

LEGISLATIVE BUDGET REQUEST

Rick Scott  
Governor  
■■  
Barbara Palmer  
Director  
■■  
State Office  
■■  
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Suite 380  
Tallahassee  
Florida  
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(866) APD-CARES  
(866-273-2273)

Agency for Persons with Disabilities  
Tallahassee

October 14, 2016

Cynthia Kelly, Director  
Office of Policy and Budget  
Executive Office of the Governor  
1701 Capitol  
Tallahassee, Florida 32399-0001


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

Tim Sadberry, Deputy Staff Director  
Senate Committee on Appropriations  
201 Capitol  
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Agency for Persons with Disabilities 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 2017-18 Fiscal Year.

This submission has been approved by Barbara Palmer, Director, Agency for Persons with Disabilities.

  
Barbara Palmer  
Director

## **Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2017-2018**

Section 110.2035(7)(b), Florida Statutes, provides that each state agency shall include in its annual legislative budget request a proposed written plan for implementing temporary special duties – general pay additives during the next fiscal year. The agency is not requesting any additional rate or appropriations for these additives.

In accordance with rule authority in 60L-32.0012, Florida Administrative Code, the agency had granted pay additives when warranted based on the duties and responsibilities of key positions. The requested additives are justified for reasons such as additional assigned duties and responsibilities when a key position become vacant.

Temporary pay increases are used in a variety of circumstances such as:

- An employee performing additional duties of a higher level position where the incumbent has been temporarily assigned other duties;
- An employee who meets the criteria for out of title work under a collective bargaining agreement. An employee performing additional duties of a coworker who is absent in accordance with s. 60L-32, F.A.C.;
- An employee performing additional duties of a significant nature and time regarding a special project or special assignment not normally assigned to the employee.

### **Effective Dates:**

The additive will be in effect beginning the first day of the added duties or, when the temporary special duty is for an employee covered by an applicable collective bargaining unit contract and in accordance with s. 60L-32, F.A.C.. The additive will be in effect for the length of time the position is vacant or until such time as management decides that the additional duties can be removed from the employee receiving the additive, but in either case an additive can extend no longer than 90 days without an approved extension by the Department of Management Services.

### **Additive Amount:**

Up to 10% of the employee's base salary (or the option to go to the minimum of the higher level pay grade, if determined appropriate).

### **Estimated Annual Cost:**

The agency estimates temporary special duty pay additives of approximately \$8,000 for next fiscal year which is consistent with previous years' expenditures.



agency for persons with disabilities  
*State of Florida*

**Legislative Budget Request  
Fiscal Year 2017-18**

**Department Level  
67000000**

**Exhibits and Schedules**

**Barbara Palmer  
Director**

**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:	<b>Agency for Persons with Disabilities</b> <b>Agency for Health Care Administration</b>		
Contact Person:	APD: Richard Tritschler, General Counsel AHCA: Stuart Williams, General Counsel.	Phone Number:	APD: (850) 414-8052 AHCA: (850) 412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Petitioners: AHCA and APD Respondent: Centers for Medicaid & Medicare Services (CMS)		
Court with Jurisdiction:	None. But if any appeal is made it this will be an administrative appeal through the Department of Health and Human Services ("DHHS").		
Case Number:	None at this time. For identifying purposes, this would be an appeal of OIG Audit A-04-10-00076.		
Summary of the Complaint:	<p>On March, 2013, CMS issued a demand letter memorializing the findings of CMS Audit A-04-10-00076 that requests a refund of \$4,386,952 (\$2, 193,476 federal share). This amount represents payments in excess of the allowable amount identified in the Department of Health &amp; Human Services, Office of Inspector General's report on Florida Claimed Some Medicaid Administrative Costs That Did Not Comply with Program Requirements for federal fiscal year 2007 through 2009, (Report number A-04-1 0-00076), issued March 1, 2013.</p> <p>The review found that the Medicaid Agency claimed Medicaid administrative costs that did not comply with federal requirements. The report identified costs that did not comply because certain employees in sampled positions did not complete the RMS observation forms as specified in the cost allocation plan, and the RMS coordinator's review did not detect noncompliance. As a result, the Agency for Persons with Disabilities' Medicaid reimbursable observation percentages used to calculate its Medicaid administrative costs were overstated.</p>		
Amount of the Claim:	\$4,386,952 (\$2, 193,476 federal share). Amended amount after CMS review is \$1,774,798.		
Specific Statutes or Laws (including GAA) Challenged:	This is an overpayment determination, and so the validity of state law is not at issue.		
Status of the Case:	AHCA responded to the Demand letter on 6/3/14. APD sent a second response on 6/13/14. Based on additional review by CMS, CMS issued a disallowance letter with a reduced amount of \$1,774,798. AHCA and APD are seeking reconsideration.		
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 – Carolyn F. Corwin, Covington & Burling, Washington, D.C.	
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).	This is not a class action lawsuit.		

**Schedule VII: Agency Litigation Inventory**

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Agency:	<b>Agency for Health Care Administration (LEAD AGENCY)</b>		
Contact Person:	Richard Tritschler, APD, General Counsel	Phone Number:	850-414-8052
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	United States v. State of Florida; now consolidated with A.R. V. Dudek.		
Court with Jurisdiction:	U.S. Dist. Ct. Southern District of Florida		
Case Number:	13-61576-CIV-WJZ consolidated with 12-60460-CIV		
Summary of the Complaint:	Alleged violations of the Americans with Disabilities Act, as amended; persons under the age of 21 are unnecessarily in nursing facilities (NF) and at risk of being placed in NF; state has not funded necessary services.		
Amount of the Claim:	DOJ sought damages for pain and suffering of Medicaid recipients under age 21, plus injunctive relief. On June 9, 2016, the Magistrate Judge entered a Report & Recommendation on the State's Motion for Partial Summary Judgment recommending partial summary judgment be granted, and that the United States claim for damages be dismissed. DOJ did not file any objection to the Report and Recommendation.		
Specific Statutes or Laws (including GAA) Challenged:	Action is brought pursuant to the Americans with Disabilities Act, as amended.		
Status of the Case:	7/1/2016 Judge Zloch cancelled the scheduled pre-hearing conference, and indicated within the next few weeks, he would enter a substantive order in the case. No trial date has been set. Awaiting the Order from Judge Zloch		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel – Gray Robinson, PA	
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).	Quasi class action brought by the U.S. Department of Justice.		

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Agency:	<b>Agency for Persons with Disabilities</b>		
Contact Person:	Richard Tritschler, General Counsel	Phone Number:	(850) 414-8052
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	J.D.S. v. APD		
Court with Jurisdiction:	Orange County Circuit Court		
Case Number:	06-CA-955		
Summary of the Complaint:	J.D.S. was a developmentally disabled client in a licensed group home who was allegedly raped and impregnated.		
Amount of the Claim:	\$1,150,000.00 originally - now \$950,000.		
Specific Statutes or Laws (including GAA) Challenged:	An adverse ruling would have expanded the "special relationship" exception to the general rule that a health services agency is not vicariously liable when the agency enters into an independent services contract with a licensed group home.		
Status of the Case:	This case was settled and dismissed, with prejudice, for the payment of \$200,000 by the Division of Risk Management. In addition, the Agency agreed to include \$950,000 in its FY 2013-2014 Legislative Budget Request. Claims bills in 2013-2016 have failed to pass the legislature. For 2017, SB 28 by Senator Simmons was filed on August 1, 2016.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel – Larry Townsend, Esq. for Risk Mgt. and APD	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A-This is not a class action lawsuit.		

