Form
Common Forms		Provide a method to maintain information contained on the Notice of Eligibility, Denial, or Pending Status Form
Common Forms		Provide a method to generate the Notice of Eligibility, Denial, or Pending Status Form
Common Forms		Provide a method to display information contained on the Notice of Eligibility, Denial, or Pending Status Form
Common Forms		Provide a method to display information contained on the Income Verification Form
Common Forms		Provide a method to enter information contained on the Income Verification Form
Common Forms		Provide a method to maintain information contained on the Income Verification Form
Applications	Application Inquiry	Provide a method to display pending Eligibility Benefits Common application information for any registered pending Eligibility Benefits Common application
Applications	Application Inquiry	Provide a method to query pending Eligibility Benefits Common applications using the application number
Utility Menu		Provide a method to create back up Eligibility Benefits Common batch files for disaster recovery



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Category	Sub-Category	Description
Utility Menu		Provide a method to prompt worker that an action is already pending when another action is entered
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Authorized	Provide a method to automatically determine if the Eligibility Benefit case should be authorized based on program-specific rules
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Issue Benefits	Provide a method to issue benefits if the Eligibility Benefit case is certified and/or authorized based on program-specific rules
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Sanction/Suspend Benefits	Provide a method to suspend or sanction Eligibility Benefits benefits based on program- specific rules
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Sanction/Suspend Benefits	Provide a method to cancel or void Eligibility Benefits based on program-specific rules
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Update Case Unit	Provide a method to maintain all current Eligibility Benefit case and eligibility-history information
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Update Case Unit	Provide a method to display all current Eligibility Benefit case and eligibility-history information



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Category	Sub-Category	Description
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Update Case Unit	Provide a method to maintain all historical Eligibility Benefit case and eligibility-history information
Eligibility Benefit-Common Processes-Eligible-Transfer-Termination	Update Case Unit	Provide a method to display all historical Eligibility Benefit case and eligibility-history information
Eligibility Benefits-Common Processes-Intake	Interview	Provide a method to display all Eligibility Benefit Interview questions for selected programs (for each customer/client)
Eligibility Benefit-Common Processes-Intake	Interview	Provide a method to enter responses to Eligibility Benefit interview questions
Eligibility Benefit-Common Processes-Intake	Interview	Provide a method to maintain responses to Eligibility Benefit interview questions
Eligibility Benefit-Common Processes-Intake	Interview	Provide a method to display the responses to the Eligibility Benefit interview questions
Eligibility Benefit-Common Processes-Intake		Provide a method to automatically determine if additional information is required based on the eligibility for selected Eligibility Benefit programs, based on program-specific rules
Eligibility Benefit-Common Processes-Intake - Inquiry	Referrals if Needed	Provide a method to enter a referral to a service or another agency
Eligibility Benefit-Common Processes-Intake - Inquiry	Referrals if Needed	Provide a method to display a referral to a service or another agency



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Category	Sub-Category	Description
Eligibility Benefit-Common Processes-Intake - Inquiry	Referrals if Needed	Provide a method to maintain information on a referral to a service or another agency
Eligibility Benefit-Common Processes-Intake - Inquiry		Provide a method to automatically enter a case narrative entry indicating the date and time of the inquiry
Eligibility Benefit-Common Processes-Intake - Withdrawal	Application Withdrawn	Provide a method to calculate processing time for Eligibility Benefit applications
Eligibility Benefit-Common Processes-Interview	Interview	Provide a method to require the verification fields be re-entered when Eligibility Benefit information has been changed or deleted
Eligibility Benefit-Common Processes-Interview	Interview	Provide a method to archive all previous answers given during the latest Eligibility Benefit interview
Eligibility Benefit-Common Processes-Interview	Interview	Provide a method to leave the Eligibility Benefit interview at any time and return to the same point later and continue the interview
Eligibility Benefit-Common Processes-Interview	Interview	Provide a method to allow a different worker to resume and/or complete the Eligibility Benefit interview.
Eligibility Benefit-Common Processes-Interview	Interview	Provide a method to cancel the update to the interview at any point before completion of the Eligibility Benefit interview
Eligibility Benefit-Common Processes-Interview	Interview	Provide a method to indicate the Eligibility Benefit interview is complete
Eligibility Benefit-Common Processes-Interview	Interview	Provide a method to complete any segment of the Eligibility Benefit interview at any time
Notice Process	Generate Notice	Provide a method to generate an Eligibility Benefit action notice based on program-specific rules.



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Category	Sub-Category	Description
Notice Process	Generate Notice	Provide a method to display the information contained on the Eligibility Benefit action notice
Eligibility Benefit-Common Processes-Interfaces	Interface	Provide a method to electronically transmit information to external systems, according to external system requirements
Eligibility Benefit-Common Processes-Interfaces	Interface	Provide a method to electronically receive information from external systems
Eligibility Benefit-Common Processes-Interfaces	Interfaces	Provide a method to electronically transmit information to IEVS daily with case information, individual information, and payment history
Eligibility Benefit-Common Processes-Interfaces	Interfaces	Provide a method to electronically transmit information to IEVS daily with eligibility master file
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Complete Referral for Investigation Form	Provide a method to generate a Program Integrity Referral for Investigation Form
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Complete Referral for Investigation Form	Provide a method to display information contained in the Eligibility Benefit Program Integrity Referral for Investigation Form
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Complete Referral for Investigation Form	Provide a method to enter Eligibility Benefit Program Integrity Referral for Investigation Form information
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Complete Referral for Investigation Form	Provide a method to maintain Eligibility Benefit Program Integrity Referral for Investigation Form information entered



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Category	Sub-Category	Description
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	2nd Party Review Required	Provide a method to prompt worker when second-party review is required prior to sending the Eligibility Benefit Program Integrity Referral.
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Pend referral	Provide a method to pend the Eligibility Benefit Program Integrity Referral until a second- party review is completed.
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Alert for Supervisor Review	Provide a method to alert Eligibility Benefit supervisor when an Eligibility Benefit Program Integrity Referral is waiting for second-party review.
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Referral Warranted	Provide a method to enter acceptance or rejection of the EB Program Integrity Referral when a second-party review is required.
Eligibility Benefit-Common Processes-Outcomes-Program Integrity Ref	Referral Closed	Provide a method to automatically close the EB Program Integrity Referral when second-party review is rejected.
Eligibility Benefit-Common Processes-Outcomes-Quality Control	Select Universe of Cases	Provide a method to query a statewide universe of Eligibility Benefit cases by program and other criteria as specified by State QC staff
Eligibility Benefit-Common Processes-Outcomes-Quality Control	Randomly Select Requested Number of Cases Per Mont	Provide a method to query from the statewide universe of Eligibility Benefit cases the number of cases requested during a given time period



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Category	Sub-Category	Description
Eligibility Benefit-Common Processes-Outcomes-Quality Control	Randomly Select Requested Number of Cases Per Mont	Provide a method to query the statewide universe for Eligibility Benefit cases based on a specific interval during a given time period
Eligibility Benefit-Common Processes-Outcomes-Quality Control	Randomly Select Requested Number of Cases Per Mont	Provide a method to query Eligibility Benefit cases for special samples as determined by policy need.
Eligibility Benefit-Common Processes-Process Support	Tracking	Provide a method to calculate Eligibility Benefit sanction periods based on program- specific policy
Eligibility Benefit-Common Processes-Process Support	Tracking	Provide a method to calculate ABAWD's participation months for Food Assistance
Eligibility Benefit-Common Processes-Process Support	Tracking	Provide a method to calculate non-citizen Eligibility Benefit periods according to program policy
Eligibility Benefit-Common Process Support- ID Assignment		Provide a method to display the identifying information for a client
Eligibility Benefit-Common Process Support- ID Assignment		Provide a method to maintain the identifying information for a client
FS Additional Info at Change	Info Returned by Due Date	Provide a method to send a tickler to notify worker that the additional information requested for Food Assistance from client is past due date
FS Additional Info at Intake	Expedited Application	Provide a method to enter an expedited Food Stamp application indicator



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Category	Sub-Category	Description
FS Additional Info at Intake	Expedited Application	Provide a method to maintain an expedited Food Stamp application indicator
FS Additional Info at Intake	Expedited Application	Provide a method to display an expedited Food Stamp application indicator
FS Additional Info at Intake	Pending on Day before Processing Due Date	Provide a method to calculate that a Food Stamp application is pending on the day prior to the processing due date, as defined by policy
FS Additional Info at Intake	Alert Sent	Provide a method to send a tickler the day prior to auto-denial of a Food Stamp case
FS Additional Info at Intake	Pending on Processing Due Date	Provide a method to calculate that a Food Stamp application is pending on the processing due date, as defined by policy
FS Additional Info at Intake	Case Denied on Processing Due Date	Provide a method to auto-deny a Food Stamp application on the processing due date
FS Additional Info at Change	Info Returned by Due Date?	Provide a method to send a tickler that the additional information requested for Food Assistance from client is past due date
FS Authorized Representatives		Provide a method to enter Food Assistance authorized representatives for each household, according to program policy
FS Authorized Representatives		Provide a method to display Food Assistance authorized representatives for each household, according to program policy
FS Authorized Representatives		Provide a method to maintain Food Stamp authorized representatives for each household, according to program policy
FS Disaster EBT Cards		Provide a method to assign disaster EBT cards to counties
FS Disaster EBT Cards		Provide a method to display the disaster EBT cards ordered by each county
FS Disaster EBT Cards		Provide a method to maintain the Disaster FS EBT cards ordered by each county
FS Disaster EBT Cards		Provide a method to electronically transmit Disaster FS information to EBT vendor
FS Disaster EBT Cards		Provide a method to electronically receive Disaster FS information from EBT vendor



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Category	Sub-Category	Description
FS Disaster EBT Cards		Provide a method to link each disaster EBT card's unique identifier to a Food Stamp case
FS Disaster EBT Cards		Provide a method to display the issuance dates and amounts of each disaster EBT card
FS Disaster EBT Cards		Provide a method to enter the issuance dates and amounts of each disaster EBT card
FS Disaster EBT Cards		Provide a method to maintain the issuance dates and amounts of each disaster EBT card
FS Disqualifications		Provide a method to enter the type of Food Stamp disqualification
FS Disqualifications		Provide a method to display the type of Food Stamp disqualification
FS Disqualifications		Provide a method to maintain the Food Stamp disqualification data
FS Disqualifications		Provide a method to maintain individual data when a Food Stamp disqualification is added or removed
FS Employment and Training Tracking		Provide a method to automatically determine if an individual is subject to Food Stamp Employment and Training requirements.
FS Employment and Training Tracking		Provide a method to display data for the individuals subject to Food Stamp Employment and Training
FS Expedite with Postponed Verification Process	Identify Case as Expedite with Postponed Verification	Provide a method to automatically identify expedited Food Stamp applications based on policy
FS Expedite with Postponed Verification Process	Identify case as Expedite with Postponed Verification	Provide a method to enter an indicator specifying which expedited Food Stamp applications are processed with postponed verifications
FS Expedite with Postponed Verification Process		Provide a method for the system to identify Food Stamp cases with a postponed verification indicator that is not updated by the workday prior to the processing deadline, based on policy
FS Expedite with Postponed Verification Process	Alert Sent	Provide a method to send a tickler when a Food Stamp case with a postponed verification indicator is not updated by the workday prior to the processing deadline, based on policy
FS Issuance Process		Provide a method to electronically transmit information to Food Stamp EBT vendor or financial institution
FS Issuance Process		Provide a method to electronically receive information from Food Stamp EBT vendor or financial institution



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Category	Sub-Category	Description
FS Issuance Process		Provide a method to issue EBT cards
FS Issuance Process		Provide a method to deactivate EBT cards
FS Issuance Process		Provide a method to display the history of the Food Stamp benefit amounts issued
FS Issuance Process		Provide a method to display the history of the Food Stamp benefit amounts authorized
FS Issuance Process		Provide a method to display when an EBT card is issued
FS Issuance Process		Provide a method to authorize Food Stamp benefits
Report		Provide the ability to produce reports as requested
FS Review Notice Process		Provide a method to select Food Stamp case-units with certification periods that will expire in the future at a time specified by policy.
FS Review Notice Process	System Generates File	Provide a method to determine which Food Stamp Notice of Expiration the client should receive, based on policy
FS Review Notice Process		Provide a method to make data available to the designated Print Facility for Food Stamp cases to receive a Food Stamp Notice of Expiration
Collect Inquiries		Provide a method to enter the outcome of the customer / client's inquiries
Collect Inquiries		Provide a method to display the outcome of the customer / client's inquiries
Collect Inquiries		Provide a method to maintain the outcome of the customer / client's inquiries
Forms		Provide method to create required forms
Forms		Provide method to display required forms
Forms		Provide method to enter information on required forms
Forms		Provide method to display all forms in Spanish and Creole
Medicaid Review	Begin review Process	Provide a method to calculate the total Medicaid assets of the customer/client and spouse from resource information entered/maintained in the interview, based on policy
Medicaid Review	Begin review Process	Provide a method to calculate the protected amount of Medicaid assets from resource information entered/maintained in the interview, based on policy
Medicaid Review	Begin review Process	Provide a method to display the protected Medicaid assets and amounts
Medicaid Review		Provide a method to enter whether or not to include the spouse's assets in the Medicaid asset calculation
Medicaid Review		Provide a method to maintain whether or not to include the spouse's assets in the Medicaid asset calculation



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Category	Sub-Category	Description
Medicaid Review		Provide a method to display whether or not to include the spouse's assets in the Medicaid asset calculation
Medicaid Review	Medicaid Deductible Reviews	Provide a method to calculate a Medicaid case-unit deductible based on income information entered/maintained in the interview
Medicaid Review	Medicaid Deductible Reviews	Provide a method to display the calculated Medicaid case-unit deductible
Medicaid Review		Provide a method to display the Medicaid disability-determination interview questions
Medicaid Review		Provide a method to enter the Medicaid disability-determination interview questions
Medicaid Review		Provide a method to maintain the Medicaid disability-determination interview questions
Medicaid Review		Provide a method for Disability Determinations to enter the Medicaid disability decision and the date that the case is released
Medicaid Review		Provide a method to display the Disability Determinations Medicaid disability decision and the date that the case is released
Medicaid Review		Provide a method for Disability Determinations to maintain the Medicaid disability decision and the date that the case is released, based on user role
Medically Needy	Medical Bills Keyed in System	Provide a method to enter medical expense information to meet a Medicaid deductible
Medically Needy	Medical Bills Keyed in System	Provide a method to maintain medical expense information to meet a Medicaid deductible
Medically Needy	Medical Bills Keyed in System	Provide a method to display medical expense information to meet a Medicaid deductible
Medically Needy	Medical Bills Keyed in System	Provide a method to display a list of all verified medical expenses sorted in order, based on policy
Medicaid	Application Types	Provide a method to enter the Medicaid application as a one-part-only application when the customer/client requests either retroactive only or ongoing only
Medicaid	Application Types	Provide a method to maintain the Medicaid application as a one-part-only application when the customer/client requests either retroactive only or ongoing only
Medicaid	Application Types	Provide a method to display the Medicaid application as a one-part-only application when the customer/client requests either retroactive only or ongoing only
TANF	Workforce	Provide a method to automatically determine if an individual is subject to Work First work requirements (work eligible status) according to policy
TANF	Workforce	Provide a method to display data for the individuals subject to Work First work requirements (work eligible status).