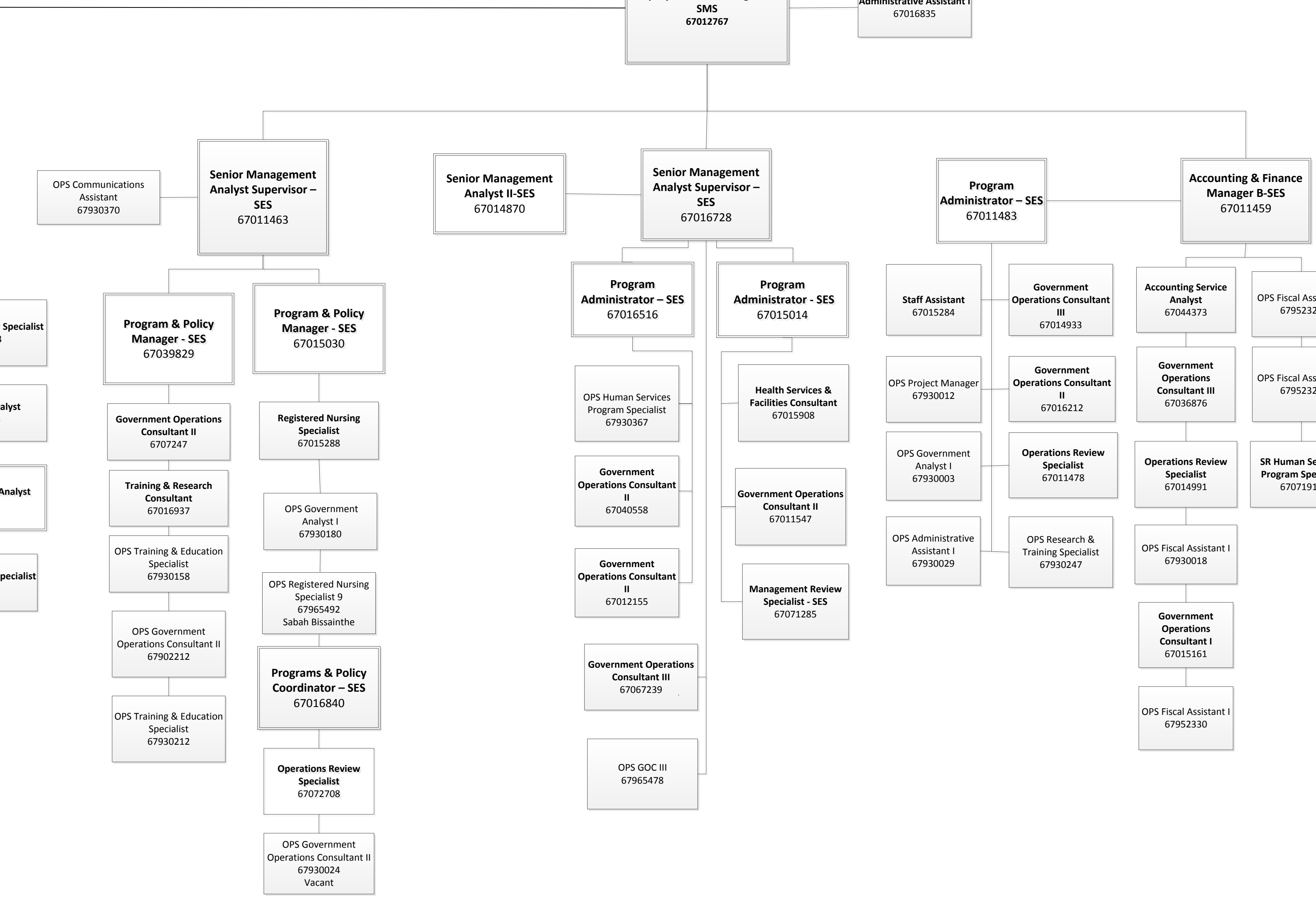
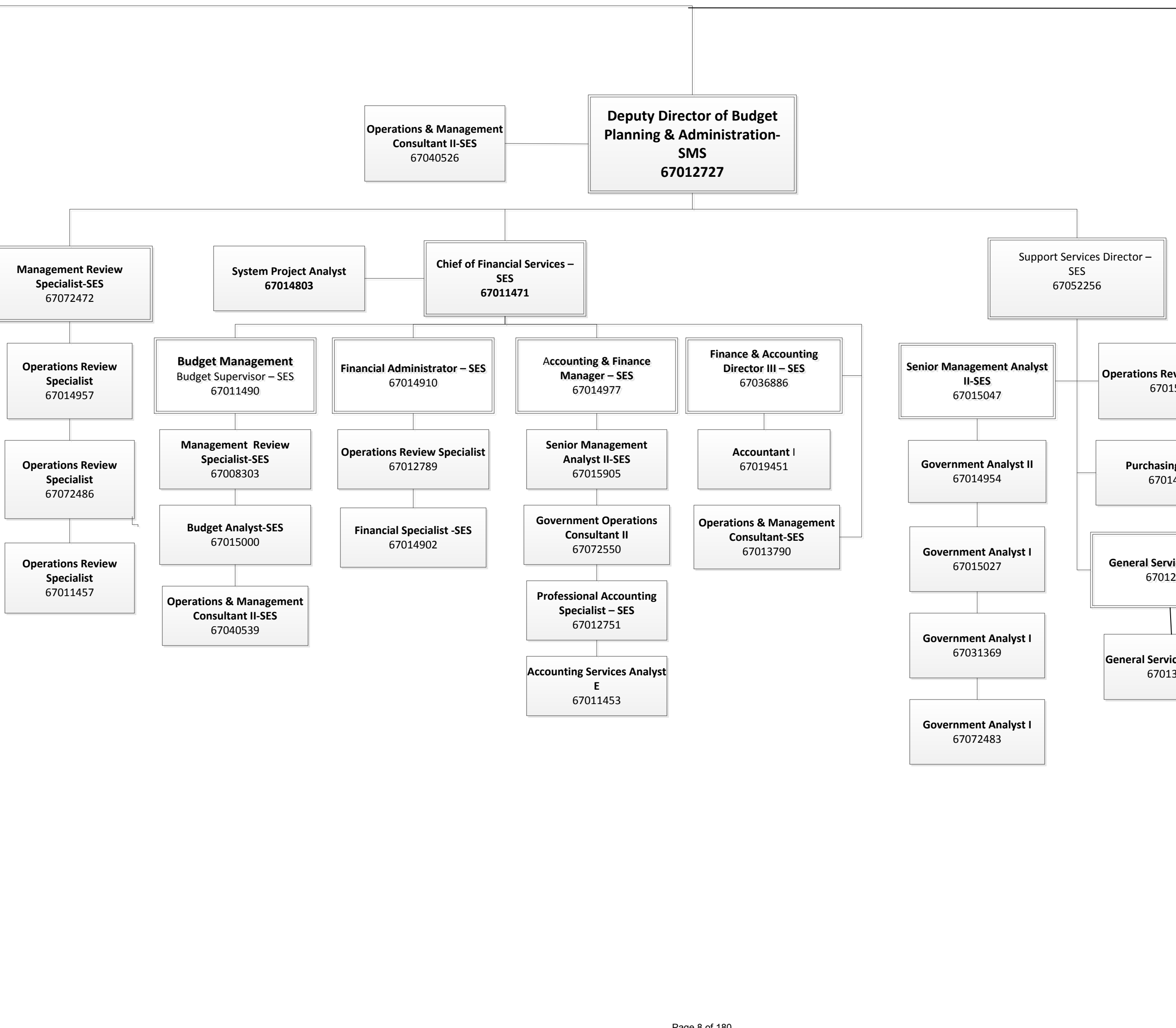