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Category	Sub-Category	Description
TANF	Workforce	Provide a method to maintain data for the individuals subject to Work First work requirements (work eligible status)
TANF	Good Cause	Provide a method to maintain an indicator if individual has good cause for not participating in workforce
TANF		Provide a method to calculate actual application processing time for TANF, based on policy
TANF		Provide a method to determine if a TANF application has been processed timely, based on policy
TANF		Provide a method to determine if a TANF application has been processed overdue, based on policy
TANF		Provide a method to exclude application processing time between the start and stop dates for TANF applications, based on policy
TANF	Diversion	Provide a method to enter if the client accepts offer of Benefit Diversion program
TANF	Diversion	Provide a method to display Benefit Diversion interview questions
TANF	Diversion	Provide a method to enter the responses to Benefit Diversion interview questions
TANF	Diversion	Provide a method to maintain the responses to the Benefit Diversion questions
Refugee Assistance		Provide a method to prompt worker to consider client eligibility for all other categories of Medicaid assistance before interviewing for Refugee Medical Assistance
Refugee Assistance		Provide a method to generate the Family Self-Sufficiency Plan Form
Refugee Assistance		Provide a method to display the Family Self-Sufficiency Plan Form
Refugee Assistance		Provide a method to enter the Family Self-Sufficiency Plan Form
Refugee Assistance		Provide a method to maintain the Family Self-Sufficiency Plan Form
Refugee Assistance		Provide a method to enter a sanction for an individual
Interface		Provide a method to electronically transmit information to MMIS.
Interface		Provide a method to electronically receive information from MMIS.
Eligibility Benefit-Common Processes-Interfaces	Interfaces	Provide a method to electronically receive information from MMIS/Fiscal Agent monthly
Eligibility Benefit-Common Processes-Interfaces	Interfaces	Provide a method to electronically transmit information daily to MMIS/Fiscal Agent with Medicaid eligibility information
Eligibility Benefit-Common Processes-Interfaces	Interfaces	Provide a method to electronically transmit information upon request to MMIS/Fiscal Agent with Medicaid eligibility information
Eligibility Benefit-Common Processes-Interfaces	Interfaces	Provide a method to electronically receive information monthly from MMIS/Fiscal Agent with Medicare Part A and B information



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Category	Sub-Category	Description
Medicaid	Good Cause Status	Provide a method to enter the Medicaid client's good-cause status
Medicaid	Good Cause Status	Provide a method to maintain the Medicaid client's good-cause status
Medicaid	Buy-In	Provide a method to automatically enter Medicare A&B buy-in dates
Medicaid	Buy-In	Provide a method to maintain Medicare A&B buy-in dates
Medicaid	Buy-In	Provide a method to display Medicare A&B buy-in dates
Benefit Recovery		Provide functionality for benefit recovery programs

Table 8-1 High-Level Business Requirements



8.2 APPENDIX B- PROJECT SCHEDULE

Task Name	Time	Start	Finish
General Systems Design	1212 d	Mon 10/31/11	Tue 6/21/16
Receive Authorization to start	0 d	Mon 10/31/11	Mon 10/31/11
Phase 1 - Planning	99 d	Mon 10/31/11	Thu 3/15/12
Planning-Advance Planning Document (P-APD)	30 d	Mon 10/31/11	Fri 12/9/11
Prepare P-APD	1 d	Tue 11/8/11	Tue 11/8/11
Prepare P-APD Cover Letter	1 d	Mon 10/31/11	Mon 10/31/11
Send P-APD	0 d	Tue 11/8/11	Tue 11/8/11
Receive CMS approval for P-APD	0 d	Fri 12/9/11	Fri 12/9/11
IV-B1 Feasibility Study Update - Iteration 1	29 d	Mon 10/31/11	Thu 12/8/11
Update Business Case (IV-B)	20 d	Mon 10/31/11	Fri 11/25/11
Update Cost Benefit Analysys (IV-B)	20 d	Mon 10/31/11	Fri 11/25/11
Update Major Risks (IV-B)	20 d	Mon 10/31/11	Fri 11/25/11
Update Technology Planning Component (IV-B)	20 d	Mon 10/31/11	Fri 11/25/11
Update Project Management Plans (IV-B)	20 d	Mon 10/31/11	Fri 11/25/11
Update IV-B Appendices (IV-B)	20 d	Mon 10/31/11	Fri 11/25/11
Submit for review (IV-B)	5 d	Mon 11/28/11	Fri 12/2/11
Revise IVB-1	3 d	Tue 12/6/11	Thu 12/8/11
Submit (IV-B)	0 d	Thu 12/8/11	Thu 12/8/11
Submit general systems design	50 d	Mon 11/14/11	Fri 1/20/12
Hire systems designer	10 d	Mon 11/14/11	Fri 11/25/11
Complete the general systems design	8 wks	Mon 11/28/11	Fri 1/20/12
Implementation - Advance Planning Document (I-APD)	69 d	Mon 12/12/11	Thu 3/15/12
Create I-APD outline	2 d	Mon 12/12/11	Tue 12/13/11
Describe the implementation project	7 wks	Wed 12/14/11	Tue 1/31/12
Describe the procurement strategy	7 wks	Wed 12/14/11	Tue 1/31/12
Submit the Cost-benefit-analysis	7 wks	Wed 12/14/11	Tue 1/31/12
Certify the compliance with the state and federal requirements	7 wks	Wed 12/14/11	Tue 1/31/12
Review & revise the I-APD	5 d	Wed 2/1/12	Tue 2/7/12
Submit the I-APD	0 d	Tue 2/14/12	Tue 2/14/12
Receive CMS Approval	0 d	Thu 3/15/12	Thu 3/15/12
Procurement Document	77 d	Mon 10/31/11	Tue 2/14/12
Develop Procurement Plan	5 d	Fri 12/9/11	Thu 12/15/11
Identify vendors	5 d	Fri 12/16/11	Thu 12/22/11
Create evaluation criteria	5 d	Fri 12/16/11	Thu 12/22/11
Incorporate general systems design	1 d	Mon 1/23/12	Mon 1/23/12
Incorporate requirements from IV-B2	1 d	Mon 10/31/11	Mon 10/31/11
Develop Procurement Documents	8 wks	Fri 12/16/11	Thu 2/9/12
Review and Revise Procurement Documents	3 d	Fri 2/10/12	Tue 2/14/12
Phase 2 - Competitive Procurement and Business Process Analysis	135 d	Thu 3/15/12	Thu 9/20/12
Start Phase 2 - Competitive Procurement and Business Process Analysis	0 d	Thu 3/15/12	Thu 3/15/12
Project Management	135 d	Fri 3/16/12	Thu 9/20/12
Monitoring and Controlling	130 d	Fri 3/16/12	Thu 9/13/12
Weekly Status Reporting	130 d	Fri 3/16/12	Thu 9/13/12
Monthly Steering Committee Reporting	130 d	Fri 3/16/12	Thu 9/13/12
Integrate Change Control	130 d	Fri 3/16/12	Thu 9/13/12
Integrate Scope Control and Verification	130 d	Fri 3/16/12	Thu 9/13/12
Integrate Schedule Control	130 d	Fri 3/16/12	Thu 9/13/12
Integrate Cost Control	130 d	Fri 3/16/12	Thu 9/13/12
Integrate Quality Control	130 d	Fri 3/16/12	Thu 9/13/12
Closure	5 d	Fri 9/14/12	Thu 9/20/12



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Create Knowledge Transfer Plan	5 d	Fri 9/14/12	Thu 9/20/12
Conduct Knowledge Transfer	2 d	Fri 9/14/12	Mon 9/17/12
Document Lessons Learned	1 d	Fri 9/14/12	Fri 9/14/12
Close Contract	1 d	Fri 9/14/12	Fri 9/14/12
Competitive Procurement	131 d	Fri 3/16/12	Fri 9/14/12
Release Procurement Vehicle	1 d	Fri 3/16/12	Fri 3/16/12
Conduct Q&A	26 d	Mon 3/26/12	Mon 4/30/12
Gather bidder questions	14 d	Mon 3/26/12	Thu 4/12/12
Conduct bidder conference	1 d	Fri 4/20/12	Fri 4/20/12
Develop written responses to bidder questions	5 d	Mon 4/23/12	Fri 4/27/12
Distribute responses	1 d	Mon 4/30/12	Mon 4/30/12
Bidder Response Preparation	8 wks	Mon 3/19/12	Fri 5/11/12
Responses due to DCF	0 d	Thu 5/17/12	Thu 5/17/12
Prepare Evaluation Team	10 d	Tue 5/1/12	Mon 5/14/12
Finalize Evaluation Documents	5 d	Tue 5/1/12	Mon 5/7/12
Meet to review and finalize evaluation rules	3 d	Tue 5/1/12	Thu 5/3/12
Meet to review and finalize evaluation forms	1 d	Fri 5/4/12	Fri 5/4/12
Meet to review and finalize evaluator agreement	1 d	Mon 5/7/12	Mon 5/7/12
Schedule evaluator training	1 d	Tue 5/8/12	Tue 5/8/12
Conduct initial evaluator training	2 d	Wed 5/9/12	Thu 5/10/12
Conduct final evaluator training	2 d	Fri 5/11/12	Mon 5/14/12
Evaluation	43 d	Fri 5/18/12	Tue 7/17/12
Receive and distribute proposals	1 d	Fri 5/18/12	Fri 5/18/12
Conduct reference checks	5 d	Mon 5/21/12	Fri 5/25/12
Evaluate vendor responses - 1st pass	10 d	Mon 5/21/12	Fri 6/1/12
Conduct Q&A session with SMEs	2 d	Mon 6/4/12	Tue 6/5/12
Gather and enter initial tech prop evaluations	1 d	Wed 6/6/12	Wed 6/6/12
Review 1st pass scoring	1 d	Thu 6/7/12	Thu 6/7/12
Open cost proposals	1 d	Fri 6/8/12	Fri 6/8/12
Post notification for orals (short list)	1 d	Mon 6/11/12	Mon 6/11/12
Post notification of Intent to request BAFO (if deemed necessary)	1 d	Tue 6/12/12	Tue 6/12/12
Schedule oral presentations	1 d	Wed 6/13/12	Wed 6/13/12
Publish orals guidelines and instructions	1 d	Wed 6/13/12	Wed 6/13/12
Conduct oral presentations	5 d	Thu 6/21/12	Wed 6/27/12
Revise vendor evaluations	2 d	Thu 6/28/12	Fri 6/29/12
Summarize vendor results (in workbook)	2 d	Mon 7/2/12	Tue 7/3/12
Obtain BAFO (Best and Final Offer - if deemed necessary)	10 d	Wed 7/4/12	Tue 7/17/12
Evaluation complete	0 d	Tue 7/17/12	Tue 7/17/12
Award and Negotiation	43 d	Wed 7/18/12	Fri 9/14/12
Review BAFO (If requested)	3 d	Wed 7/18/12	Fri 7/20/12
Present recommendation	1 d	Mon 7/23/12	Mon 7/23/12
Post intent to award	1 d	Tue 7/24/12	Tue 7/24/12
Intent to protest period	3 d	Wed 7/25/12	Fri 7/27/12
Protest period	10 d	Mon 7/30/12	Fri 8/10/12
Contract Negotiation	10 d	Wed 8/1/12	Tue 8/14/12
Prepare, negotiate, execute contract documents	10 d	Wed 8/1/12	Tue 8/14/12
Contract Signed by Vendor	0 d	Tue 8/14/12	Tue 8/14/12
CMS Approval of Vendor contract	0 d	Fri 9/14/12	Fri 9/14/12
Business Process Analysis (BPA) - As-Is	135 d	Fri 3/16/12	Thu 9/20/12
Prepare for BPA Workshops	5 d	Fri 3/16/12	Thu 3/22/12
Conduct BPA Workshops	120 d	Fri 3/23/12	Thu 9/6/12
Application/Redetermination Intake	24 wks	Fri 3/23/12	Thu 9/6/12
Application/Redetermination Processing	120 d	Fri 3/23/12	Thu 9/6/12
Case Maintenance	120 d	Fri 3/23/12	Thu 9/6/12
Document Imaging	120 d	Fri 3/23/12	Thu 9/6/12
Benefit Issuance	120 d	Fri 3/23/12	Thu 9/6/12



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Notices	120 d	Fri 3/23/12	Thu 9/6/12
Call Center and Customer Service	120 d	Fri 3/23/12	Thu 9/6/12
Benefit Integrity and Benefit Recovery	120 d	Fri 3/23/12	Thu 9/6/12
Appeals	120 d	Fri 3/23/12	Thu 9/6/12
Quality Management	120 d	Fri 3/23/12	Thu 9/6/12
Interfaces	120 d	Fri 3/23/12	Thu 9/6/12
Prepare As-is documentation	2 wks	Fri 8/31/12	Thu 9/13/12
Obtain acceptance and sign-off on Phase II deliverables	5 d	Fri 9/14/12	Thu 9/20/12
Phase 3- Web Portal and Medicaid Rules Engine	583 d	Mon 10/31/11	Wed 1/22/14
Start Phase 3	0 d	Fri 9/14/12	Fri 9/14/12
Project Management	328 d	Mon 9/17/12	Wed 12/18/13
Initiation	20 d	Mon 9/17/12	Fri 10/12/12
Establish Joint PMO and Project Team	5 d	Mon 9/17/12	Fri 9/21/12
Create project charter	5 d	Mon 9/24/12	Fri 9/28/12
Obtain acceptance and signoff of project charter by project sponsor	5 d	Mon 10/1/12	Fri 10/5/12
Mobilize project team	5 d	Mon 10/8/12	Fri 10/12/12
Project Kickoff	3 d	Mon 9/24/12	Wed 9/26/12
Schedule and prepare	2 d	Mon 9/24/12	Tue 9/25/12
Conduct project kickoff	1 d	Wed 9/26/12	Wed 9/26/12
Planning	20 d	Thu 9/27/12	Wed 10/24/12
Update Project Management Plans for Phase 3	15 d	Thu 9/27/12	Wed 10/17/12
Obtain acceptance and signoff of Project Management Plans	5 d	Thu 10/18/12	Wed 10/24/12
Monitoring and Controlling	300 d	Thu 10/25/12	Wed 12/18/13
Weekly Status Reporting	60 wks	Thu 10/25/12	Wed 12/18/13
Monthly Steering Committee Reporting	300 d	Thu 10/25/12	Wed 12/18/13
Integrate Change Control	300 d	Thu 10/25/12	Wed 12/18/13
Integrate Scope Control and Verification	300 d	Thu 10/25/12	Wed 12/18/13
Integrate Schedule Control	300 d	Thu 10/25/12	Wed 12/18/13
Integrate Cost Control	300 d	Thu 10/25/12	Wed 12/18/13
Integrate Quality Control	300 d	Thu 10/25/12	Wed 12/18/13
Project Oversight	300 d	Thu 10/25/12	Wed 12/18/13
Independent Verification & Validation (IV&V)	300 d	Thu 10/25/12	Wed 12/18/13
Periodic Project Assessments	60 wks	Thu 10/25/12	Wed 12/18/13
Office of Policy and Budget (OPB)	300 d	Thu 10/25/12	Wed 12/18/13
Periodic Meetings	60 wks	Thu 10/25/12	Wed 12/18/13
Organizational Change Management	260 d	Thu 10/25/12	Wed 10/23/13
Develop Change Management Plan	25 d	Thu 10/25/12	Wed 11/28/12
Conduct Stakeholder Analysis	10 d	Thu 11/29/12	Wed 12/12/12
Conduct Organizational Impact Analysis/Action Plans	25 d	Thu 12/13/12	Wed 1/16/13
Execute Organizational Alignment Action Plans	26 wks	Thu 1/17/13	Wed 7/17/13
Create Required Skills Matrix/Gap Analysis	10 d	Thu 7/18/13	Wed 7/31/13
Conduct Change Readiness Assessment	20 d	Thu 7/18/13	Wed 8/14/13
Training	60 d	Thu 8/1/13	Wed 10/23/13
Develop Training Plan	10 d	Thu 8/1/13	Wed 8/14/13
Develop Training Curriculum	20 d	Thu 8/15/13	Wed 9/11/13
Develop Training Materials	10 d	Thu 9/12/13	Wed 9/25/13
Conduct User Training Statewide	4 wks	Thu 9/26/13	Wed 10/23/13
Closure	43 d	Thu 7/18/13	Mon 9/16/13
Create Knowledge Transfer Plan	10 d	Thu 7/18/13	Wed 7/31/13
Conduct Knowledge Transfer	20 d	Thu 8/15/13	Wed 9/11/13
Document Lessons Learned	2 d	Thu 9/12/13	Fri 9/13/13
Close Contract	1 d	Mon 9/16/13	Mon 9/16/13
Analysis	65 d	Thu 9/27/12	Wed 12/26/12
Validate and prioritize existing requirements	30 d	Thu 9/27/12	Wed 11/7/12
Document low-level functional and technical requirements	30 d	Thu 11/8/12	Wed 12/19/12



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Obtain acceptance and sign-off of functional and technical requirements	5 d	Thu 12/20/12	Wed 12/26/12
Design	120 d	Thu 12/27/12	Wed 6/12/13
Requirements	120 d	Thu 12/27/12	Wed 6/12/13
Functional Design (Web Portal and Medicaid Rules Engine)	70 d	Thu 12/27/12	Wed 4/3/13
Conduct JAD Sessions	20 d	Thu 12/27/12	Wed 1/23/13
Create User Interface Prototypes	15 d	Thu 1/24/13	Wed 2/13/13
Obtain acceptance and sign-off of User Interface Prototypes	10 d	Thu 2/14/13	Wed 2/27/13
Develop functional design specification document	15 d	Thu 2/28/13	Wed 3/20/13
Obtain acceptance and sign-off of functional design specification	10 d	Thu 3/21/13	Wed 4/3/13
Deliver functional design specification	0 d	Wed 4/3/13	Wed 4/3/13
Technical Design (Web Portal and Medicaid Rules Engine)	50 d	Thu 4/4/13	Wed 6/12/13
Design system architecture	10 d	Thu 4/4/13	Wed 4/17/13
Create data model	10 d	Thu 4/18/13	Wed 5/1/13
Database Design	10 d	Thu 5/2/13	Wed 5/15/13
Develop technical specification document	10 d	Thu 5/16/13	Wed 5/29/13
Obtain acceptance and sign-off of technical design deliverables	10 d	Thu 5/30/13	Wed 6/12/13
Deliver technical design documentation	0 d	Wed 6/12/13	Wed 6/12/13
Legacy Integration (LI)	120 d	Thu 12/27/12	Wed 6/12/13
Functional Design (LI)	70 d	Thu 12/27/12	Wed 4/3/13
Conduct JAD Sessions	20 d	Thu 12/27/12	Wed 1/23/13
Create User Interface Prototypes	15 d	Thu 1/24/13	Wed 2/13/13
Obtain acceptance and sign-off of User Interface Prototypes	10 d	Thu 2/14/13	Wed 2/27/13
Develop functional design specification document	15 d	Thu 2/28/13	Wed 3/20/13
Obtain acceptance and sign-off of functional design specification	10 d	Thu 3/21/13	Wed 4/3/13
Deliver functional design specification	0 d	Wed 4/3/13	Wed 4/3/13
Technical Design	50 d	Thu 4/4/13	Wed 6/12/13
Design system architecture	10 d	Thu 4/4/13	Wed 4/17/13
Create data model	10 d	Thu 4/18/13	Wed 5/1/13
Database Design	10 d	Thu 5/2/13	Wed 5/15/13
Develop technical specification document	10 d	Thu 5/16/13	Wed 5/29/13
Obtain acceptance and sign-off of technical design deliverables	10 d	Thu 5/30/13	Wed 6/12/13
Deliver technical design documentation	0 d	Wed 6/12/13	Wed 6/12/13
Development (Web Portal and Medicaid Rules Engine)	583 d	Mon 10/31/11	Wed 1/22/14
Set up and configure development environment	15 d	Thu 6/13/13	Wed 7/3/13
Develop database	30 d	Thu 7/4/13	Wed 8/14/13
Develop Medicaid Eligibility Determination Rules	30 d	Thu 8/15/13	Wed 9/25/13
Deploy Release to testing environment	0 d	Mon 10/31/11	Mon 10/31/11
System Testing	60 d	Mon 10/31/11	Fri 1/20/12
Deploy to Staging Environment	0 d	Fri 1/20/12	Fri 1/20/12
Data Conversion	35 d	Thu 8/15/13	Wed 10/2/13
Develop data conversion plan	10 d	Thu 8/15/13	Wed 8/28/13
Obtain acceptance and sign-off of data conversion plan	5 d	Thu 8/29/13	Wed 9/4/13
Deliver data conversion plan	0 d	Wed 9/4/13	Wed 9/4/13
Execute data conversion plan	20 d	Thu 9/5/13	Wed 10/2/13
Auditing	5 d	Thu 9/5/13	Wed 9/11/13
Filtering	5 d	Thu 9/12/13	Wed 9/18/13
Correcting	5 d	Thu 9/19/13	Wed 9/25/13
Verification	5 d	Thu 9/26/13	Wed 10/2/13
Data Migration	35 d	Thu 10/3/13	Wed 11/20/13
Create data migration plan	25 d	Thu 10/3/13	Wed 11/6/13



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Obtain acceptance and sign-off of data migration plan	5 d	Thu 11/7/13	Wed 11/13/13
Deliver data migration plan	0 d	Wed 11/13/13	Wed 11/13/13
Execute data migration plan	5 d	Thu 11/14/13	Wed 11/20/13
Data Warehouse Development	45 d	Thu 11/21/13	Wed 1/22/14
Design	15 d	Thu 11/21/13	Wed 12/11/13
Develop	15 d	Thu 12/12/13	Wed 1/1/14
Populate	15 d	Thu 1/2/14	Wed 1/22/14
Testing	150 d	Thu 2/28/13	Wed 9/25/13
Create test plan	15 d	Thu 2/28/13	Wed 3/20/13
Create test cases	15 d	Thu 3/21/13	Wed 4/10/13
System testing	15 d	Thu 4/11/13	Wed 5/1/13
Regression testing	15 d	Thu 5/2/13	Wed 5/22/13
Integration Testing	45 d	Thu 5/23/13	Wed 7/24/13
Load Testing	5 d	Thu 7/25/13	Wed 7/31/13
User Acceptance Testing	40 d	Thu 8/1/13	Wed 9/25/13
Create test plan	5 d	Thu 8/1/13	Wed 8/7/13
Create test cases	10 d	Thu 8/8/13	Wed 8/21/13
Obtain acceptance and signoff of test plan and test cases	5 d	Thu 8/22/13	Wed 8/28/13
Deliver test plan and test cases	0 d	Wed 8/28/13	Wed 8/28/13
Perform User Acceptance Testing	20 d	Thu 8/1/13	Wed 8/28/13
Response to Use Acceptance Testing	10 d	Thu 8/29/13	Wed 9/11/13
Regression Testing	10 d	Thu 9/12/13	Wed 9/25/13
Implementation	147 d	Thu 6/13/13	Fri 1/3/14
Create implementation plan	5 d	Thu 6/13/13	Wed 6/19/13
Deploy to Production Environment Statewide	15 d	Mon 12/16/13	Fri 1/3/14
Implementation Complete	0 d	Fri 1/3/14	Fri 1/3/14
Operations and Maintenance Planning	142 d	Thu 6/20/13	Fri 1/3/14
Develop system operations and maintenance plan	20 d	Thu 6/20/13	Wed 7/17/13
Obtain acceptance and signoff of operations and maintenance plan	20 d	Thu 7/18/13	Wed 8/14/13
Deliver Operations and Maintenance Plan	0 d	Wed 8/14/13	Wed 8/14/13
Begin System Warranty Period	0 d	Fri 1/3/14	Fri 1/3/14
Phase 4A - Medicaid Architecture and Infrastructure	519 d	Thu 1/23/14	Tue 1/19/16
Project Management	519 d	Thu 1/23/14	Tue 1/19/16
Initiation	20 d	Thu 1/23/14	Wed 2/19/14
Establish Joint PMO and Project Team	5 d	Thu 1/23/14	Wed 1/29/14
Create project charter	5 d	Thu 1/30/14	Wed 2/5/14
Obtain acceptance and signoff of project charter by project sponsor	5 d	Thu 2/6/14	Wed 2/12/14
Mobilize project team	5 d	Thu 2/13/14	Wed 2/19/14
Project Kickoff	3 d	Thu 1/30/14	Mon 2/3/14
Schedule and prepare	2 d	Thu 1/30/14	Fri 1/31/14
Conduct project kickoff	1 d	Mon 2/3/14	Mon 2/3/14
Planning	20 d	Tue 2/4/14	Mon 3/3/14
Update Project Management Plans for Phase 4	15 d	Tue 2/4/14	Mon 2/24/14
Obtain acceptance and signoff of Project Management Plans	5 d	Tue 2/25/14	Mon 3/3/14
Monitoring and Controlling	475 d	Tue 3/4/14	Mon 12/28/15
Weekly Status Reporting	95 wks	Tue 3/4/14	Mon 12/28/15
Monthly Steering Committee Reporting	95 wks	Tue 3/4/14	Mon 12/28/15
Integrate Change Control	95 wks	Tue 3/4/14	Mon 12/28/15
Integrate Scope Control and Verification	95 wks	Tue 3/4/14	Mon 12/28/15
Integrate Schedule Control	95 wks	Tue 3/4/14	Mon 12/28/15
Integrate Cost Control	95 wks	Tue 3/4/14	Mon 12/28/15
Integrate Quality Control	95 wks	Tue 3/4/14	Mon 12/28/15
Project Oversight	95 wks	Tue 3/4/14	Mon 12/28/15
Independent Verification & Validation (IV&V)	95 wks	Tue 3/4/14	Mon 12/28/15



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Periodic Project Assessments	95 wks	Tue 3/4/14	Mon 12/28/15
Office of Policy and Budget (OPB)	95 wks	Tue 3/4/14	Mon 12/28/15
Periodic Meetings	95 wks	Tue 3/4/14	Mon 12/28/15
Organizational Change Management	475 d	Tue 2/4/14	Mon 11/30/15
Develop Change Management Plan	25 d	Tue 2/4/14	Mon 3/10/14
Conduct Stakeholder Analysis	10 d	Tue 3/11/14	Mon 3/24/14
Conduct Organizational Impact Analysis/Action Plans	25 d	Tue 3/25/14	Mon 4/28/14
Execute Organizational Alignment Action Plans	325 d	Tue 4/29/14	Mon 7/27/15
Create Required Skills Matrix/Gap Analysis	10 d	Tue 7/28/15	Mon 8/10/15
Conduct Change Readiness Assessment	20 d	Tue 11/3/15	Mon 11/30/15
Training	60 d	Tue 8/11/15	Mon 11/2/15
Develop Training Plan	10 d	Tue 8/11/15	Mon 8/24/15
Develop Training Curriculum	20 d	Tue 8/25/15	Mon 9/21/15
Develop Training Materials	10 d	Tue 9/22/15	Mon 10/5/15
Conduct User Training Statewide	4 wks	Tue 10/6/15	Mon 11/2/15
Closure	519 d	Thu 1/23/14	Tue 1/19/16
Create Knowledge Transfer Plan	10 d	Thu 1/23/14	Wed 2/5/14
Conduct Knowledge Transfer	20 d	Thu 1/23/14	Wed 2/19/14
Document Lessons Learned	2 d	Thu 2/20/14	Fri 2/21/14
Close Contract	15 d	Wed 12/30/15	Tue 1/19/16
Analysis	65 d	Tue 2/4/14	Mon 5/5/14
Validate and prioritize existing requirements	30 d	Tue 2/4/14	Mon 3/17/14
Document low-level functional and technical requirements	30 d	Tue 3/18/14	Mon 4/28/14
Obtain acceptance and sign-off of functional and technical requirements	5 d	Tue 4/29/14	Mon 5/5/14
Design	130 d	Tue 5/6/14	Mon 11/3/14
Functional Design	80 d	Tue 5/6/14	Mon 8/25/14
Conduct JAD Sessions	30 d	Tue 5/6/14	Mon 6/16/14
Create User Interface Prototypes	15 d	Tue 6/17/14	Mon 7/7/14
Obtain acceptance and sign-off of User Interface Prototypes	10 d	Tue 7/8/14	Mon 7/21/14
Develop functional design specification document	15 d	Tue 7/22/14	Mon 8/11/14
Obtain acceptance and sign-off of functional design specification	10 d	Tue 8/12/14	Mon 8/25/14
Deliver functional design specification	0 d	Mon 8/25/14	Mon 8/25/14
Technical Design	50 d	Tue 8/26/14	Mon 11/3/14
Design system architecture	10 d	Tue 8/26/14	Mon 9/8/14
Create data model	10 d	Tue 9/9/14	Mon 9/22/14
Database Design	10 d	Tue 9/23/14	Mon 10/6/14
Develop technical specification document	10 d	Tue 10/7/14	Mon 10/20/14
Obtain acceptance and sign-off of technical design deliverables	10 d	Tue 10/21/14	Mon 11/3/14
Deliver technical design documentation	0 d	Mon 11/3/14	Mon 11/3/14
Development	160 d	Tue 11/4/14	Mon 6/15/15
Set up and configure development environment	15 d	Tue 11/4/14	Mon 11/24/14
Develop database	30 d	Tue 11/25/14	Mon 1/5/15
Application/Redetermination Intake	60 d	Tue 1/6/15	Mon 3/30/15
Application/Redetermination Processing	75 d	Tue 1/6/15	Mon 4/20/15
Case Maintenance	75 d	Tue 1/6/15	Mon 4/20/15
Document Imaging	75 d	Tue 1/6/15	Mon 4/20/15
Benefit Issuance	75 d	Tue 1/6/15	Mon 4/20/15
Notices	75 d	Tue 1/6/15	Mon 4/20/15
Call Center and Customer Service	75 d	Tue 1/6/15	Mon 4/20/15
Benefit Integrity and Benefit Recovery	75 d	Tue 1/6/15	Mon 4/20/15
Appeals	75 d	Tue 1/6/15	Mon 4/20/15
Quality Management	75 d	Tue 1/6/15	Mon 4/20/15
Interfaces	75 d	Tue 1/6/15	Mon 4/20/15
System Testing	30 d	Tue 4/21/15	Mon 6/1/15



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Deploy to Staging Environment	5 d	Tue 6/2/15	Mon 6/8/15
Data Conversion	35 d	Tue 1/6/15	Mon 2/23/15
Develop data conversion plan	10 d	Tue 1/6/15	Mon 1/19/15
Obtain acceptance and sign-off of data conversion plan	5 d	Tue 1/20/15	Mon 1/26/15
Deliver data conversion plan	0 d	Mon 1/26/15	Mon 1/26/15
Execute data conversion plan	20 d	Tue 1/27/15	Mon 2/23/15
Auditing	5 d	Tue 1/27/15	Mon 2/2/15
Filtering	5 d	Tue 2/3/15	Mon 2/9/15
Correcting	5 d	Tue 2/10/15	Mon 2/16/15
Verification	5 d	Tue 2/17/15	Mon 2/23/15
Data Migration	35 d	Tue 2/24/15	Mon 4/13/15
Create data migration plan	25 d	Tue 2/24/15	Mon 3/30/15
Obtain acceptance and sign-off of data migration plan	5 d	Tue 3/31/15	Mon 4/6/15
Deliver data migration plan	0 d	Mon 4/6/15	Mon 4/6/15
Execute data migration plan	5 d	Tue 4/7/15	Mon 4/13/15
Data Warehouse Development	45 d	Tue 4/14/15	Mon 6/15/15
Design	15 d	Tue 4/14/15	Mon 5/4/15
Develop	15 d	Tue 5/5/15	Mon 5/25/15
Populate	15 d	Tue 5/26/15	Mon 6/15/15
Testing	120 d	Tue 6/9/15	Mon 11/23/15
Create test plan	15 d	Tue 6/9/15	Mon 6/29/15
Create test cases	15 d	Tue 6/30/15	Mon 7/20/15
System testing	15 d	Tue 7/21/15	Mon 8/10/15
Regression testing	15 d	Tue 8/11/15	Mon 8/31/15
Integration Testing	15 d	Tue 9/1/15	Mon 9/21/15
Load Testing	5 d	Tue 9/22/15	Mon 9/28/15
User Acceptance Testing	40 d	Tue 9/29/15	Mon 11/23/15
Create test plan	5 d	Tue 9/29/15	Mon 10/5/15
Create test cases	10 d	Tue 10/6/15	Mon 10/19/15
Obtain acceptance and signoff of test plan and test cases	5 d	Tue 10/20/15	Mon 10/26/15
Deliver test plan and test cases	0 d	Mon 10/26/15	Mon 10/26/15
Perform User Acceptance Testing	20 d	Tue 9/29/15	Mon 10/26/15
Response to Use Acceptance Testing	10 d	Tue 10/27/15	Mon 11/9/15
Regression Testing	10 d	Tue 11/10/15	Mon 11/23/15
Implementation	301 d	Tue 11/4/14	Tue 12/29/15
Create implementation plan	5 d	Tue 11/4/14	Mon 11/10/14
Deploy to Production Environment Statewide	15 d	Tue 12/8/15	Mon 12/28/15
Implementation Complete	0 d	Tue 12/29/15	Tue 12/29/15
Phase 4B - TANF & SNAP	714 d	Wed 9/25/13	Tue 6/21/16
Project Management	714 d	Wed 9/25/13	Tue 6/21/16
Start Phase 4	0 d	Wed 9/25/13	Wed 9/25/13
Initiation	20 d	Thu 9/26/13	Wed 10/23/13
Establish Joint PMO and Project Team	5 d	Thu 9/26/13	Wed 10/2/13
Create project charter	5 d	Thu 10/3/13	Wed 10/9/13
Obtain acceptance and signoff of project charter by project sponsor	5 d	Thu 10/10/13	Wed 10/16/13
Mobilize project team	5 d	Thu 10/17/13	Wed 10/23/13
Project Kickoff	3 d	Thu 10/3/13	Mon 10/7/13
Schedule and prepare	2 d	Thu 10/3/13	Fri 10/4/13
Conduct project kickoff	1 d	Mon 10/7/13	Mon 10/7/13
Planning	20 d	Tue 10/8/13	Mon 11/4/13
Update Project Management Plans for Phase 4	15 d	Tue 10/8/13	Mon 10/28/13
Obtain acceptance and signoff of Project Management Plans	5 d	Tue 10/29/13	Mon 11/4/13
Monitoring and Controlling	550 d	Tue 11/5/13	Mon 12/14/15
Weekly Status Reporting	110 wks	Tue 11/5/13	Mon 12/14/15
Monthly Steering Committee Reporting	550 d	Tue 11/5/13	Mon 12/14/15