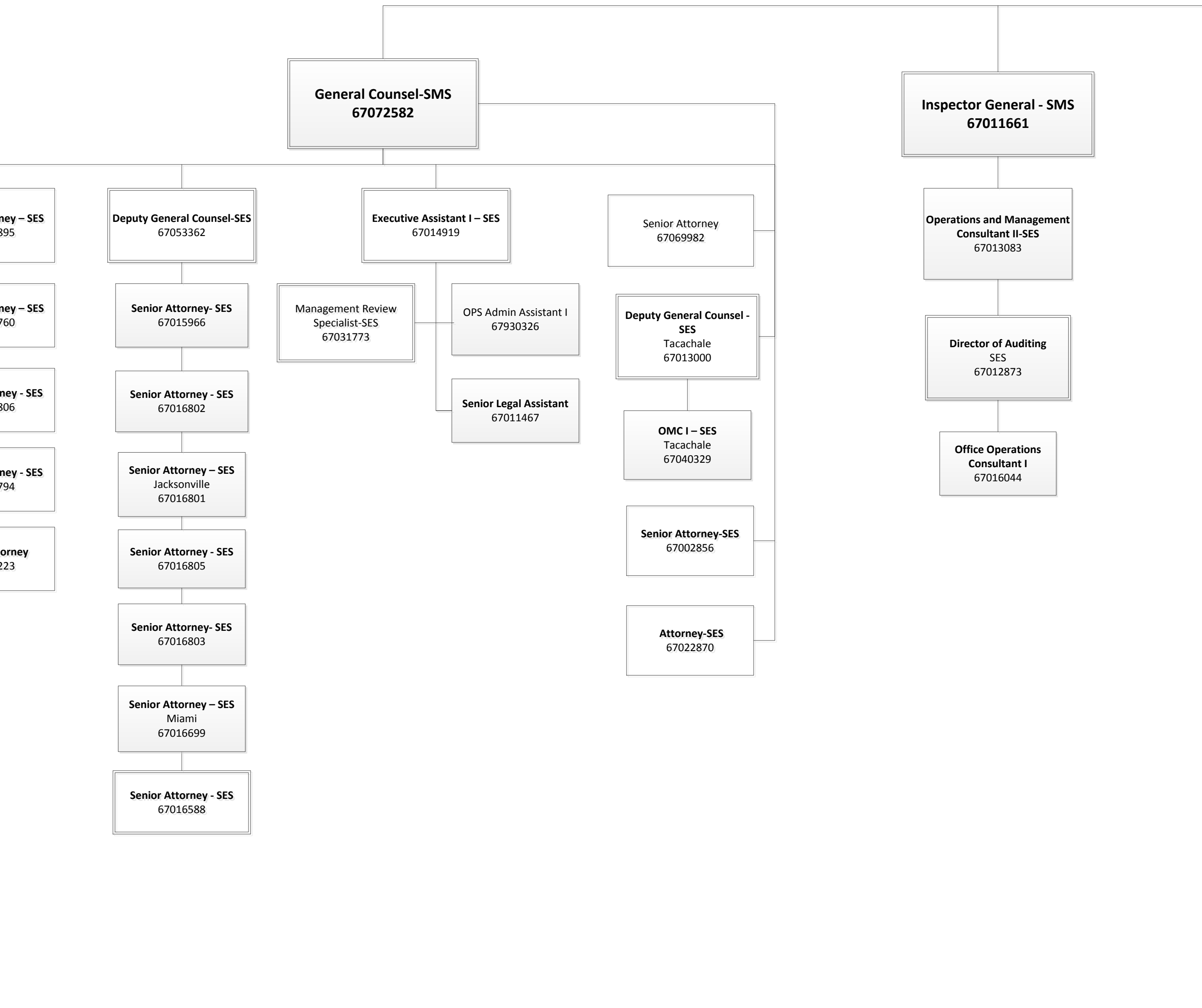
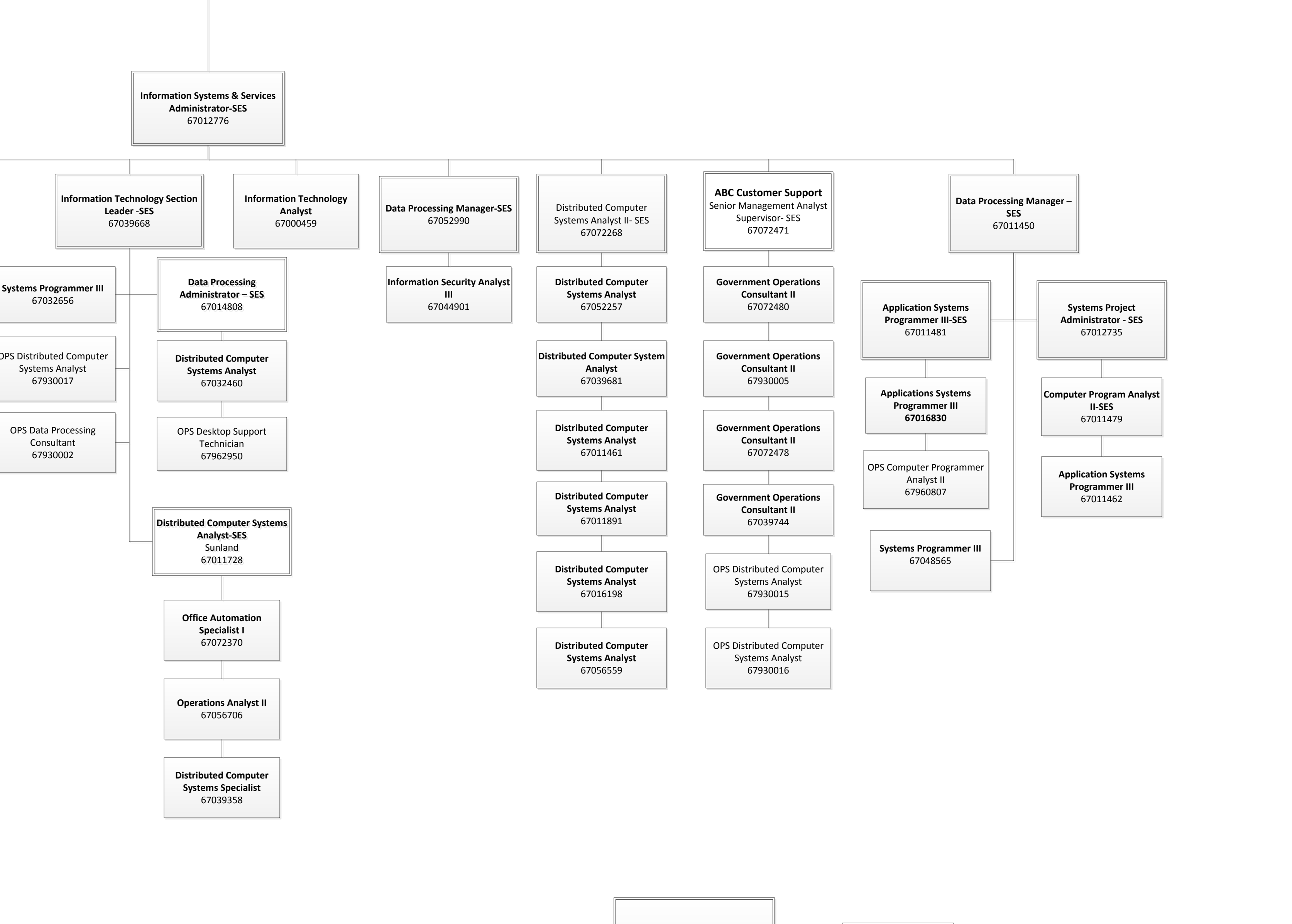
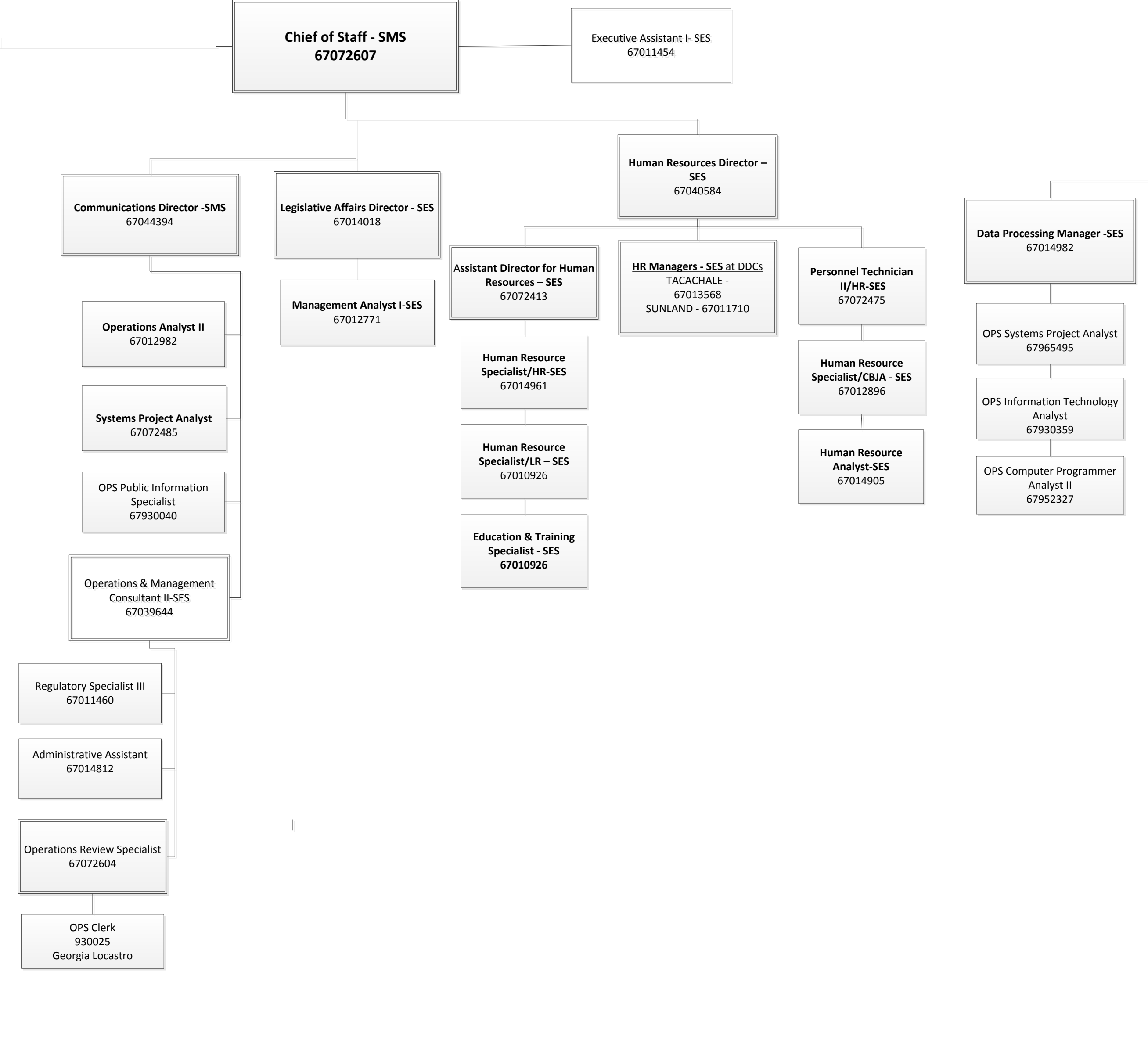