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Integrate Change Control	550 d	Tue 11/5/13	Mon 12/14/15
Integrate Scope Control and Verification	550 d	Tue 11/5/13	Mon 12/14/15
Integrate Schedule Control	550 d	Tue 11/5/13	Mon 12/14/15
Integrate Cost Control	550 d	Tue 11/5/13	Mon 12/14/15
Integrate Quality Control	550 d	Tue 11/5/13	Mon 12/14/15
Project Oversight	550 d	Tue 11/5/13	Mon 12/14/15
Independent Verification & Validation (IV&V)	550 d	Tue 11/5/13	Mon 12/14/15
Periodic Project Assessments	550 d	Tue 11/5/13	Mon 12/14/15
Office of Policy and Budget (OPB)	550 d	Tue 11/5/13	Mon 12/14/15
Periodic Meetings	550 d	Tue 11/5/13	Mon 12/14/15
Organizational Change Management	570 d	Tue 10/8/13	Mon 12/14/15
Develop Change Management Plan	25 d	Tue 10/8/13	Mon 11/11/13
Conduct Stakeholder Analysis	10 d	Tue 11/12/13	Mon 11/25/13
Conduct Organizational Impact Analysis/Action Plans	25 d	Tue 11/26/13	Mon 12/30/13
Execute Organizational Alignment Action Plans	420 d	Tue 12/31/13	Mon 8/10/15
Create Required Skills Matrix/Gap Analysis	10 d	Tue 8/11/15	Mon 8/24/15
Conduct Change Readiness Assessment	20 d	Tue 11/17/15	Mon 12/14/15
Training	60 d	Tue 8/25/15	Mon 11/16/15
Develop Training Plan	10 d	Tue 8/25/15	Mon 9/7/15
Develop Training Curriculum	20 d	Tue 9/8/15	Mon 10/5/15
Develop Training Materials	10 d	Tue 10/6/15	Mon 10/19/15
Conduct User Training Statewide	4 wks	Tue 10/20/15	Mon 11/16/15
Closure	466 d	Tue 9/9/14	Tue 6/21/16
Create Knowledge Transfer Plan	10 d	Tue 9/9/14	Mon 9/22/14
Conduct Knowledge Transfer	20 d	Tue 9/9/14	Mon 10/6/14
Document Lessons Learned	2 d	Tue 10/7/14	Wed 10/8/14
Close Contract	15 d	Wed 6/1/16	Tue 6/21/16
Analysis	65 d	Tue 10/8/13	Mon 1/6/14
Validate and prioritize existing requirements	30 d	Tue 10/8/13	Mon 11/18/13
Document low-level functional and technical requirements	30 d	Tue 11/19/13	Mon 12/30/13
Obtain acceptance and sign-off of functional and technical requirements	5 d	Tue 12/31/13	Mon 1/6/14
Design	130 d	Tue 1/7/14	Mon 7/7/14
Functional Design	80 d	Tue 1/7/14	Mon 4/28/14
Conduct JAD Sessions	30 d	Tue 1/7/14	Mon 2/17/14
Create User Interface Prototypes	15 d	Tue 2/18/14	Mon 3/10/14
Obtain acceptance and sign-off of User Interface Prototypes	10 d	Tue 3/11/14	Mon 3/24/14
Develop functional design specification document	15 d	Tue 3/25/14	Mon 4/14/14
Obtain acceptance and sign-off of functional design specification	10 d	Tue 4/15/14	Mon 4/28/14
Deliver functional design specification	0 d	Mon 4/28/14	Mon 4/28/14
Technical Design	50 d	Tue 4/29/14	Mon 7/7/14
Design system architecture	10 d	Tue 4/29/14	Mon 5/12/14
Create data model	10 d	Tue 5/13/14	Mon 5/26/14
Database Design	10 d	Tue 5/27/14	Mon 6/9/14
Develop technical specification document	10 d	Tue 6/10/14	Mon 6/23/14
Obtain acceptance and sign-off of technical design deliverables	10 d	Tue 6/24/14	Mon 7/7/14
Deliver technical design documentation	0 d	Mon 7/7/14	Mon 7/7/14
Development	350 d	Tue 7/8/14	Mon 11/9/15
Set up and configure development environment	15 d	Tue 7/8/14	Mon 7/28/14
Develop database	30 d	Tue 7/29/14	Mon 9/8/14
Application/Redetermination Intake	270 d	Tue 9/9/14	Mon 9/21/15
Application/Redetermination Processing	270 d	Tue 9/9/14	Mon 9/21/15
Case Maintenance	270 d	Tue 9/9/14	Mon 9/21/15
Document Imaging	270 d	Tue 9/9/14	Mon 9/21/15
Benefit Issuance	270 d	Tue 9/9/14	Mon 9/21/15



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Notices	270 d	Tue 9/9/14	Mon 9/21/15
Call Center and Customer Service	270 d	Tue 9/9/14	Mon 9/21/15
Benefit Integrity and Benefit Recovery	270 d	Tue 9/9/14	Mon 9/21/15
Appeals	270 d	Tue 9/9/14	Mon 9/21/15
Quality Management	270 d	Tue 9/9/14	Mon 9/21/15
Interfaces	270 d	Tue 9/9/14	Mon 9/21/15
System Testing	30 d	Tue 9/22/15	Mon 11/2/15
Deploy to Staging Environment	5 d	Tue 11/3/15	Mon 11/9/15
Data Conversion	35 d	Tue 9/9/14	Mon 10/27/14
Develop data conversion plan	10 d	Tue 9/9/14	Mon 9/22/14
Obtain acceptance and sign-off of data conversion plan	5 d	Tue 9/23/14	Mon 9/29/14
Deliver data conversion plan	0 d	Mon 9/29/14	Mon 9/29/14
Execute data conversion plan	20 d	Tue 9/30/14	Mon 10/27/14
Auditing	5 d	Tue 9/30/14	Mon 10/6/14
Filtering	5 d	Tue 10/7/14	Mon 10/13/14
Correcting	5 d	Tue 10/14/14	Mon 10/20/14
Verification	5 d	Tue 10/21/14	Mon 10/27/14
Data Migration	35 d	Tue 10/28/14	Mon 12/15/14
Create data migration plan	25 d	Tue 10/28/14	Mon 12/1/14
Obtain acceptance and sign-off of data migration plan	5 d	Tue 12/2/14	Mon 12/8/14
Deliver data migration plan	0 d	Mon 12/8/14	Mon 12/8/14
Execute data migration plan	5 d	Tue 12/9/14	Mon 12/15/14
Data Warehouse Development	45 d	Tue 12/16/14	Mon 2/16/15
Design	15 d	Tue 12/16/14	Mon 1/5/15
Develop	15 d	Tue 1/6/15	Mon 1/26/15
Populate	15 d	Tue 1/27/15	Mon 2/16/15
Testing	120 d	Tue 11/10/15	Mon 4/25/16
Create test plan	15 d	Tue 11/10/15	Mon 11/30/15
Create test cases	15 d	Tue 12/1/15	Mon 12/21/15
System testing	15 d	Tue 12/22/15	Mon 1/11/16
Regression testing	15 d	Tue 1/12/16	Mon 2/1/16
Integration Testing	15 d	Tue 2/2/16	Mon 2/22/16
Load Testing	5 d	Tue 2/23/16	Mon 2/29/16
User Acceptance Testing	40 d	Tue 3/1/16	Mon 4/25/16
Create test plan	5 d	Tue 3/1/16	Mon 3/7/16
Create test cases	10 d	Tue 3/8/16	Mon 3/21/16
Obtain acceptance and signoff of test plan and test cases	5 d	Tue 3/22/16	Mon 3/28/16
Deliver test plan and test cases	0 d	Mon 3/28/16	Mon 3/28/16
Perform User Acceptance Testing	20 d	Tue 3/1/16	Mon 3/28/16
Response to Use Acceptance Testing	10 d	Tue 3/29/16	Mon 4/11/16
Regression Testing	10 d	Tue 4/12/16	Mon 4/25/16
Implementation	496 d	Tue 7/8/14	Tue 5/31/16
Create implementation plan	5 d	Tue 7/8/14	Mon 7/14/14
Deploy to Production Environment Statewide	15 d	Tue 5/10/16	Mon 5/30/16
Implementation Complete	0 d	Tue 5/31/16	Tue 5/31/16
Operations and Maintenance Planning	491 d	Tue 7/15/14	Tue 5/31/16
Develop system operations and maintenance plan	20 d	Tue 7/15/14	Mon 8/11/14
Obtain acceptance and signoff of operations and maintenance plan	20 d	Tue 8/12/14	Mon 9/8/14
Deliver Operations and Maintenance Plan	0 d	Mon 9/8/14	Mon 9/8/14
Begin System Warranty Period	0 d	Tue 5/31/16	Tue 5/31/16



9 SUPPLEMENT – MEDICAID ELIGIBILITY SYSTEM PROJECT OVERVIEW

9.1 SUMMARY

The Department of Children and Families (DCF) conducted a review of the costs, benefits, approach and timelines for the design, development and implementation of a new stand alone Medicaid and CHIP eligibility system. This alternative represents a departure from the integrated eligibility determination approach which is currently in operation at DCF.

The current Public Assistance eligibility system, known as FLORIDA (Florida Online Recipient Integrated Data Access), combines eligibility for three primary programs – Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) and Medicaid. This alternative would develop a new Medicaid and CHIP system and continue operations of the current system for TANF and SNAP eligibility determination within FLORIDA. The following analysis assumes that operationally the systems would share staff resources. Further, the new system will need to interface with the current SNAP and TANF system and in order to minimize duplicate data entry and validation.

A new Medicaid and CHIP eligibility system would allow for advances in the technology which better supports the eligibility and enrollment function for Medicaid and CHIP. These improvements are anticipated to decrease error rates for these health care programs as well as make the Medicaid and CHIP eligibility system modular, scalable and more adaptable to future policy changes. Further, this approach would allow the State to comply with current Federal regulations and State law governing changes to the Medicaid and CHIP programs.

The eligibility for SNAP and TANF would continue to operate through the existing ACCESS Florida System and would not gain the increased efficiencies or error rate reductions related to new technology or improved operational processes. Duplicated processes between the two systems would be minimized through the development of an automated interface between the two systems; however, duplicate processes and dual training will be required under this two system approach.

The return on investment shows a payback period of 5.25 years. And, while operational efficiencies and error rate reductions will be gained, these improvements will be isolated to the Medicaid and CHIP programs only. The following sections provide further detail related to the approach, timeline and costs and benefits of the option.

9.2 APPROACH FOR A MEDICAID ELIGIBILITY SYSTEM

“Multi-Phased Plan” – It is recommended that the creation of a Medicaid Eligible System follow a similar phased approach as described in Section 1.2.3.1 for replacement of ACCESS Florida System. This follows best practices¹⁰ in a phased plan to transition to a solution that meets the business process requirements and user needs.

¹⁰ Project Management Institute Project Management Body of Knowledge

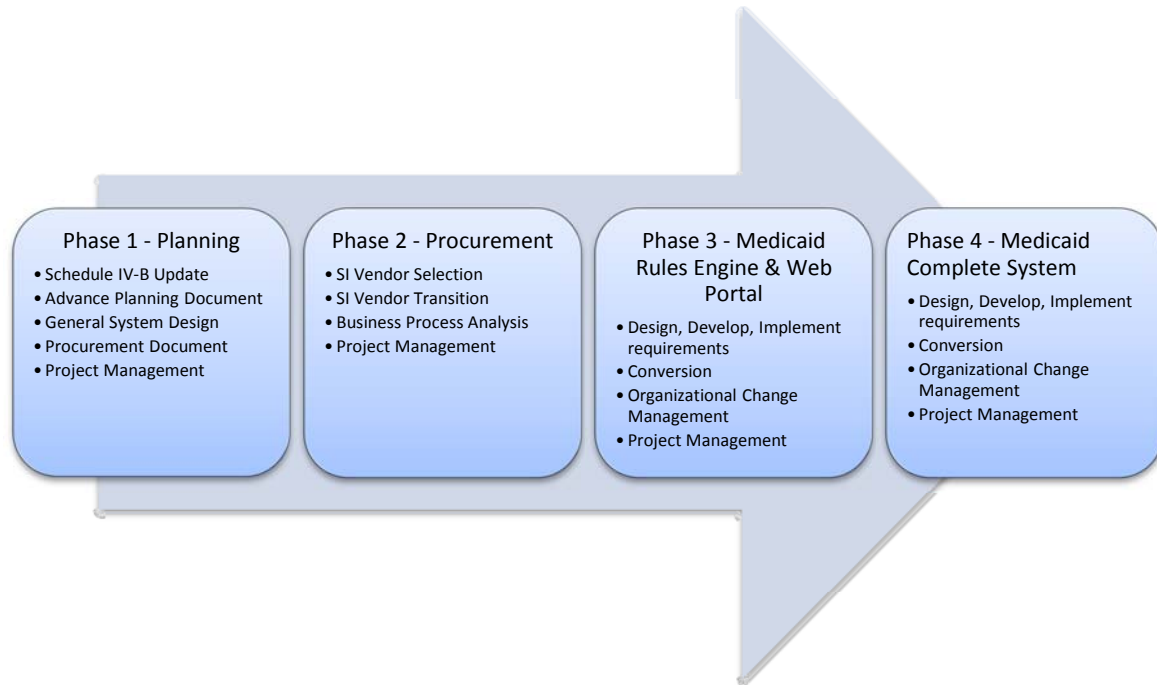


Figure 9-1 Proposed Project Phases

9.2.1 Risk and Issues

While there are benefits to be derived from a new Medicaid Eligibility System, as stated in the Department’s IV-B Feasibility Study, consideration must still be given to the risk of the ACCESS Florida System failing. Under the alternative described in this supplement, ACCESS Florida will remain the sole mechanism for determining eligibility for the SNAP and TANF programs. Therefore, an ACCESS Florida failure would have a great impact on the over 3.5 million Floridians who are dependent upon these programs to provide for their most basic needs.

The State can expect increased operational maintenance costs once it begins to operate two systems. The ACCESS Florida mainframe-based system’s NSRC hosting costs are approximately \$10 million annually. Preliminary estimates of the hosting costs for the new Medicaid Eligibility System are an additional \$6.5 million.

In order to help mitigate duplicate effort in the operation of dual eligibility systems, the existing ACCESS Florida system will require a degree of remediation. This remediation effort is estimated to cost approximately \$6 million and will address the need to disconnect the existing Medicaid eligibility determination function from ACCESS Florida, ensure that consistent data is shared between both systems, and manage the new workflow which will enable existing staff to perform the eligibility function across two systems.



9.2.2 Project Timeline

A preliminary, high-level project timeline is shown below. The actual project timeline will be dependent upon the technology solution selected by DCF. It is important to note that ACCESS Florida remediation activities will have to be completed in parallel with development of the new Medicaid Eligibility System.

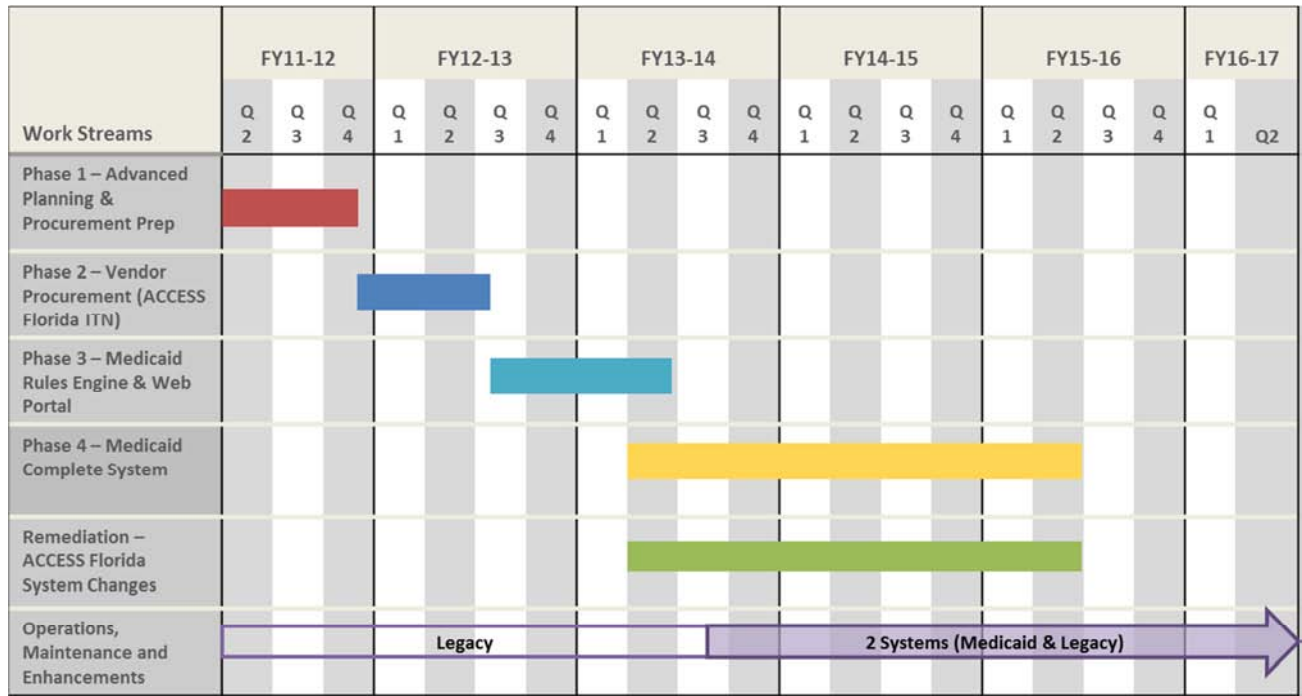


Figure 9-2 Medicaid Eligibility System Project Timeline

The following table describes activities within each of the phases described in the project timeline above:



Phase	Description
Phase 1	Includes the development of this Feasibility Study, its associated Legislative Budget Request, and a federal Advanced Planning Document as well as the development of a procurement vehicle for Phase 2
Phase 2	Includes the procurement of a Project Director and Project Management Office, Independent Verification & Validation, and a vendor who will implement a system that will replace the ACCESS Florida systems
Phase 3	Includes the implementation of a new Medicaid eligibility rules engine to meet the Federally mandate of January 2014. Also includes the implementation of a new web portal for Medicaid, SNAP and TANF eligibility applications.
Phase 4	Includes completion of the build of a new Medicaid eligibility System and all supporting functionality.
Remediation	Changes will have to be made to the ACCESS Florida System to remove, shutdown or disable the current Medicaid and CHIP related functionality and build a complex interface with the new Medicaid Eligibility System.

Table 9-1 Phase 2 Activities

The table below summarizes the activities in Phase 3, 4 and Remediation to support the Medicaid Eligibility System project

Activity	Description
Analysis	Validation of the system requirements collected during previous business process improvement and requirements gathering efforts.
Design	Joint Application Design sessions with end users, functional and technical design documentation and user interface prototyping.
Build	Application configuration and system development, database development, data conversion, data migration, data warehouse development, unit testing, creation of help screens and development of an online user tutorial.
Test	Creation of a test plan and test cases, and the performance of integration testing, system testing, user acceptance testing, and regression testing.
Deploy	Implementation planning and the deployment of the new system to a production environment.
Operations	Begins during the system implementation phase. The emphasis of this phase will be to ensure that the necessary equipment, staff, and procedures are in place to meet the needs of end users and ensure that the system will continue to perform as specified.

Table 9-2 Implementation Phase Activities

A transformation of this magnitude will require a period of workforce training and adjustment



as staff become more familiar and confident with new processes. After a time, individual productivity should steadily increase to a level higher than that achieved using the current system and then the other benefits identified in this study should also begin to be realized. The efficiencies gained will be offset to a degree due to the use of dual systems. Staff who previously processed a single integrated Medicaid, SNAP and TANF application will now have to process the client's eligibility in two different systems. Additionally, new staff will now have to be trained in two systems and to follow distinct business processes for each system.

9.3 SCHEDULE IV-B COST BENEFIT ANALYSIS

The purpose of this section is to describe in detail the expected return on investment for the proposed Medicaid Eligibility System project. The Cost Benefit Analysis (CBA) forms presented later in this section are used to identify:

- Proposed project benefits
- Tangible changes in program operational costs and total project cost
- Planned funding sources to support resources needed for the project
- Fiscal return on investment associated with implementing the project

9.3.1 Cost Benefit Analysis Details

The Medicaid Eligibility System project is intended to replace the Medicaid eligibility functions of the existing ACCESS Florida system with more sophisticated technology and functionality, which will enable substantial improvements in Medicaid eligibility operation and management. A number of specific opportunities have been identified to eliminate or reduce the cost of current practices that are labor intensive, cumbersome or inefficient. These opportunities – when realized – will yield a significant economic benefit for Medicaid eligibility. However, this alternative requires that SNAP and TANF eligibility function will remain on the legacy ACCESS Florida System, which is built upon outdated, inefficient technology. Because the staff will be required to use multiple systems when processing applications, inefficiencies will be introduced into the workflow process, longer training times for new hires, and potential for staff errors.

The Medicaid Eligibility System benefits described in this analysis will be the result of removal of Medicaid and CHIP functionality from the out-dated, inefficient technology in combination with improvements in Medicaid eligibility business processes. Tangible benefits from operational costs savings result from system efficiency gain and business process improvements and the reduction of eligibility determination errors and Medicaid eligibility-related fraud. A more detailed explanation for benefits calculation is provided in Section 1.3.2

9.3.2 Benefits Realization Table

The following table provides a breakdown and explanation of the expected benefits of the Medicaid Eligibility System.



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Benefits Realization Table						
	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will realization of the benefit be measured?	Realization Date
1	<p>Reduced occurrences of Medicaid eligibility error and fraud</p> <p>\$73,477,790 in reduced Medicaid spending assumes a 25 percent reduction in Medicaid eligibility error and fraud. Florida's Medicaid eligibility error rate as reported in the FY2012 Medicaid Payment Error Rate Measurement (PERM) Consulting Report is 1.9 percent. The Department estimates Medicaid eligibility fraud to be approximately 1percent. Based on AHCA projections, DCF will determine eligibility for individuals who will receive an estimated \$10,134,867,634 in Medicaid services in FY 2012/13. A 25 percent reduction in combined Medicaid eligibility error and fraud of 2.9 percent would result in a reduction of \$73,477,790 in Medicaid spending.</p>	Tangible	<p>Florida Taxpayers</p> <p>Federal Taxpayers</p> <p>Medicaid Applicants/ Beneficiaries</p> <p>DHHS/CMS</p>	<p>Benefit will be realized through a decrease in Medicaid eligibility error and fraud enabled by:</p> <ul style="list-style-type: none"> Automation of manual tasks which introduce error into Medicaid eligibility determination processes, including processing of data exchange results, eligibility determination, assignment of eligibility period, calculation and application of sanction periods, assignment of unborn child to case of the mother, identification and disposition of duplicate applications Integration with the Federal Data Hub Skill-based assignment of complex customer applications, reviews and inquiries Shortened learning curve for new employees Utilization of integrated client data lookup capabilities and fraud profiles to identify high risk cases 	<p>Medicaid eligibility error rate</p> <p>Number of fraud claims established</p> <p>Total dollar value of fraud claims established</p> <p>State share of dollars collected</p>	<p>Partial benefit realization beginning January 2014 (50%) and July 2015 (75%). Full benefit realization by July 2016.</p>



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Benefits Realization Table						
	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will realization of the benefit be measured?	Realization Date
2	<p>Increased automation of business processes</p> <p>\$16,904,455 in annual savings is based on estimated operational efficiencies that will be achieved through automation enabled by the new system. This estimate was prepared by identifying staff time savings associated with automating labor-intensive business processes. The time savings were then applied to the Medicaid caseload to calculate an annual cost reduction. The estimate is conservative as the calculation does not factor in growth of the Medicaid caseload.</p>	Tangible	<p>Florida Taxpayers</p> <p>Medicaid Applicants/ Beneficiaries</p> <p>Front-line Eligibility Workers</p> <p>DCF, AHCA, DOH, FHK</p> <p>DHHS/CMS</p>	<p>Benefit will be realized through:</p> <ul style="list-style-type: none"> • Staff reductions due to automation of manual Medicaid eligibility determination business processes including: <ul style="list-style-type: none"> ○ Identification and disposition of duplicate applications ○ Authorization of benefits ○ Eligibility determination ○ Generation of pending verification notices ○ Processing of data exchange results • Integration with the Federal Data Hub • Shortened learning curve for new hires • Skill-based assignment of complex customer applications, reviews, and inquiries • Communications to community partners 	<p>Number of "no touch" applications and reviews</p> <p>Number of applications and reviews processed per worker</p>	<p>Full benefit realization by July 2016</p>



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Benefits Realization Table						
	Description of Benefit	Tangible or Intangible	Who receives benefit?	How is benefit realized?	How will realization of the benefit be measured?	Realization Date
3	<p>Reduced maintenance and operations and hosting costs for the ACCESS Florida System</p> <p>\$189,354 in annual savings is based on the reduction of maintenance and operations (M&O) and hosting costs associated specifically with Medicaid functionality. M&O costs for the ACCESS Florida System are reduced \$31,400 per year post deployment of the Medicaid Eligibility System which is the average yearly cost to support Medicaid specific functionality in the ACCESS Florida System. Hosting costs are reduced by \$157,954 per year post deployment of the Medicaid Eligibility System which is the total amount of the Medicaid specific hosting cost in the FY 2011/12 Northwood Shared Resource bill.</p>	Tangible	<p>Florida Taxpayers</p> <p>DCF, AHCA, DOH, FHK</p> <p>DHHS/CMS</p>	<p>Medicaid specific maintenance and operations tasks will no longer be associated with the ACCESS Florida System, and Medicaid specific functionality will no longer be hosted through the ACCESS Florida System and billed to DCF through the NSRC.</p>	<p>DCF time tracking and cost allocation system.</p> <p>NSRC billings</p>	<p>Partial benefit realization beginning January 2016. Full benefit realization by July 2016.</p>



9.3.3 CBA Calculations

This section contains an explanation of the Federal matching funds that DCF plans to use for this project and the completed CBA Forms from the Schedule IV-B Feasibility Study Guidelines.

9.3.4 CBA Form Limitations

Limitations in the CBA Forms included with the Schedule IV-B Feasibility Study Guidelines prevent the Payback Period and Breakeven Fiscal Year from being determined if they are more than 5 years. Section 1.3.3.3 includes a 10 year CBA that indicates the project's Payback Period is 5.25 years and the Breakeven Fiscal year is 2017-2018.

9.3.5 CBA Assumptions

The following assumptions were made when performing the Cost Benefit Analysis:

ACCESS Florida System

- Project costs include an estimated \$6,036,000 required for remediating the ACCESS Florida System to disable, remove, or shutdown the Medicaid eligibility functionality.
- Maintenance and operations costs for the ACCESS Florida System are based on the \$3 million current annual maintenance and operations contract for the system as well as the \$700,000 cost for state staff supporting ACCESS Florida.
- Hosting is based on recent annual Northwood Shared Resource Center costs for ACCESS Florida (2011 costs: \$10.6M).

Medicaid Eligibility System

- The new Medicaid Eligibility System cost is estimated at \$214,356,746. This estimate was derived using the U.S. Department of Health and Human Services, Children's Medical Services' (CMS) Cost Allocation Methodology (CAM) tool and detailed in the Implementation Advanced Planning Document (IAPD). Based on the CAM tool, only \$34,973,254 of the full system replacement costs are associated with requirements that are not shared functionality with Medicaid and CHIP.
- The basis for hosting, maintenance and operational costs for the new Medicaid Eligibility System is ACCESS Florida System costs.

Joint Assumptions

- Future enhancement project costs were not projected for either system.
- The Department estimates that there will be a 5% inefficiency rate cost for the work that is shared between the two systems. This represents a limited amount of duplicated effort that will occur as eligibility is determined and verified across two systems. Currently, 37.1% of the cases in the ACCESS Florida System are a combination of Medicaid and other benefitting program components. Using the total ACCESS Program budget as a basis, a 5% inefficiency rate applied to the 37.1% of cases would result in a \$4.9 million increase in costs associated with the shared cases.

9.3.6 CBA Forms



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Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBA Form 1A															
Agency <i>(Operations Only -- No Project Costs)</i>	FY 2012-13			FY 2013-14			FY 2014-15			FY 2015-16			FY 2016-17		
	(a)	(b)	(c) = (a)+(b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)	(a)	(b)	(c) = (a) + (b)
	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project	Existing Program Costs	Operational Cost Change	New Program Costs resulting from Proposed Project
A. Personnel – Total FTE Costs (Salaries & Benefits)	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754	\$184,808,754	\$0	\$184,808,754
A.b Total FTE	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00	4,593.00	0.00	4,593.00
A-1.a. State FTEs (Salaries & Benefits)	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086	\$178,486,086	\$0	\$178,486,086
A-1.b. State FTEs (# FTEs)	4308.00	0.00	4308.00	4308.00	0.00	4308.00	4308.00	0.00	4308.00	4308.00	0.00	4308.00	4308.00	0.00	4308.00
A-2.a. OPS FTEs (Salaries)	\$2,855,668	\$0	\$2,855,668	\$2,855,668	\$0	\$2,855,668	\$2,855,668	\$0	\$2,855,668	\$2,855,668	\$0	\$2,855,668	\$2,855,668	\$0	\$2,855,668
A-2.b. OPS FTEs (# FTEs)	150.00	0.00	150.00	150.00	0.00	150.00	150.00	0.00	150.00	150.00	0.00	150.00	150.00	0.00	150.00
A-3.a. Staff Augmentation (Contract Cost)	\$3,467,000	\$0	\$3,467,000	\$3,467,000	\$0	\$3,467,000	\$3,467,000	\$0	\$3,467,000	\$3,467,000	\$0	\$3,467,000	\$3,467,000	\$0	\$3,467,000
A-3.b. Staff Augmentation (# of Contract FTEs)	135.00	0.00	135.00	135.00	0.00	135.00	135.00	0.00	135.00	135.00	0.00	135.00	135.00	0.00	135.00
B. Data Processing – Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. External Service Provider – Costs	\$55,828,623	\$0	\$55,828,623	\$55,828,623	\$0	\$55,828,623	\$55,828,623	\$0	\$55,828,623	\$55,828,623	\$6,915,658	\$62,744,281	\$55,828,623	\$13,831,316	\$69,659,939
C-1. Consultant Services	\$42,128,623	\$0	\$42,128,623	\$42,128,623	\$0	\$42,128,623	\$42,128,623	\$0	\$42,128,623	\$42,128,623	\$0	\$42,128,623	\$42,128,623	\$0	\$42,128,623
C-2. Maintenance & Support Services	\$3,700,000	\$0	\$3,700,000	\$3,700,000	\$0	\$3,700,000	\$3,700,000	\$0	\$3,700,000	\$3,700,000	\$1,202,500	\$4,902,500	\$3,700,000	\$2,405,000	\$6,105,000
C-3. Network / Hosting Services	\$10,000,000	\$0	\$10,000,000	\$10,000,000	\$0	\$10,000,000	\$10,000,000	\$0	\$10,000,000	\$10,000,000	\$3,250,000	\$13,250,000	\$10,000,000	\$6,500,000	\$16,500,000
C-4. Data Communications Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other 5% Inefficiency	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,463,157.89	\$2,463,158	\$0	\$4,926,316	\$4,926,316
D. Plant & Facility – Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Others – Costs	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other Expenses	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268	\$33,943,268	\$0	\$33,943,268
Total of Operational Costs (Rows A through E)	\$274,580,645	\$0	\$274,580,645	\$274,580,645	\$0	\$274,580,645	\$274,580,645	\$0	\$274,580,645	\$274,580,645	\$6,915,658	\$281,496,303	\$274,580,645	\$13,831,316	\$288,411,961
F. Additional Tangible Benefits:		\$0			\$18,369,448			\$36,738,895			\$55,203,020			\$90,571,600	
F-1. Reduction in Error Rates		\$0			\$18,369,448			\$36,738,895			\$55,108,343			\$73,477,790	
F-2. M&O + Hosting Reduction		\$0			\$0			\$0			\$94,677			\$189,354	
F-3. Increased Automation		\$0			\$0			\$0						\$16,904,455	
Total Net Tangible Benefits:		\$0			\$18,369,448			\$36,738,895			\$48,287,362			\$76,740,284	



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PROJECT COST ELEMENTS		PROJECT COST TABLE -- CBAForm 2A					TOTAL
		FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	
State FTEs (Salaries & Benefits)		\$0	\$0	\$0	\$0	\$0	\$0
OPS FTEs (Salaries)		\$0	\$0	\$0	\$0	\$0	\$0
Contractors (Costs)		\$25,199,663	\$60,579,372	\$43,554,420	\$21,777,210	\$0	\$151,110,665
Deliverables		\$0	\$0	\$0	\$0	\$0	\$0
Major Project Tasks		\$0	\$0	\$0	\$0	\$0	\$0
Hardware		\$1,133,985	\$2,561,966	\$1,887,949	\$943,974	\$0	\$6,527,874
COTS Software		\$5,165,931	\$11,671,177	\$8,600,656	\$4,300,328	\$0	\$29,738,092
Misc. Equipment		\$0	\$0	\$0	\$0	\$0	\$0
Other Project Costs	PMO, IV&V, etc	\$2,159,971	\$4,879,935	\$3,596,093	\$1,798,047	\$0	\$12,434,046
		\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECT COSTS (*)		\$33,659,550	\$79,692,450	\$57,639,118	\$28,819,559	\$0	\$199,810,677
CUMULATIVE PROJECT COSTS		\$33,659,550	\$113,352,000	\$170,991,118	\$199,810,677	\$199,810,677	
INVESTMENT SUMMARY		FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	TOTAL
General Revenue		\$3,365,955	\$10,965,681	\$7,933,402	\$3,966,701	\$0	\$26,231,739
Trust Fund		\$0			\$0	\$0	\$0
Federal Match		\$30,293,595	\$68,726,769	\$49,705,716	\$24,852,858	\$0	\$173,578,938
Grants		\$0	\$0	\$0	\$0	\$0	\$0
Other		\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT (*)		\$33,659,550	\$79,692,450	\$57,639,118	\$28,819,559	\$0	\$199,810,677
CUMULATIVE INVESTMENT (*)		\$33,659,550	\$113,352,000	\$170,991,118	\$199,810,677	\$199,810,677	
(*) Total Costs and Investments are carried forward to CBAForm3 Project Investment Summary worksheet.							



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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	TOTAL
Project Cost	\$33,659,550	\$79,692,450	\$57,639,118	\$28,819,559	\$0	\$199,810,677
Net Tangible Benefits	\$0	\$18,369,448	\$36,738,895	\$48,287,362	\$76,740,284	\$180,135,989
Return on Investment	(\$33,659,550)	(\$61,323,002)	(\$20,900,223)	\$19,467,803	\$76,740,284	(\$19,674,688)
Year to Year Change in Program Staffing	0	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$32,302,737)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	-6.22%	IRR is the project's rate of return.