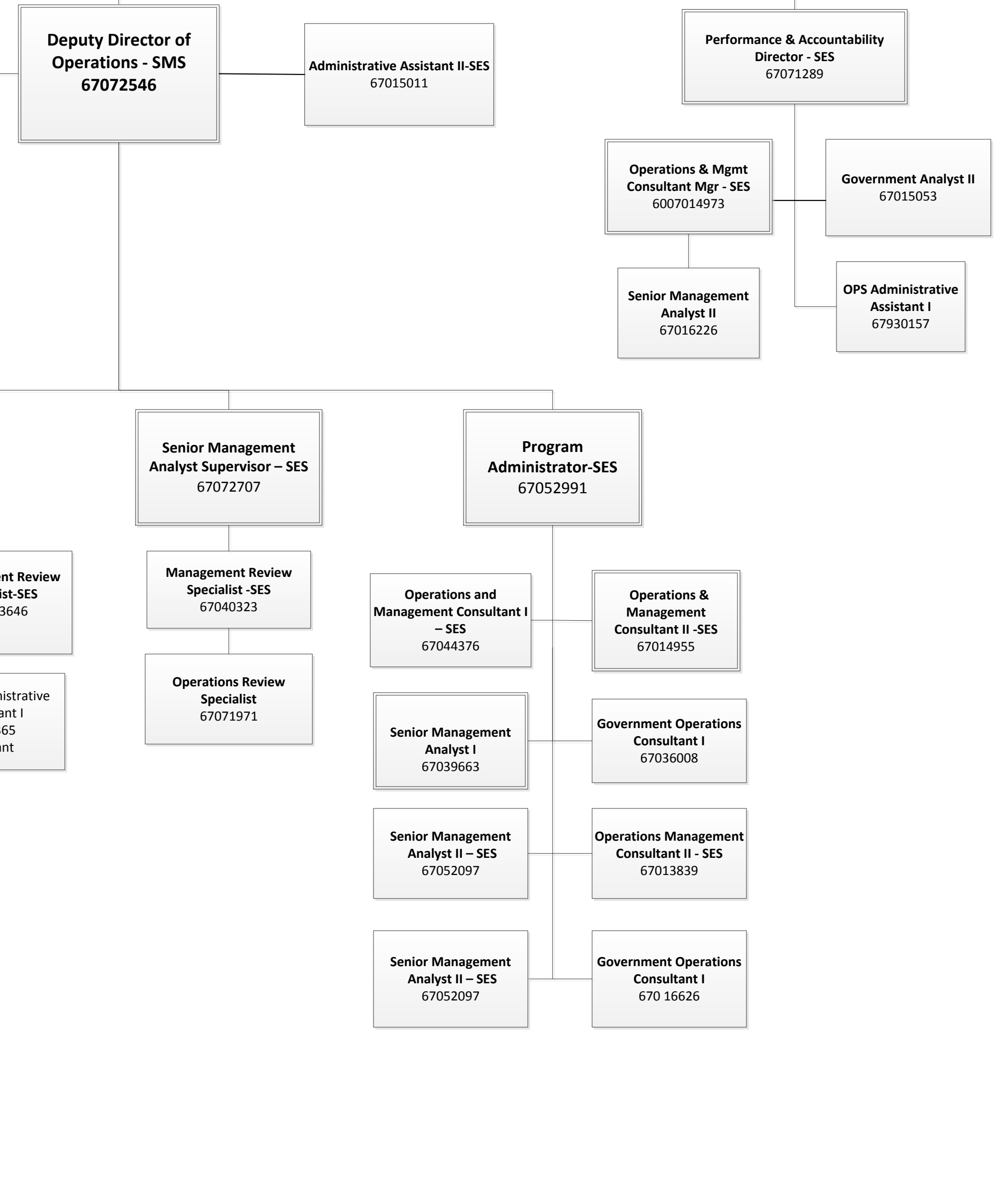
**Schedule VII: Agency Litigation Inventory**