Treasurer's Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Cost of Capital	2.87%	4.17%	4.57%	5.14%	5.30%

*Please reference the 10 year Cost Benefit Analysis Worksheet that indicates the project's Payback Period is 5.25 years and the Breakeven Fiscal year is 2017 - 2018



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10 YEAR COST BENEFIT ANALYSIS WORKSHEET

	SFY 12-13	SFY 13-14	SFY 14-15	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20	SFY 20-21	SFY 21-22	Totals
Project Cost Elements											
System Integrator	\$25,199,663	\$60,579,372	\$43,554,420	\$21,777,210							\$151,110,665
Hardware	\$1,133,985	\$2,561,966	\$1,887,949	\$943,974							\$6,527,874
Software	\$5,165,931	\$11,671,177	\$8,600,656	\$4,300,328							\$29,738,092
PMO / IV&V / etc Contractors	\$2,159,971	\$4,879,935	\$3,596,093	\$1,798,047							\$12,434,046
Total Project Cost	\$33,659,550	\$79,692,450	\$57,639,118	\$28,819,559							\$199,810,677
Federal Match	\$30,293,595	\$68,726,769	\$49,705,716	\$24,852,858							\$173,578,938
State Share	\$3,365,955	\$10,965,681	\$7,933,402	\$3,966,701							\$26,231,739
Total Project Cost	\$33,659,550	\$79,692,450	\$57,639,118	\$28,819,559							\$199,810,677
Benefits											
Reduction in Errors		\$18,369,448	\$36,738,895	\$55,108,343	\$73,477,790	\$73,477,790	\$73,477,790	\$73,477,790	\$73,477,790	\$73,477,790	\$551,083,428
Program Efficiencies					\$16,904,455	\$16,904,455	\$16,904,455	\$16,904,455	\$16,904,455	\$16,904,455	\$101,426,730
M&O and Hosting Reduction				\$94,677	\$189,354	\$189,354	\$189,354	\$189,354	\$189,354	\$189,354	\$1,230,803
Total Benefits	\$0	\$18,369,448	\$36,738,895	\$55,203,020	\$90,571,600	\$90,571,600	\$90,571,600	\$90,571,600	\$90,571,600	\$90,571,600	\$653,740,961
Operation Cost Changes											
M&O and Hosting Costs				\$4,452,500	\$8,905,000	\$8,905,000	\$8,905,000	\$8,905,000	\$8,905,000	\$8,905,000	\$57,882,500
5% Inefficiency				\$2,463,158	\$4,926,316	\$4,926,316	\$4,926,316	\$4,926,316	\$4,926,316	\$4,926,316	\$32,021,053
Total Operational Cost Changes	\$0	\$0	\$0	\$6,915,658	\$13,831,316	\$13,831,316	\$13,831,316	\$13,831,316	\$13,831,316	\$13,831,316	\$89,903,553
Net Benefits	\$0	\$18,369,448	\$36,738,895	\$48,287,362	\$76,740,284	\$76,740,284	\$76,740,284	\$76,740,284	\$76,740,284	\$76,740,284	\$563,837,408
Annual Benefit Flow	(\$33,659,550)	(\$61,323,002)	(\$20,900,223)	\$19,467,803	\$76,740,284	\$76,740,284	\$76,740,284	\$76,740,284	\$76,740,284	\$76,740,284	
Cumulative Benefit Flow (ROI)	(\$33,659,550)	(\$94,982,552)	(\$115,882,775)	(\$96,414,972)	(\$19,674,688)	\$57,065,596	\$133,805,880	\$210,546,164	\$287,286,448	\$364,026,732	
Discounted benefit flow											
Discounted costs	\$33,659,550	\$76,151,409	\$52,630,665	\$25,146,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Discounted benefits	0	17,553,223	33,546,532	42,132,360	63,983,276	61,140,254	58,423,558	55,827,576	53,346,943	50,976,534	
Total discounted benefit flow	(33,659,550)	(58,598,187)	(19,084,133)	16,986,318	63,983,276	61,140,254	58,423,558	55,827,576	53,346,943	50,976,534	
Total cumulative discounted benefit flow	(33,659,550)	(92,257,737)	(111,341,870)	(94,355,552)	(30,372,277)	30,767,977	89,191,536	145,019,112	198,366,055	249,342,590	
ROI Measures											
Return on Investment		16%	31%	50%	84%	116%	148%	177%	206%	233%	
Payback Period - Years	5.50										
Breakeven Fiscal Year	SFY 17-18										
Net Present Value (NPV)	\$249,342,590										
Internal Rate of Return (IRR)	32.28%										
Cost of Capital	4.65%										



9.4 COST-BENEFIT ANALYSIS RESULTS

The new Medicaid Eligibility System is estimated to deliver the following annually recurring tangible benefits of \$90,571,599 million to Florida’s ACCESS Florida program stakeholders.

Amount	Benefit Description
\$73,477,790	Reduced occurrences of Medicaid eligibility error and fraud
\$16,904,455	Increased automation of business processes
\$189,354	Reduced maintenance and operations and hosting costs for the ACCESS Florida System
\$90,571,599	TOTAL

9.4.1 Project Costs

The estimated total cost of implementing the Medicaid Eligibility System project is \$199,810,677 million over a 4 year period.

FY12-13	FY13-14	FY14-15	FY15-16	4 Year Total
\$33,659,550	\$79,692,450	\$57,639,118	\$28,819,559	\$199,810,677

The table below represents the state share of costs for the project. The state share of cost was calculated assuming the use of the enhanced 90/10 federal match rate through the use of the CAM tool. The Department contracted with First Data Inc. to develop procurement level requirements. These requirements have been classified by benefiting program and are what drives the CAM tool allocation of costs.

It is important to note that the 90/10 match applies to a majority of project costs, but not all of the costs. For instance, certain software costs are not eligible for the enhanced match and are funded at 75/25 or the standard 50/50. As a result, the match rate of the project is not an exact 90/10 split.

FY12-13	FY13-14	FY14-15	FY15-16	State Total Cost
\$3,365,955	\$10,965,681	\$7,933,402	\$3,966,701	\$26,231,739

The agency has computed the following values for the Medicaid Eligibility System project using a five and ten year cost benefit and return on investment analysis:

Investment Term	Computed Value
Total Cost	\$199.8 M distributed over four fiscal years
Tangible Benefits - Yearly	\$90.5 M per year in recurring benefits
Payback Date	SFY 2017-2018



Investment Term	Computed Value	
	5 Year Analysis	10 Year Analysis
Net Tangible Benefits	\$180.1 M	\$563.8 M
Return on Investment	(\$19.7) M	\$364.0 M
Net Present Value	(\$32.3) M	\$249.3 M
Internal Rate of Return	-6.22%	32.28%

Table 9-1 Financial Terms

- The breakeven year is FY 2017-2018, or 5.50 years after the project is started. A breakeven or “payback” period of 5-to-10 years indicates a good investment.
- The ten year net present value (NPV) is \$249.3 Million. While this indicates a good investment, it is not comparable to the full replacement NPV of \$501.4 Million.
- The ten year internal rate of return (IRR) is 32.28 percent. The Florida Legislature’s Office of Economic and Demographic Research (EDR) estimates the cost of capital for investment analysis purposes to be 4.65 percent for the foreseeable future.

9.5 RISK ASSESSMENT

9.5.1 Risk Assessment Tool

An in-depth risk assessment of the Medicaid Eligibility System 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.

9.5.2 Risk Assessment Summary

Figure 9-3 is a graphical representation of the results computed by the risk assessment tool for the Medicaid Eligibility System. It shows that the Medicaid Eligibility System project has low business strategy alignment; and as would be expected at this early stage, the project still carries high risk. It is expected that overall project risk will diminish to some degree by the conclusion of Phase 2 when low-level project requirements have been documented and a technology solution selected. However, risks inherent in the operation and maintenance of two eligibility systems likely will not diminish over time, and may increase. The results of this risk assessment are discussed in detail in Section 1.7.3 along with the Department’s plan to continually identify, assess, and mitigate risk throughout the life of the project.

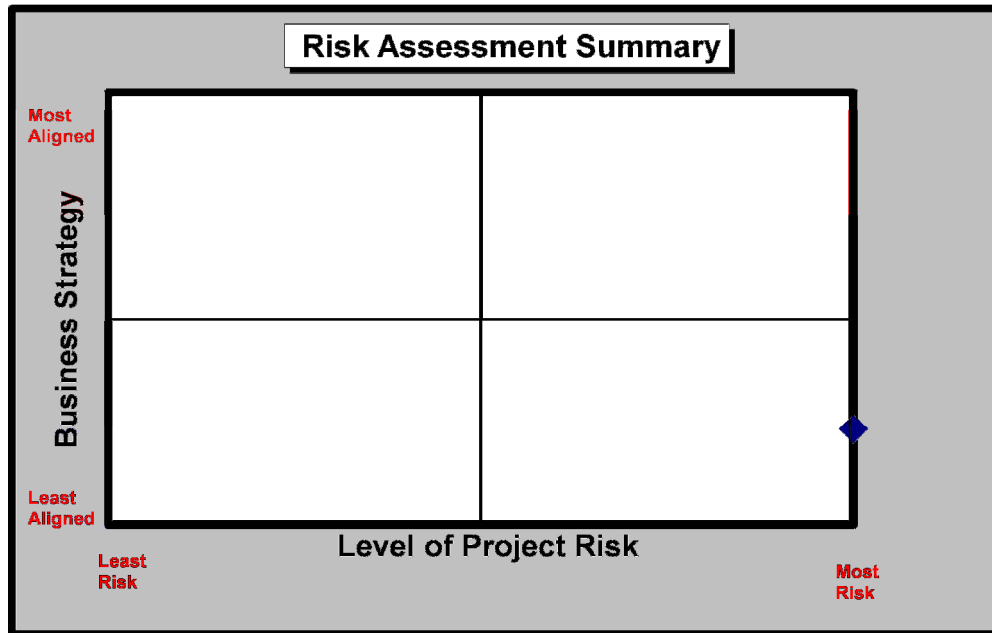


Figure 9-3 Project Risk Assessment Summary

Figure 9-4 illustrates the risk assessment areas that were evaluated for the Medicaid Eligibility System and the breakdown of the risk exposure assessed in each area. The results of this risk assessment are discussed in detail in Section 1.7.3 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	HIGH
Technology Exposure Assessment	HIGH
Organizational Change Management Assessment	HIGH
Communication Assessment	HIGH
Fiscal Assessment	HIGH
Project Organization Assessment	HIGH
Project Management Assessment	HIGH
Project Complexity Assessment	HIGH
Overall Project Risk	HIGH

Figure 9-4 Project Risk Assessment Summary Table



9.6 ANALYSIS OF ALTERNATIVES

This section describes the analysis of an additional alternative approach – implementing a new Medicaid Eligibility System. Analysis for Alternative 4 was performed using the same methodology as that for Alternatives 1 through 3, described in Section 5.5 of the Department’s Schedule IV-B Feasibility Study.

9.6.1 Alternative 4 - Medicaid Eligibility System (Not Recommended)

The goal for this alternative is to create a new Medicaid Eligibility System that complies with state laws and federal regulations, and to retain the legacy ACCESS Florida System for SNAP and TANF eligibility. No changes or possible improvements to the existing business processes for SNAP and TANF eligibility would be implemented. Maintenance, operations and development support of the ACCESS Florida application would be provided going forward.

Key Findings

This solution allows for the competitive procurement of a Medicaid Eligibility System that fits the functional and technical requirements for Medicaid eligibility while retaining the legacy ACCESS Florida System for SNAP and TANF eligibility. This option, in effect, creates dual eligibility systems and increases eligibility system costs by the cost of designing, developing, implementing, and maintaining a new Medicaid Eligibility System in addition to the legacy system.

The new Medicaid Eligibility system will maximize technical and business process benefits and provide the flexibility and scalability. It provides a configurable application and data architecture that allows for flexibility in meeting complex rules/requirements, and flexibility to change as conditions/rules change. The new system should also include numerous tools and interfacing capabilities not currently in place to enhance Department performance and compliance such as workflow, scripting, help capabilities, quality/integrity maintenance tools, and complex reporting tools.

The legacy system must continue to rely on a shrinking pool of practitioners for operation and maintenance, resulting in continued increased costs. Of real importance is the potential risk of failure and the fact that doing business “as usual” eliminates the opportunity to realize tangible cost savings.

The costs to keep the legacy system viable, the costs associated with maintaining an aging system, the costs associated with attracting and retaining trained development personnel, and the lost opportunity to realize significant cost savings make Alternative 4 an undesirable option for the long term and not the best value to the State.

9.6.2 Scoring Results for the Four Alternatives (General)

Each of the category scores (evaluation criterion) were added together to determine a final, overall score for each alternative. The results are shown below.



Categories	Wt.	Alternative 1 Status Quo		Alternative 2 Custom Build		Alternative 3 Replace System using COTS products		Alternative 4 Medicaid Replacement System	
		Score	Total	Score	Total	Score	Total	Score	Total
9. User Enablement	10	1	10	3	30	3	30	1	10
10. ACCESS Florida Service Delivery	25	1	25	3	75	3	75	1	25
11. Operational Effectiveness	10	1	10	4	40	4	40	1	10
12. Data Management	10	2	20	4	40	4	40	1	10
13. Support	10	1	10	3	30	3	30	1	0
14. Risk	10	0	0	1	10	3	30	0	0
15. Cost	15	0	0	1	15	3	45	0	0
16. Supports Universal Eligibility Platform	10	0	0	4	40	4	40	0	0
Total Weighted Score	100		75		280		330		55

Table 9-2 Alternative Scoring Results Summary

9.6.3 Alternative 4 Scoring Results Explained

The detailed evaluation expands on the weighted scoring system by providing justification and rationale of the scores assigned to each criterion. Rationale for each score is provided for Alternative 4 below.



Alternative Scoring Explanations - Medicaid Eligibility System

Alternative 4 - Medicaid Eligibility System		
Criteria	Score	Rationale
1. User Enablement	1	<ul style="list-style-type: none"> • New Medicaid System <ul style="list-style-type: none"> ○ Would achieve all stated goals for Medicaid users and encompass most, if not all, Medicaid system requirements. • Legacy System <ul style="list-style-type: none"> ○ It does not reflect the current business processes in all cases. ○ Does not provide a graphical user interface for all functions. ○ The system is not intuitive and requires users to access multiple applications for single tasks negatively impacting productivity. ○ Requires extensive training for proficiency. ○ System does not provide much in the way of online help.
2. DCF Service Delivery	1	<ul style="list-style-type: none"> • New Medicaid System <ul style="list-style-type: none"> ○ Would directly address and achieve most, if not all, required business functionality for Medicaid users. • Legacy System <ul style="list-style-type: none"> ○ Business rules are not documented and are hidden within the code. Frequent law and policy changes require extensive programming in the system. ○ Does not enable users to define standard and ad-hoc reports to provide real-time access to information in the system. ○ Help and decision support is not available from the systems.



Alternative 4 - Medicaid Eligibility System		
Criteria	Score	Rationale
3. Operational Effectiveness	1	<ul style="list-style-type: none"> • New Medicaid System <ul style="list-style-type: none"> ○ Depending on the technology and infrastructure chosen, would support all aspects of operational effectiveness for Medicaid users. • Legacy System <ul style="list-style-type: none"> ○ Too many screens or different screens are required to complete processes, creating operational inefficiencies. ○ There are processes that need more automation. ○ ACCESS Florida system is, for many core business functions, able only to record results obtained by labor-intensive manual processes.
4. Data Management	1	<ul style="list-style-type: none"> • New Medicaid System <ul style="list-style-type: none"> ○ Would encompass all facets of data management best practices for Medicaid data. • Legacy System <ul style="list-style-type: none"> ○ The current system does not allow for the appropriate level of data validation at the database level. ○ Reporting processes are inefficient. ○ Ad-hoc analysis capabilities are lacking due to the hierarchal database structure. ○ Redundant data exists across multiple platforms. ○ Ad-hoc analysis capabilities are slow, expensive and limited.



Alternative 4 - Medicaid Eligibility System		
Criteria	Score	Rationale
5. Support	1	<ul style="list-style-type: none">• New Medicaid System<ul style="list-style-type: none">○ Application would align very closely with desired business processes for Medicaid users.○ Vendor support would cover the initial implementation period with options for follow-on maintenance.• Legacy System<ul style="list-style-type: none">○ The Department is not positioned well for competitive development due to the aging technology and the highly customized nature of the system.○ Extensibility and scalability of the current system is limited and financially impractical.



Alternative 4 - Medicaid Eligibility System		
Criteria	Score	Rationale
6. Risk	0	<ul style="list-style-type: none"> • New Medicaid System <ul style="list-style-type: none"> ○ DCF may have to adapt current business processes and conform to the selected vendor's technology solution in order to avoid cost and schedule risk that may result from modifications. ○ Vendor solutions (if COTS) use proprietary data formats and/or implementation conventions. ○ Custom development is very high risk with many variables and unknowns that are difficult to predict. ○ A firm, fixed price contract with a vendor will significantly reduce DCF's exposure to cost overruns. • Legacy System <ul style="list-style-type: none"> ○ Increasing risk of failure as workload continues to climb (increase in SNAP and TANF applications, etc.). ○ Risk of losing key personnel who are the sole owners of ACCESS Florida system expertise (no documentation). ○ ACCESS Florida system support costs will continue to rise as the system continues to age beyond 25+ years. ○ Risk of not being able to attract and retain development resources.



Alternative 4 - Medicaid Eligibility System		
Criteria	Score	Rationale
7. Cost	0	<ul style="list-style-type: none"> • New Medicaid System <ul style="list-style-type: none"> ○ A custom development is the best alternative to precisely achieve all project goals and implement most, if not all, system functional requirements. ○ A COTS implementation avoids much of the risk and shortens the time for implementation when compared to a custom development. However, these benefits can be quickly erased if extensive modifications to the core application are undertaken. • Legacy System <ul style="list-style-type: none"> ○ Maintaining dual eligibility systems will increase cost. ○ Valuable benefits from enabling business process with a modern system will go unrealized. ○ Over time maintenance costs will continue to increase as technology ages.
8. Supports Universal Eligibility Platform	0	<ul style="list-style-type: none"> • New Medicaid System <ul style="list-style-type: none"> ○ Although it provides framework for universal eligibility, future implementation phases have not been defined and were not considered as part of this analysis. • Legacy System <ul style="list-style-type: none"> ○ Maintains a non-modular approach to eligibility. ○ Does not provide any framework or architecture for universal eligibility platform.

Table 9-3 Alternative 4 Scoring Results

9.7 ASSUMPTIONS, CONSTRAINTS AND RISKS

9.7.3 Assumptions

The following assumptions are statements about the project or its environment that are taken to be true and, accordingly, are factored into DCF’s plans and analysis for the proposed project.