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

Agency:	<b>Agency for Persons with Disabilities</b>		
Contact Person:	Richard Tritschler, General Counsel	Phone Number:	(850) 414-8052
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	G.B. et al v. APD (iBudget Rule Challenge 2)		
Court with Jurisdiction:	First District Court of Appeal		
Case Number:	1DCA # 1D16-3046		
Summary of the Complaint:	On October 19, 2015 an administrative rule challenge was filed to the iBudget rules. The petition charged that the rules exceeded the Agency's authority and failed to determine each client's level of need and were arbitrary and capricious. The petitioner attacked the accuracy of the algorithm in support of their allegation. The petition also alleged that the Agency failed to create a rule specifying the amount of reserve funds the Agency must set aside for significant additional needs funding authorized under 393.0662(1)(b), Florida Statutes (2015). Further, the petition challenged the Agency's determination of no regulatory costs.		
Amount of the Claim:	Exposure to attorney fees estimated at up to \$50,000 if the DOAH decision is reversed by the 1 <sup>st</sup> DCA. A reversal by the 1 <sup>st</sup> DCA may result in further law changes.		
Specific Statutes or Laws (including GAA) Challenged:	None. Challenge to the iBudget Rules – 65G-4.0213 through 65G-4.0218, Florida Administrative Code (F.A.C.).		
Status of the Case:	On June 3, 2016, the administrative law judge issued an order upholding the iBudget rules as valid, and in a separate order denied each side their respective motions for attorney's fees. On July 5, 2016, counsel for the Petitioners filed a Notice of Appeal in the First District Court of Appeal.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel	
		Office of the Attorney General or Division of Risk Management	
	X	Outside Contract Counsel – David Yon, Radey Law Firm, Tallahassee, FL	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A-This is not a class action lawsuit.		

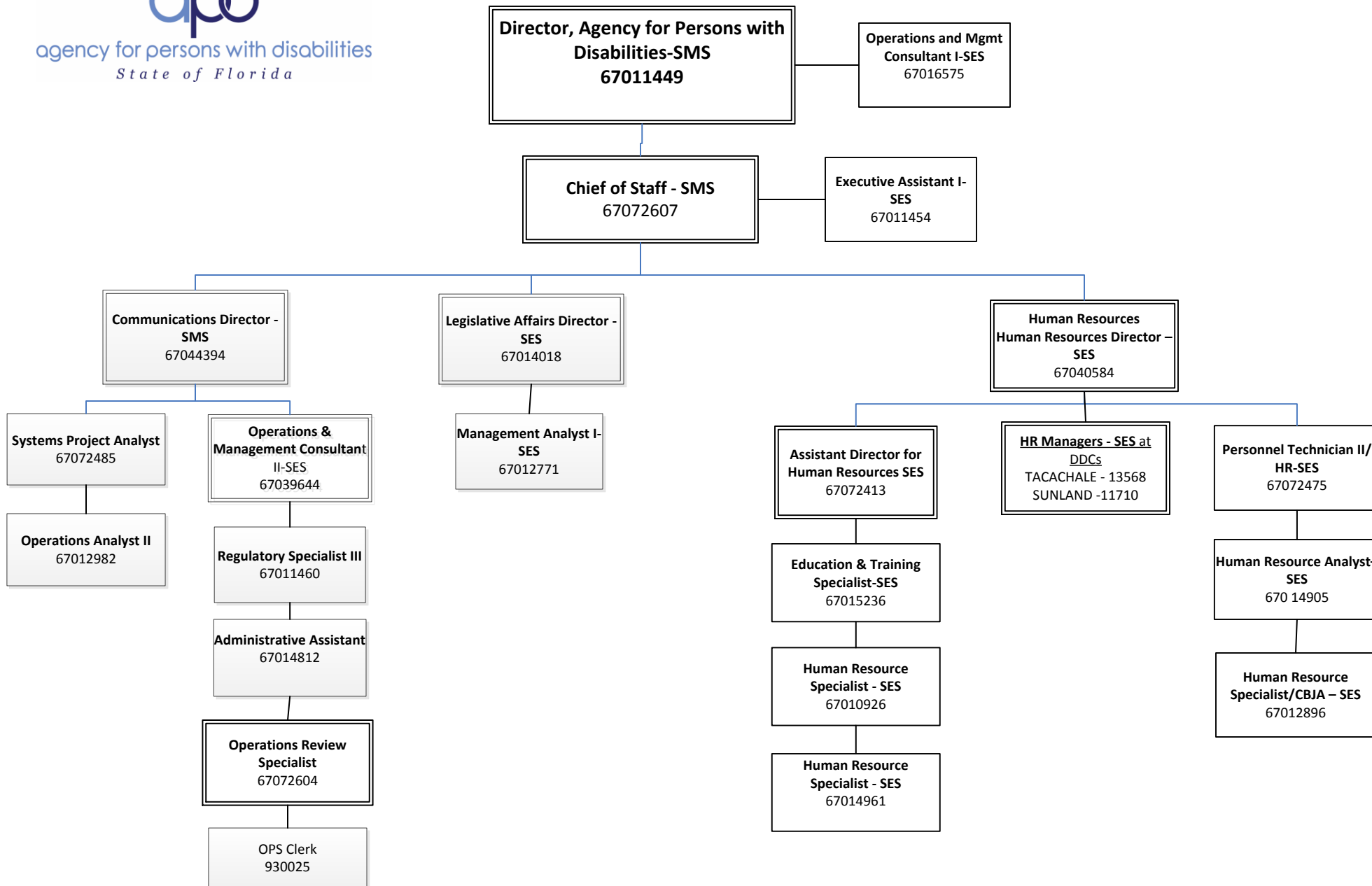
Director, Agency for Persons with Disabilities-SMS  
67011449

- Regions and Facilities**
- Regional Operations Manager - Northwest Region 67032042
  - Regional Operations Manager - Northeast Region 67021562
  - Regional Operations Manager - Suncoast Region 67016434
  - Regional Operations Manager - Central Region 67021243
  - Regional Operations Manager - South Region 67016144
  - Regional Operations Manager - Southeast Region 67029069
  - Facilities Superintendent - Sunland 67011571
  - Facilities Superintendent - Tacachale 67012648

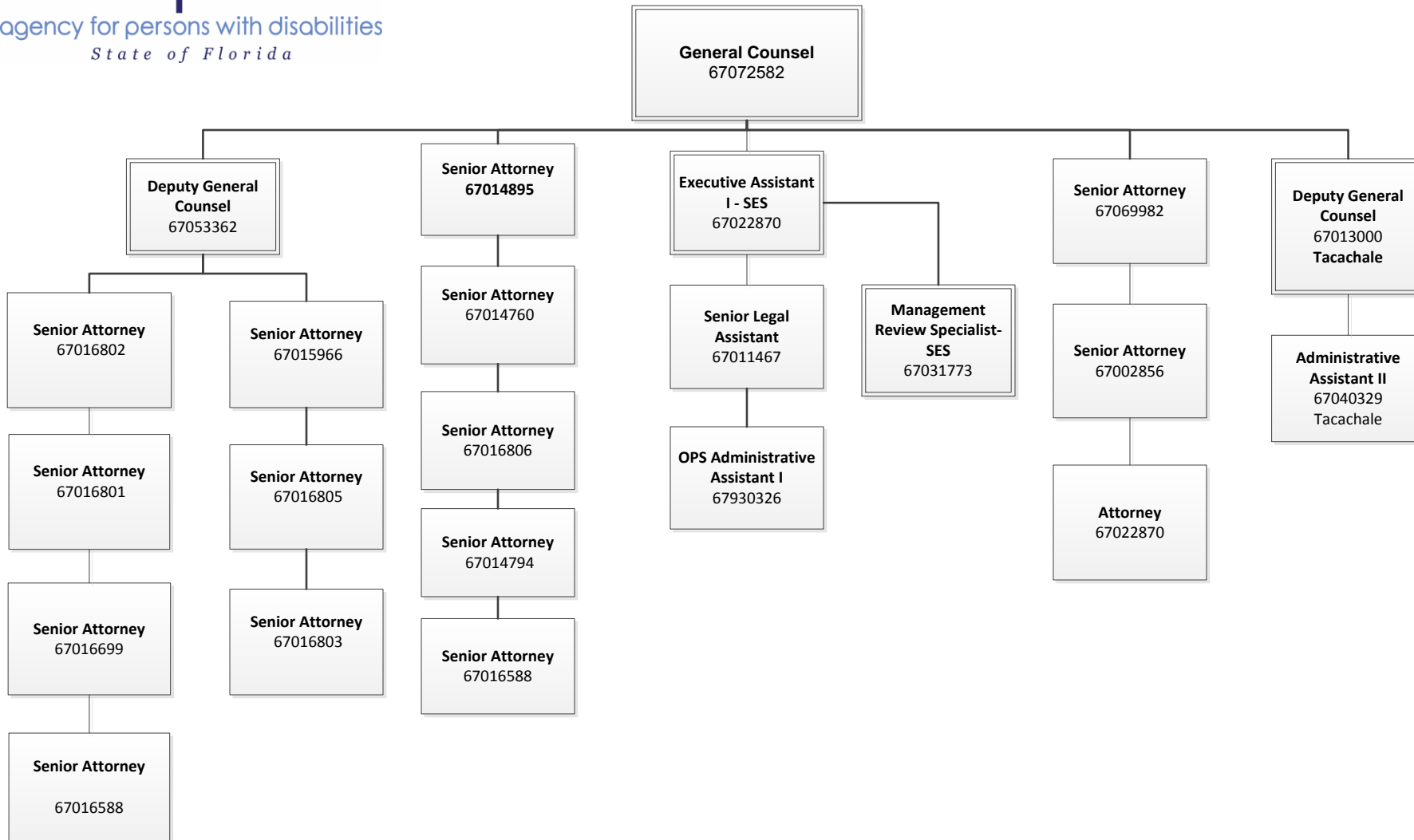




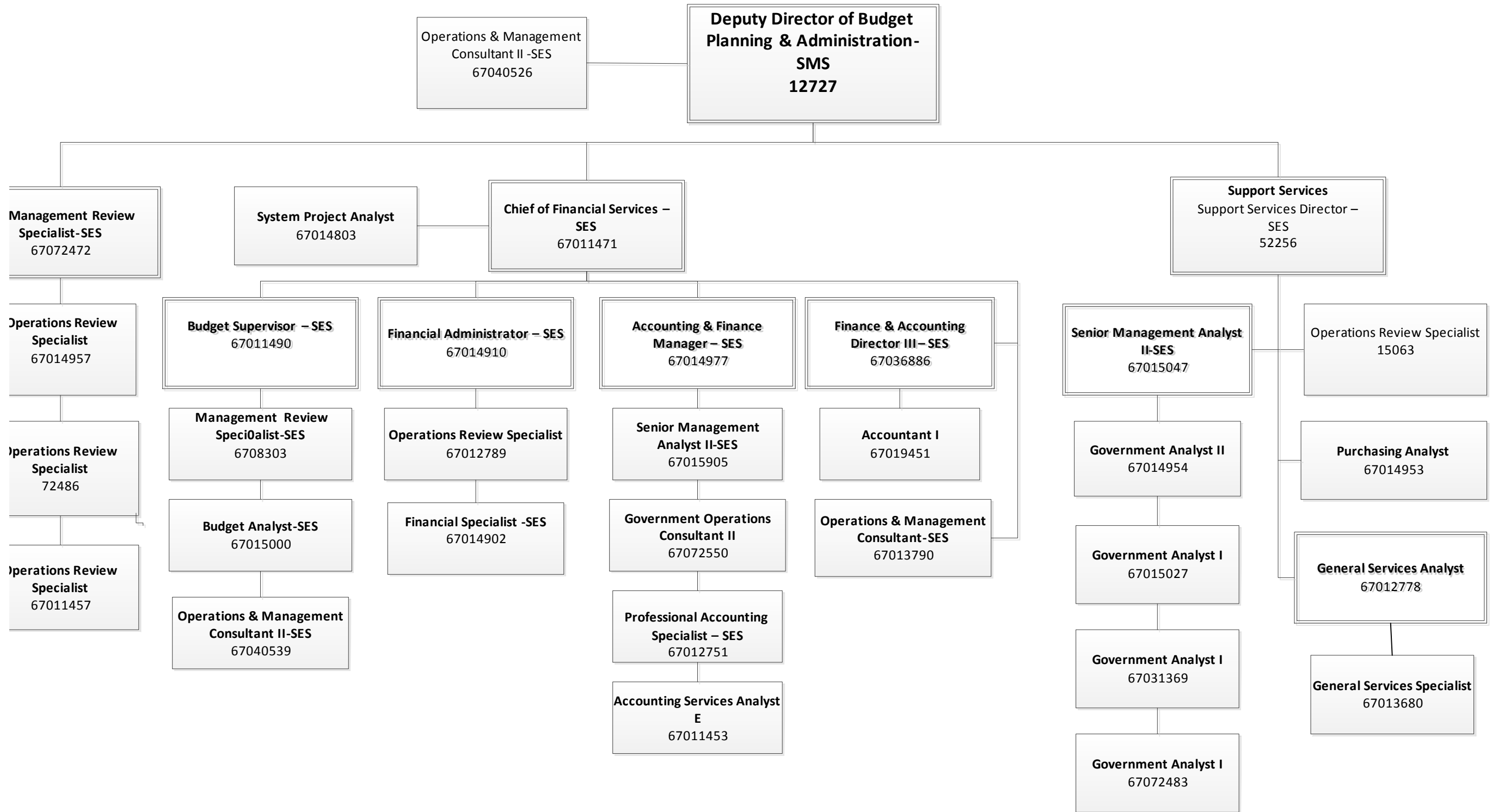
CHIEF OF STAFF Organization Chart



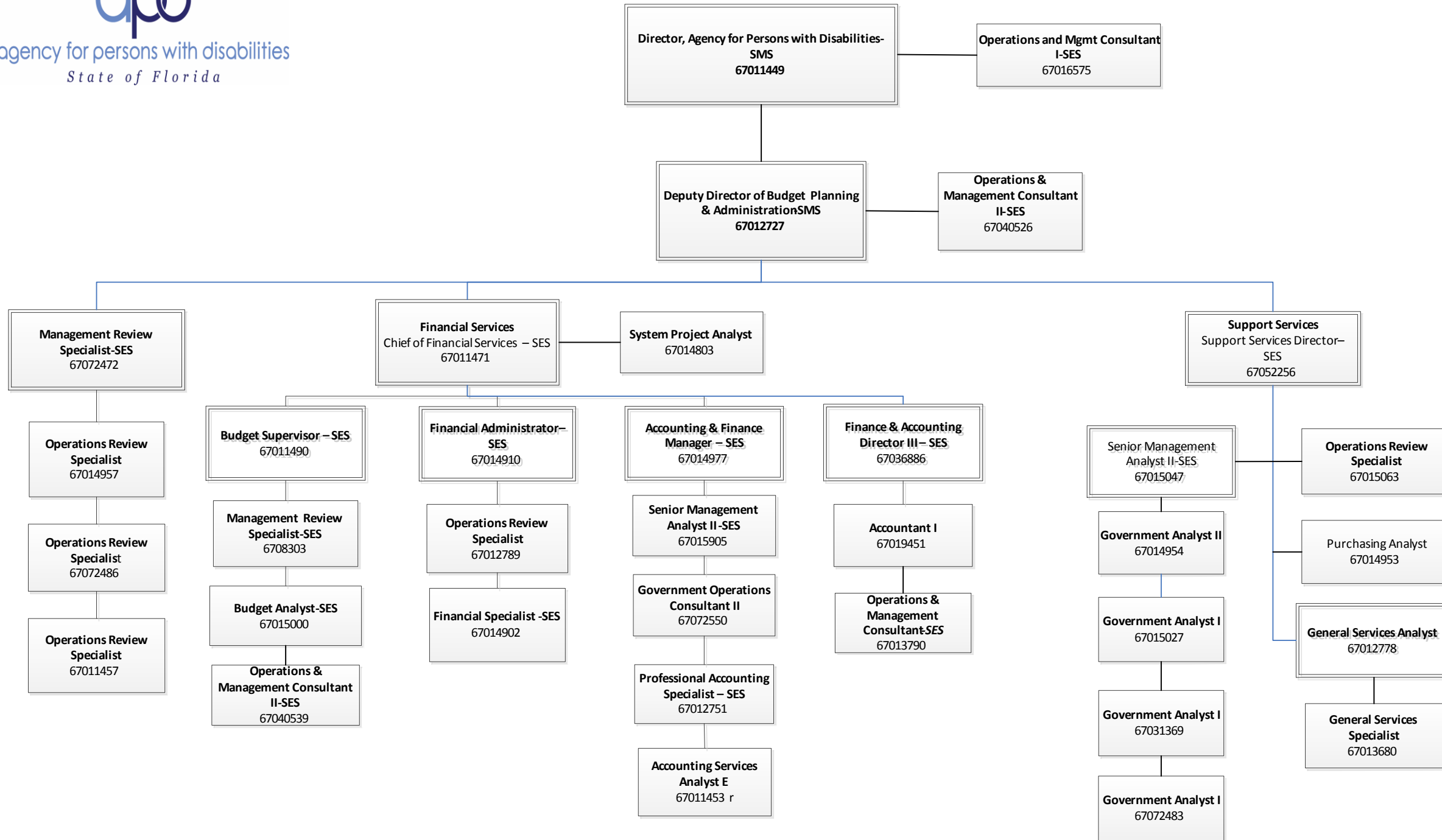