- All Medicaid-related interfaces will be shut down on the ACCESS Florida System and moved to the new Medicaid Eligibility System



- A very complex interface will be built between the ACCESS Florida System and the new Medicaid Eligibility System.
- This alternatives analysis did not consider changes to Florida Healthy Kids administrative, technical or operations costs or changes to the administration of CHIP eligibility.
- A suitable architecture model exists to facilitate rapid and scalable deployment of business rules
- The procurement process for the systems solution(s) will be timely, fair, open, competitive and without serious challenge
- DCF desires to increase process effectiveness, reduce manual steps that rely on the use of ad-hoc tools and processes
- DCF will embrace the Organizational Change Management needed to implement the recommended solution
- The project team will be adequately staffed to accomplish the project's deliverables, milestones, and infrastructure, manage user involvement, produce necessary project planning documents, project status reporting, etc.
- The system will invest in building data interfaces with other agencies/departments rather than re-create the storing of duplicate data
- Data conversion and migration from multiple legacy systems will be required
- All labor costs for the project are assumed to be for system integrator and support contractor staff only, exclusive of state employees
- Labor rates for contracted staff are assumed to be in accordance with the IT consulting State Term Contract for staff augmentation and comparable to similar projects recently undertaken by other Florida State Agencies

9.7.4 Constraints

Constraints are identified factors that will limit the project management team's options, and impact the progress or success of the proposed project.

- Project funding is appropriated annually and may be subject to periodic releases throughout the year; depending upon suitable schedule and cost performance.
- Approval by either the Executive Office of the Governor (in consultation with the Legislature) or the Legislative Budget Commission is required before any appropriated funds are made available to the Department.
- All schedules depend on the continual availability of appropriated funds.
- The total time to plan for the procurement process is unknown, because the total time from start-to-finish to complete IT fixed-price procurement varies widely. This analysis is based upon a realistic and achievable schedule.
- Information requests from external overseers and partners can be time consuming to produce and can impact the project's timeline.
- State and/or federal statutory changes, changes in administrative rules, and DCF policy changes may impact the project.
- The software tools supporting desired capabilities will be determined based on the solution proposed by the selected system integration vendor.
- DCF staff availability



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- Stakeholder understanding of project dynamics and impacts
- Availability of resources with the skill sets to perform work in the legacy system to shut down the Medicaid-related interfaces and build the complex interface between the new Medicaid Eligibility System and the ACCESS Florida System.



9.7.5 Medicaid Eligibility System Project Risk and Mitigation Table

The following additional risks and risk mitigation strategies have been identified for the Medicaid Eligibility System.

#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Strategic (Medium Risk)					
1	Sign-off on project objectives has not been received by all stakeholders; lack of consensus and understanding of core objectives could erode stakeholder support	High	Low	<ul style="list-style-type: none"> Ensure that project objectives are clearly stated in the Project Charter, and that the charter is signed by all stakeholders Implement a communications plan to ensure stakeholder support and involvement throughout project - positive expectations must be nurtured through regular communication and feedback. Executive Steering Committee and the Project Management Team will provide coordination between the project and stakeholders Begin Organizational Change Management prior to the project start and make it an integral, ongoing part of the project 	DCF Project Sponsor; DCF Project Director
2	Necessary changes in law, rule or policy have not been identified or documented; unexpected changes could increase project budget and timeline	High	Medium	<ul style="list-style-type: none"> Document high-priority requirements for a business rule driven system that can easily accommodate legislative and regulatory changes Business process improvement activities conducted in Phase 2 should include a policy analysis activity to determine if policy and rule changes will be needed 	DCF Project Director; Vendor Project Manager



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
3	The proposed system will have extensive external visibility; problems with accessibility or usability could lead to negative publicity for the Department	High	Low	<ul style="list-style-type: none"> • Ensure that all Internet accessibility standards required by the state of Florida are met • Devote sufficient time and budget to hardware and software capacity planning • Solicit feedback and/or participation from a sample population of claimants and employers during design and user acceptance testing activities 	DCF Project Director; Vendor Project Manager
4	Technologies have not been selected and finalized; impact unknown	High	Low	<ul style="list-style-type: none"> • The project team will use State, Department, and industry standards to evaluate and select the technical components • The successes and failures of technologies used by other states will be scrutinized • Detailed future-state business processes and requirements will be developed prior to technology selection • A user interface prototype will be required at the end of the design phase to ensure that the design of the system meets the requirements put forth by the Department 	DCF Project Director; Vendor Project Manager



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Change Management (High Risk)					
5	Changes to core business processes will be required as part of the move toward greater efficiency and away from manual processes; some users will be reluctant to these changes and negative perceptions could sabotage project efforts	High	Low	<ul style="list-style-type: none"> 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 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 The Organizational Change Management Plan will address mitigation strategies associated with expected changes as they are identified Project communication will be actively monitored and controlled according to a comprehensive communications plan A well-defined training strategy will be defined that includes both process training and system training Executive management will be proactive in listening and responding to concerns and objections from Department staff 	DCF Deputy Project Director; DCF Project Sponsor; DCF EMT



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
6	Successful implementation of a modern business system will have a some impact on state agencies other than DCF; failure to anticipate, plan for and communicate these changes could result in implementation delays and negative publicity for the Department	Medium	Low	<ul style="list-style-type: none"> The Organizational Change Management Plan must address how changes to DCF's interaction with other state agencies will be addressed Requirements development phase must include requirements for interfacing with other state agencies, and the Department should have a representative during the requirements process Required changes to other state Department's processes must be communicated in a timely manner to the appropriate staff 	DCF Deputy Project Director;
Communication (High Risk)					
7	Communication channels and key messages have not yet been established; lack of effective project communication could erode project support	High	Low	<ul style="list-style-type: none"> Develop and execute a comprehensive communication plan for providing targeted and timely communications to stakeholders Ensure that the communication plan promotes the collection and use of feedback from management, the project team, as well as internal and external stakeholders Identify and document all communication channels Identify and document all affected stakeholders Identify and document all key messages, message outcomes and success measures Identify and assign needed staff resources Emphasize and execute proactive communication forums for all stakeholders - positive expectations must be nurtured through regular communication and feedback. 	DCF Project Director; DCF Deputy Project Director; DCF Project Sponsor; DCF EMT



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
8	Communication channels will include agencies outside of DCF; failure to communicate effectively with external entities could result in implementation delays and negative publicity for the Department	High	Low	<ul style="list-style-type: none"> Ensure that the Communication Plan addresses communication with external agencies Emphasize early and frequent communication Involve affected agencies in requirements process 	DCF Project Director; DCF Project Sponsor; DCF EMT
Fiscal (High Risk)					
9	Initial cost estimates were developed prior to detailed requirements gathering; unanticipated requirements may increase the cost estimate for Phase 3	Medium	Low	<ul style="list-style-type: none"> Initial cost estimates were developed using a standards-based estimation model; output from this model was checked against total costs incurred by other states that have undergone similar ACCESS Florida system modernization projects 	DCF Project Director; Phase 1&2 Vendor Project Manager
10	Actual project costs may exceed estimates	High	Low	<ul style="list-style-type: none"> Engage in thorough requirements gathering process to increase likelihood that final cost estimates will be accurate. At the conclusion of Phase 2, revise the original implementation cost estimate based on a quantitative analysis using a standards-based estimation model Thoroughly vet prospective implementation vendors during the procurement process Prevent cost overruns by executing stringent change control and scope management 	DCF Project Director; Phase 2 Vendor Project Manager; Phase 3 & 4 Vendor Project Manager;



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Project Organization (High Risk)					
11	Due to the current caseload, DCF subject matter experts will be dedicated 50% or less to the project	High	Medium	<ul style="list-style-type: none"> 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 DCF Executive Management will regularly acknowledge SMEs for their contributions to the project 	DCF Project Manager; Phase 2 Project Manager; Phase 3 & 4 Vendor Project Manager; DCF EMT
12	The Department does not have the necessary knowledge, skills and abilities to staff the project team with in-house resources	Medium	Low	<ul style="list-style-type: none"> The Department 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 	DCF Project Manager; DCF Project Sponsor



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Project Management (Medium Risk)					
13	Inadequate project management and oversight could result in project time and cost overruns	Medium	Low	<ul style="list-style-type: none"> An experienced, full-time DCF 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 or employed Additional project oversight will include IV&V, Quality Assurance, and 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 	DCF Project Manager; Phase 2 Vendor Project Manager; Phase 3 & 4 Vendor Project Manager;
14	Resources with the necessary skills for completing Medicaid eligibility-related work in the ACCESS Florida System are not available, impacting project schedule.	High	Low	<ul style="list-style-type: none"> Careful evaluation of the requirements for removing the interfaces and components and for building the complex interface between the new systems to determine the skills sets needed to complete the work. Gain commitment from both system vendors that resources with the required skill sets will be available as needed. Prioritize and resource the work appropriately in the project schedule. 	DCF Project Director; Vendor Project Director; ACCESS Application Director



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Project Complexity (High Risk)					
15	The fact that many stakeholders are dispersed across the state in call centers and remote locations will make project communication more challenging; the result could be missed requirements and/or unreasonable expectations	Medium	Low	<ul style="list-style-type: none"> 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 	DCF Project Manager; Phase 2 Vendor Project Manager; Phase 3 & 4 Vendor Project Manager;
16	Several external agencies could be impacted by this project; failure to communicate with these entities throughout all phases of the project could result in implementation delays and negative publicity for the Department	High	Low	<ul style="list-style-type: none"> Ensure that the Communication Plan addresses communication with external agencies especially CHIP and the exchange Emphasize early and frequent communication Involve affected agencies in requirements process 	DCF Project Manager; Vendor Project Manager;
17	Removing Medicaid eligibility-related interfaces and components from the ACCESS Florida System impacts project schedule, scope and/or cost.	High	Low	<ul style="list-style-type: none"> Carefully evaluate the requirements for removing the interfaces and components from the legacy system. Develop a thorough test plan; closely monitor test results and testing time frames against the test plan and the project schedule. Appropriately escalate any identified issues related to scope, schedule, or cost. 	DCF Project Director; Vendor Project Director; ACCESS Application Director



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#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
18	Building the complex interface between the Medicaid Eligibility System and the ACCESS Florida System impacts project schedule, scope and/or cost.	High	Low	<ul style="list-style-type: none"> Carefully evaluate the requirements for building the interface between the new system and the legacy system. Develop a thorough test plan; closely monitor test results and testing time frames against the test plan and the project schedule. Appropriately escalate any identified issues related to scope, schedule, or cost. 	DCF Project Director; Vendor Project Director; ACCESS Application Director
19	Changes to CHIP eligibility administration by Florida Healthy Kids will impact project schedule, scope, and/or cost.	Medium	Medium	<ul style="list-style-type: none"> Work closely with Florida Healthy Kids to minimize potential changes to CHIP eligibility during system design, development, and implementation activities. Appropriately escalate any identified issues related to scope, schedule, or cost. 	DCF Project Director; Vendor Project Director
20	Failure of the ACCESS Florida System that prevents the Department from determining eligibility for SNAP or TANF.	Medium	Low	<ul style="list-style-type: none"> Closely monitor system performance to make sure it is within accepted parameters. Thoroughly test all changes to the ACCESS Florida System, including regression testing, before promoting the changes to production. 	DCF project Director; ACCESS Application Director

Table 9-4 Risk and Mitigation Table

SCHEDULE VI: DETAIL OF DEBT SERVICE

Department: Children and Families **Budget Period 2013 - 2014**
Budget Entity: 60910506-Mental Health Program

	PAGE 1	(2) ACTUAL FY 2011 - 2012	(3) ESTIMATED FY 2012 - 2013	(4) REQUEST FY 2013 - 2014
SECTION I				
Interest on Debt	(A)	5,647,679.31	5,635,487.50	5,333,487.50
Principal	(B)	5,004,968.70	6,040,000.00	6,345,000.00
Repayment of Loans	(C)	0.00	0.00	0.00
Fiscal Agent or Other Fees	(D)	29,642.94	28,887.00	29,000.00
Other - Interim Arbitrage Rebate Analysis	(J)	0.00	0.00	4,500.00
Other - Arbitrage Rebate Liability	(E)	817,867.42	0.00	0.00
Total Debt Service	(F)	11,500,158.37	11,704,374.50	11,711,987.50

Explanation: South Florida State Hospital COP - 1998 (\$37,985,000)
South Florida Evaluation Treatment Center - COP - 2005 (\$41,940,000)
Florida Civil Commitment Center -COP - 2006 (\$68,730,000)

SECTION II

ISSUE: South Florida State Hospital COP - 1998 (\$37,985,000)

(1) INTEREST RATE	(2) MATURITY DATE	(3) ISSUE AMOUNT	(4) June 30, 2013	(5) June 30, 2014
From 3.75% to 5.00%	7/1/2018	\$37,985,000.00	\$13,775,000.00	\$11,280,000.00

	(7) ACTUAL FY 2011 - 2012	(8) ESTIMATED FY 2012 - 2013	(9) REQUEST FY 2013 - 2014
Interest on Debt	(G) 911,702.50	803,877.50	687,502.50
Principal	(H) 2,270,000.00	2,375,000.00	2,495,000.00
Fiscal Agent or Other Fees	(I) 8,320.94	8,000.00	8,000.00
Other - Interim Arbitrage Rebate Analysis	(J) 0.00	0.00	1,500.00
Total Debt Service	(J) 3,190,023.44	3,186,877.50	3,192,002.50

ISSUE: South Florida Evaluation Treatment Center COP - 2005 (\$41,940,000)

INTEREST RATE	MATURITY DATE	ISSUE AMOUNT	June 30, 2013	June 30, 2014
From 4.00% - 5.00%	10/1/2025	\$41,940,000.00	\$34,460,000.00	\$32,735,000.00

	ACTUAL FY 2011 - 2012	ESTIMATED FY 2012 - 2013	REQUEST FY 2013 - 2014
Interest on Debt	1,849,875.00	1,770,875.00	1,687,750.00
Principal	1,560,000.00	1,640,000.00	1,725,000.00
Fiscal Agent or Other Fees	7,876.00	7,500.00	7,500.00
Other - Interim Arbitrage Rebate Analysis	0.00	0.00	1,500.00
Total Debt Service	3,417,751.00	3,418,375.00	3,421,750.00

SCHEDULE VI: DETAIL OF DEBT SERVICE

Department: Children and Families **Budget Period 2013 - 2014**
Budget Entity: 60910506-Mental Health Program

	PAGE 2	(2) ACTUAL FY 2011 - 2012	(3) ESTIMATED FY 2012 - 2013	(4) REQUEST FY 2013 - 2014
SECTION I				
Interest on Debt	(A)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Principal	(B)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repayment of Loans	(C)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiscal Agent or Other Fees	(D)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Debt Service	(E)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Debt Service	(F)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation:

SECTION II

ISSUE: Florida Civil Commitment Center - Series 2006 (\$68,730,000)

(1) INTEREST RATE	(2) MATURITY DATE	(3) ISSUE AMOUNT	(4) June 30, 2013	(5) June 30, 2014
From 4.00% to 5.00%	10/1/2029	\$68,730,000.00	\$61,105,000.00	\$58,980,000.00

		(7) ACTUAL FY 2011 - 2012	(8) ESTIMATED FY 2012 - 2013	(9) REQUEST FY 2013 - 2014
Interest on Debt	(G)	<input type="text" value="2,886,101.81"/>	<input type="text" value="3,060,735.00"/>	<input type="text" value="2,958,235.00"/>
Principal	(H)	<input type="text" value="1,174,968.70"/>	<input type="text" value="2,025,000.00"/>	<input type="text" value="2,125,000.00"/>
Fiscal Agent or Other Fees	(I)	<input type="text" value="13,446.00"/>	<input type="text" value="13,387.00"/>	<input type="text" value="13,500.00"/>
Other - Interim Arbitrage Rebate Analysis	(J)	<input type="text"/>	<input type="text"/>	<input type="text" value="1,500.00"/>
Arbitrage Rebate Liability	(J)	<input type="text" value="817,867.42"/>	<input type="text"/>	<input type="text"/>
Total Debt Service	(K)	<input type="text" value="4,892,383.93"/>	<input type="text" value="5,099,122.00"/>	<input type="text" value="5,098,235.00"/>

ISSUE:

INTEREST RATE	MATURITY DATE	ISSUE AMOUNT	June 30, 2013	June 30, 2014
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		ACTUAL FY 2011 - 2012	ESTIMATED FY 2012 - 2013	REQUEST FY 2013 - 2014
Interest on Debt		<input type="text"/>	<input type="text"/>	<input type="text"/>
Principal		<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiscal Agent or Other Fees		<input type="text"/>	<input type="text"/>	<input type="text"/>
Other - Yearly Arbitrage Rebate Analysis		<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Debt Service		<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2013-14

Department: Children and Families

Chief Internal Auditor: Jerry Chesnutt

Budget Entity: _____

Phone Number: 488-8722

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
2012-142	6/30/2012	ACCESS	<p>The Department failed to timely impose FDOR Child Support Enforcement (CSE) sanctions on uncooperative TANF recipients. The finding resulted in an opinion qualification. Per USDHHS staff, the Department could be sanctioned if this finding repeated as material noncompliance in next fiscal year's audit. Examination of Department records for 40 clients (cases) disclosed 10 error cases in which TANF benefits were not always paid in the correct amount and were paid to an individual in excess of the lifetime limit. In addition, The Department did not always timely process data exchange responses received. • In three cases the Department could not provide documentation showing that the referral had been received and reviewed. • In six cases the Department did not review the sanction request within 10 days as required. • In one case the Department reviewed the sanction request timely, however; payments continued to be made to the client subsequent to the sanction request. The questioned cost totaled \$6,542. FDCFS should ensure that sanctions are processed timely and benefits are timely discontinued.</p>	<p>RCG eligibility criteria training with focus on correctly determining when a RCG child is adjudicated dependent was requested for the local sites where each error occurred. Additional training addressed the importance of processing expected changes in age for RCG cases. The Department is also exploring a system enhancement for RCG cases to auto-update the increase to the payment standard when the child ages into another payment level age group and terminate benefits when the child ages out of the RCG program. The Department has established work priorities for the processing of data exchanges in policy transmittal I-09-05-0014. Periodic reminders via FLORIDA system broadcasts will be provided to staff to process alerts timely according to the work priorities in this policy transmittal. The Department is working on a system enhancement that would filter out duplicates for certain Data Exchanges, which would significantly reduce the workload and ease the ability for staff to identify and process priority Data Exchanges</p>	