GENERAL COUNSEL ORGANIZATION CHART



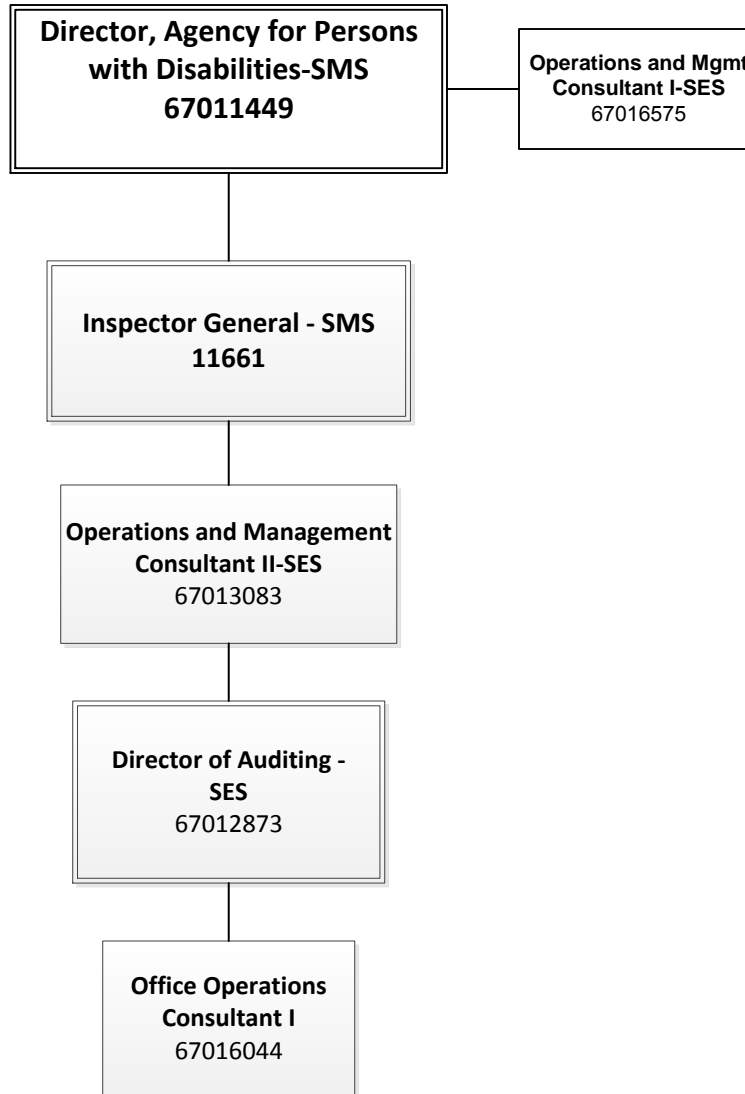
BUDGET FINANCE ORGANIZATION CHART