2012-142	6/30/2012	Substance Abuse	<p>The Department did not meet the SAPT maintenance of effort (MOE) requirement for the 2010-11 fiscal year. The finding resulted in an opinion qualification. During the 2010-11 fiscal year, the Department was required to expend \$90,391,619 in State funds in order to meet the MOE requirement for SAPT. Eligible MOE expenditures totaled \$85,812,381 for the 2010-11 fiscal year, resulting in a shortfall of \$4,579,238 (approximately 5 percent). USDHHS could reduce the SAPT allotment for the 2011-12 Federal fiscal year by the amount of the MOE shortfall. The Auditor General recommended that the Department continue to correspond with SAMHSA regarding the efforts made to comply with the MOE requirements.</p>	<p>The Department submitted a request for a MOE Waiver on December 27, 2011. On January 26, 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) requested an updated analysis, which was forwarded. The Department FDCFS communicated with SAMHSA on June 7, 2012 and most recently on September 6, 2012 requesting updates on the status of the MOE Waiver. The request is still under review by SAMHSA's Office of General Council (OGC) and the Department will be advised when there is a determination.</p>
A-1112DCF-016	6/30/2013	Child Welfare	<p>Lead agencies could strengthen subcontract monitoring procedures regarding conformance with financial and compliance audit requirements. Subcontractor monitoring procedures did not always address Financial and Compliance Audit requirements. Also, lead agencies accepted independent CPA audit reports on financial statements when single audits were required. Consequentially, lead agencies would not be informed of audit findings related to Federal awards and State financial assistance and would not ensure that corrective action was taken. Some monitoring procedures and tools had not been updated and some contracts that had been amended since May 6, 2011 did not incorporate the revised Audit Attachment language. Internal Audit recommended that lead agencies: 1) subcontract monitoring staff attend financial and compliance audit training. 2) Add several requirements for single audit reports to their subcontract monitoring procedures as an immediate measure for strengthening the review of single audit reports prepared by independent CPAs. 3) Ensure their contract monitoring procedures and tools have been updated to reflect the current expenditure threshold of \$500,000 of Federal</p>	<p>To improve subcontract monitoring, the Office of Child Welfare summarized corrective action plan includes: 1) Develop a plan to monitor subcontracts that includes a checklist for lead agencies to ensure subcontracts include critical elements. 2) Ensure lead agencies subcontract monitoring plans include a review of single audit compliance requirements that meet federal and state financial requirements. 3) Ensure the checklist includes single audit requirements as critical elements. 4) Identify and develop critical elements for lead agencies to determine subcontracting compliance with audit requirements. 5) Develop a checklist for the identified critical elements for lead agencies to determine subcontractor compliance with audit requirements.</p>

A-1112DCF-016
(continued)

expenditure threshold of \$500,000 of Federal Awards and State financial assistance. 4) Document their review of independent CPA audit reports of subcontractors, related concerns and corrective action plans, and provide a copy of the documentation to the Department's Fiscal Monitoring Team. Internal Audit also recommended that: 5) the Department add an independent CPA Audit Checklist to the Financial and Compliance Audit Attachment. 6) Contract managers ensure that new and amended lead agency contracts, subcontracts, as well as contract monitoring procedures include the revised Financial Compliance Audit language.

A-1112DCF-009	6/30/2012	Child Care (CC) and Substance Abuse (SA)	<p>Periodic Reconciliations of Child Care (CC) and Substance Abuse (SA) Licensing Fee Collections Are Not Taking Place. CC licensing fee collections recorded in the Child Care Licensing Information System (CCLIS) cannot be periodically reconciled to the receipts ASFMS records in the cash receipts system and FLAIR. The CCLIS writes over the fee collection field when a license is renewed, thus historical data is unavailable to reconcile with the cash receipts system and FLAIR. Receipts for administrative fines are not tracked in CCLIS. Internal Audit recommended the CC Program Office modify the CCLIS 1) so that a record of fee collections by fiscal year is retained; 2) to enable tracking of administrative fine collections by fiscal year; and, 3) implement a policy and procedure to periodically reconcile fee and fine collections in CCLIS to amounts recorded by ASFMS in the cash receipts system and FLAIR. SA licensing staff record fee collection information in the Substance Abuse Automated Licensure Information System (SALIS). The Department reported collecting \$607,466 substance abuse provider licensing fees for FY 2010-11. SALIS only reflected \$288,623 in collections for the same period. Although SALIS has been operational since July 2008, a formal</p>	<p>Regarding recommended modifications to CCLIS, the CC Program Office requested a Statement of Work (SOW). The SOW includes the cost to modify an existing report to include all provider types and to create a summary report of fine collection amounts captured in a functionality currently available in the CCLIS. The reconciliation of fee and fine collections will be piloted with the goal of having an annual reconciliation at the end of the fiscal year. SA Licensing and Regulatory Policies and Procedures (CFOP 155-31) is being revised to include language that specifies actions for collecting and depositing licensure fees as well as monthly and quarterly reconciliation. Staff will meet with financial management to discuss how future programming efforts will support license fees accounting codes. SAMH will continue to evaluate the feasibility of implementing API Imaging recommendations to implement an electronic fee collection process in conjunction with other Department initiatives.</p>
A-1112DCF-009 (Continued)			<p>reconciliation process with FLAIR is still being worked out. Internal Audit recommended the SA Program Office 1) implement a policy and procedure to periodically reconcile fee collections in SALIS to amounts recorded by ASFMS in the cash receipts system and FLAIR. 2) meet with Financial Management staff and ensure the cash receipts application is programmed with the appropriate FLAIR accounting codes for substance abuse license fee collections.</p>	

A-1112DCF-010	6/30/2012	Child Care	<p>The current background screening law does not provide sufficient authority for the Department to adequately ensure compliance by summer camp personnel. The 2010 Florida Legislature passed House Bill 7069, effective August 1, 2010, which substantially rewrote the requirements for conducting background screening by state agencies. Key changes impacting the Department include ‘employees and volunteers working in summer day camps, or summer 24-hour camps providing care for children are among the personnel required to be Level 2 screened.’ According to the General Counsel’s Office, the law did not give the Department the authority or funding necessary to ensure compliance. The law states the Department may adopt rules relating to the screening requirements for camp personnel and shall have access to the personnel records of such facilities to ensure compliance with the screening requirements. The law does not provide for oversight authority as it specifically prohibits the Department from licensing summer day camps or summer 24-hour camps, nor provide funding to perform the additional applicant eligibility determinations or routine monitoring of the camps. To better protect the safety and well-being of Florida’s children, Internal Audit recommended the Department</p>	<p>The Child Care Program and Background Screening Office has submitted an LBR and legislative package to the Secretary for review and approval. It includes a registration requirement and staffing needs associated with the registration and screening workload.</p>	
A-1112DCF-010 (Continued)			<p>consider options such as a proposal to the Legislature regarding background screening of summer day camp and summer 24-hour camp personnel. This proposal may address the need for additional oversight authority such as registration of summer camps with the Department and funding to allow for routine compliance monitoring by the Department of the camps.</p>		

Fiscal Year 2013-14 LBR Technical Review Checklist

Department/Budget Entity (Service): Children and Families/Executive Direction and Support Services, Information Technology, Family Safety and						
Agency Budget Officer/OPB Analyst Name: Nevin Smith/Jackie Gray						
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification						
Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
1. GENERAL						
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	Y
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)					
	Y	Y	Y	Y	Y	Y
AUDITS:						
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)					
	Y	Y	Y	Y	Y	Y
1.4	Has security been set correctly? (CSDR, CSA)					
	Y	Y	Y	Y	Y	Y
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.					
2. EXHIBIT A (EADR, EXA)						
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 58 of the LBR Instructions?					
	Y	Y	Y	Y	Y	Y
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?					
	Y	Y	Y	Y	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	Y	Y	Y	Y
2.4	Have the coding guidelines in Section 3 of the LBR Instructions (pages 15 through 30) been followed?					
	Y	Y	Y	Y	Y	Y
3. EXHIBIT B (EXBR, EXB)						
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.					
	Y	N/A	N/A	Y	Y	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.					
	Y	N/A	N/A	N/A	N/A	Y
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	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	Y

Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
TIP Generally look for and be able to fully explain significant differences between A02 and A03.						
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.						
TIP Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.						
4. EXHIBIT D (EADR, EXD)						
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 61 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
4.2 Is the program component code and title used correct?	Y	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. EXHIBIT D-1 (ED1R, EXD1)						
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y	Y
UDITS						
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	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	Y	Y	Y	Y	Y
5.4 A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y	Y	Y	Y	Y	Y
TIP If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.						
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. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						

Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
6.1 Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	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. EXHIBIT 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	Y	Y	Y	Y
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 66-67 of the LBR Instructions.)	Y	Y	Y	Y	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	N/A	N/A	N/A	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	Y	N/A	N/A	N/A	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.)	N/A	N/A	Y	N/A	N/A	N/A
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.	N/A	N/A	N/A	N/A	N/A	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 the Exhibit D-3A.	Y	Y	Y	Y	Y	Y
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A	N/A	N/A	Y	N/A	N/A
7.9 Does the issue narrative reference the specific county(ies) where applicable?	N/A	N/A	N/A	Y	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	N/A	N/A	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	N/A	N/A	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	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	Y
7.14 Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
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	N/A	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 (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y	Y	N/A	N/A	N/A	N/A
7.17 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A	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	Y	Y	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	Y	Y	Y	Y
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	Y	Y	Y	Y	Y	Y
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A	N/A	N/A	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	Y	Y	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))	N/A	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 <u>net to zero for General Revenue funds.</u>						
TIP If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).						

Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
<p>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.</p>						
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)						
8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	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	Y
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	Y
8.4 Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y	Y	Y	Y	Y	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	Y	Y	Y	Y	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	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 trust funds?	Y	Y	Y	Y	Y	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 215.32(2)(b), Florida Statutes</i> - including the Schedule ID and applicable	Y	Y	Y	Y	Y	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	Y	Y	Y	Y	Y	Y
8.10 Are the statutory authority references correct?	Y	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	Y
8.12 Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y	Y	Y	Y	Y	Y
8.13 If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	Y	Y	Y	Y
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	Y
8.15 Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	Y	Y	Y	Y
8.16 Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	Y	Y	Y	Y
8.17 If applicable, are nonrecurring revenues entered into Column A04?	Y	Y	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
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	Y	Y	Y	Y	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	Y	Y	Y	Y
8.20 Are appropriate service charge nonoperating amounts included in Section II?	Y	Y	Y	Y	Y	Y
8.21 Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	Y	Y	Y	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	Y	Y	Y	Y
8.23 Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y	Y	Y
8.24 Are prior year September operating reversions appropriately shown in column A01?	Y	Y	Y	Y	Y	Y
8.25 Are current year September operating reversions appropriately shown in column A02?	Y	Y	Y	Y	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	Y	Y	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 analysis?	Y	Y	Y	Y	Y	Y
8.28 Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y	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	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")	Y	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)	Y	Y	Y	Y	Y	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.						

Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
TIP Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.						
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1 Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 157 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
10. SCHEDULE 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	N/A	N/A	N/A	N/A
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	Y	Y	Y	Y	Y
11. SCHEDULE IV (EADR, SC4)						
11.1 Are the correct Information Technology (IT) issue codes used?	Y	Y	N/A	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. SCHEDULE VIIIA (EADR, SC8A)						
12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y	Y	Y	Y	Y	Y
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1 NOT REQUIRED FOR THIS YEAR	N/A	N/A	N/A	N/A	N/A	N/A
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	Y	Y	Y	Y	Y
15. SCHEDULE XI (USCR, SCXI) (LAS/PBS Web - see page 105-109 of the LBR Instructions for detailed instructions)						
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), Florida Statutes</i> , the Legislature can reduce the funding level for any agency that does not provide this information.)	Y	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	Y
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	Y	Y	Y	Y	Y
15.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y	Y	Y	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 Found")	Y	Y	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910604	60910708
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.)	N/A	N/A	N/A	N/A	N/A	N/A
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	Y
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.						
16. MANUALLY PREPARED EXHIBITS & SCHEDULES						
16.1 Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y	Y
16.2 Are appropriation category totals comparable to Exhibit B, where applicable?	Y	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	Y
AUDITS - GENERAL INFORMATION						
TIP Review <i>Section 6: Audits</i> 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. CAPITAL IMPROVEMENTS PROGRAM (CIP)						
17.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	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)?	Y	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)?	Y	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	N/A
17.5 Are the appropriate counties identified in the narrative?	N/A	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	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 justification.						
18. FLORIDA FISCAL PORTAL						
18.1 Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y	Y	Y	Y	Y	Y

Florida Department of Children and Families
Temporary Special Duty—General Pay Additives Implementation Plan
Fiscal Year 2013-2014

Pursuant to Section 110.2035(7)(b), F.S., this is the Florida Department of Children and Families (DCF) written plan for implementing temporary special duties—general pay additives for Fiscal Year 2013-14. DCF requests approval to continue long-standing pay additives. The agency is not requesting any additional rate or appropriations for these additives.

In accordance with previous rule authority in 60L-32.0012, Florida Administrative Code, the agency has used existing rate and salary appropriations to grant pay additives when warranted based on the duties and responsibilities of the position. The requested additives are justified for reasons such as the need to recruit and retain employees with key skills and the specialized training required to perform the duties.

Pay additives are a valuable management tool which allows agencies to recognize and compensate employees for identified duties without providing a permanent pay increase.

DCF submits the following plan to continue to pay Temporary Special Duty—General Pay Additives:

Certified Nursing Assistant Pay Additive

1. Northeast Florida State Hospital (NEFSH) has Career Service positions that require incumbents to possess a Certified Nursing Assistant (CNA) license that are assigned to one of six living areas at NEFSH.
2. The justification for this Temporary Special Duty—General Pay Additive is as follows:

Currently, six living areas (M1, W1, 3C, 2F, 32N, 32S) at Northeast Florida State Hospital are designated as CNA areas; residential areas which require all staff to hold a Certified Nursing Assistant license. The individuals served on these 6 living areas are medically complex, in addition to being diagnosed with severe and persistent mental illness. In order to provide care for these multi-medical problem individuals, an extensive skill set above that of the regular direct care staff, is required. The staff providing care in these areas has received extensive training and has passed both a written and practical exam in order to be licensed by the state of Florida.

Northeast Florida State Hospital contracts with Baptist Hospital in Jacksonville to provide any advanced medical/surgical care which cannot be provided in-house. The contract requires that a Certified Nursing Assistant accompany each individual when they are admitted to Baptist and throughout their stay in order to provide the specialized care the individuals require.

Because of the Certified Nursing Assistant's additional training and extensive skills which are also in demand by outside nursing homes, medical hospitals, and numerous other facilities, a 5% additive is critical to the hiring and retention of these staff.

3. These additives will be in effect from the first day the incumbent is assigned to one of the designated living areas.
4. These additives will be effective until the incumbent leaves that position/designated living area.
5. The employees will receive a five percent (5%) salary additive to their base rate of pay.
6. A total of 114 F.T.E. Career Service positions will receive the pay additive.

The positions are in the following classifications:

--Human Service Worker I

--Human Service Worker II

--Unit Treatment and Rehabilitation Specialist

7. These pay additives have been provided for at least the past 10 years. There were 67 positions that received the additive during the 2011-2012 Fiscal Year.

8. Annual Cost approximately \$145,918.86.

9. The classes included in this plan are represented by AFSCME Council 79. The relevant collective bargaining agreement language states as follows: "Increases to base rate of pay and salary additives shall be in accordance with state law and the Fiscal Year 2012-2013 General Appropriations Act." See Article 25, Section 1 (B) of the AFSCME Agreement. We would anticipate similar language in future agreements. DCF has a past practice of providing these pay additives to bargaining unit employees.

Specialty Care Additive

1. Florida State Hospital (FSH) has seven (7) positions that receive a Temporary Special Duty—General pay additive for working in the medically complex geriatric area (Special Care Level II).
2. These pay additives are necessary in order to retain employees in this area where employees are difficult to keep. The agency requests approval to continue to grant this additive to the individuals that currently are receiving the additive.
3. These additives will be effective until the incumbent leaves that position/designated area.
4. The employees will receive a five percent (5%) salary additive to their base rate of pay.
5. A total of seven (7) F.T.E. Career Service positions receive the pay additive. The positions are in the following Career Service classifications:
 - Human Service Worker I
 - Unit Treatment and Rehabilitation Specialist

6. These pay additives have been provided for at least the past 10 years.

7. Annual Cost approximately \$5,286.32.

8. The classes included in this plan are represented by AFSCME Council 79. The relevant collective bargaining agreement language states as follows: "Increases to base rate of pay and salary additives shall be in accordance with state law and the Fiscal Year 2012-2013 General Appropriations Act." See Article 25, Section 1 (B) of the AFSCME Agreement. We would anticipate similar language in future agreements. DCF has a past practice of providing these pay additives to bargaining unit employees.

Questions regarding this plan may be directed to Dennise Parker, HR Director, at (850) 488-1700 or Robert Henley in DCF HQ HR at (850)717-4541.