BUDGET FINANCE ORGANIZATION CHART

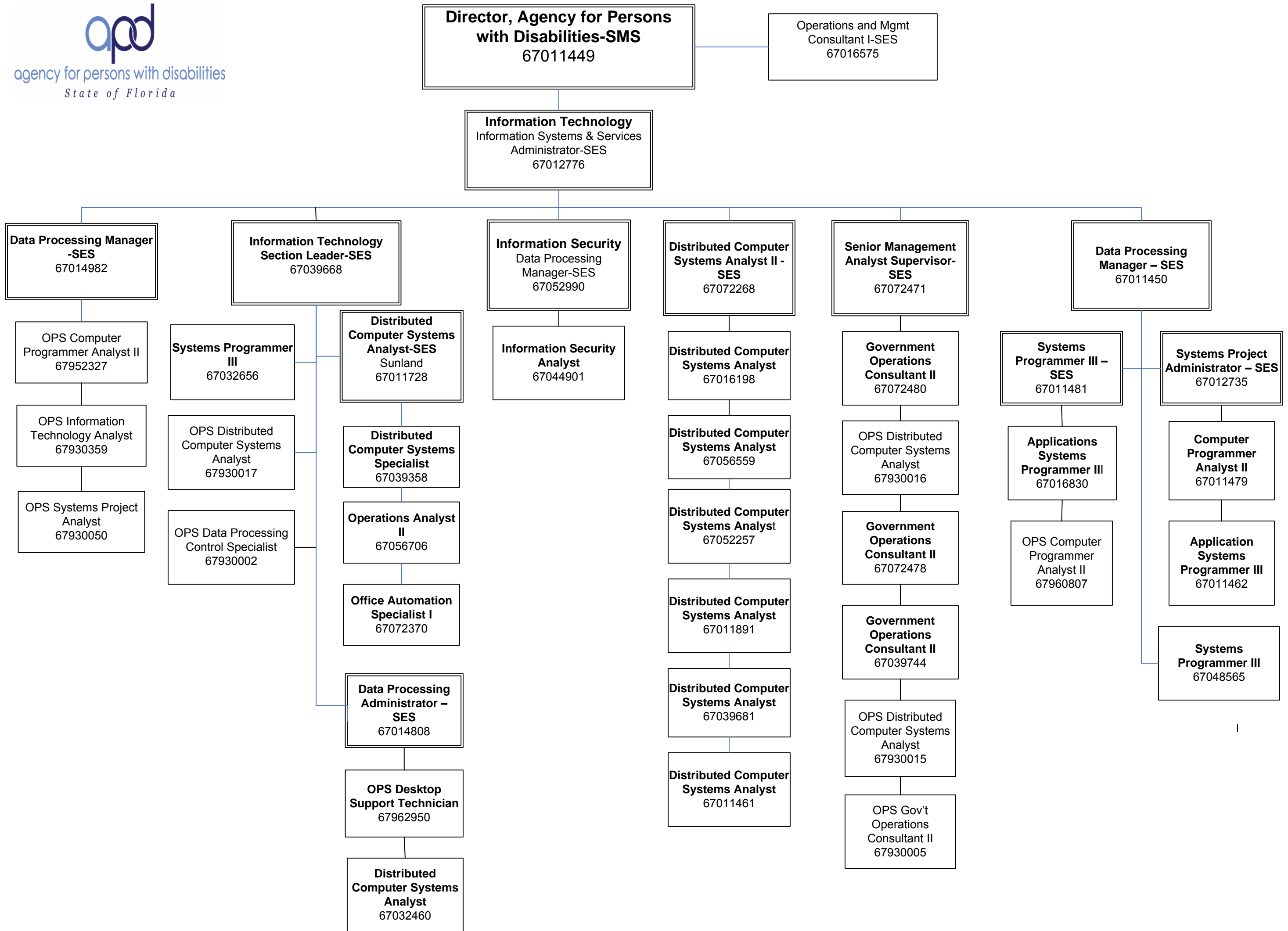


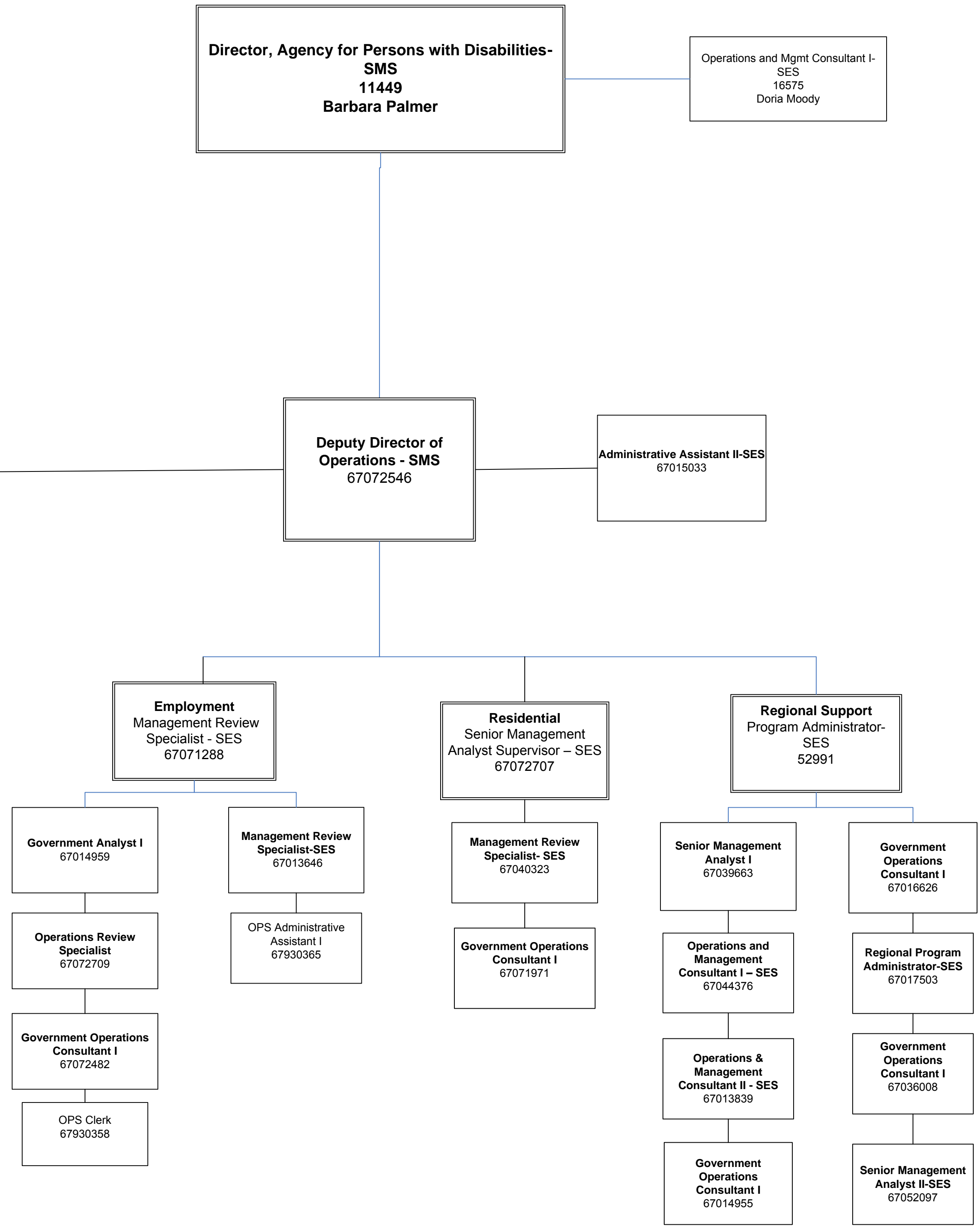
INSPECTOR GENERAL ORGANIZATION CHART

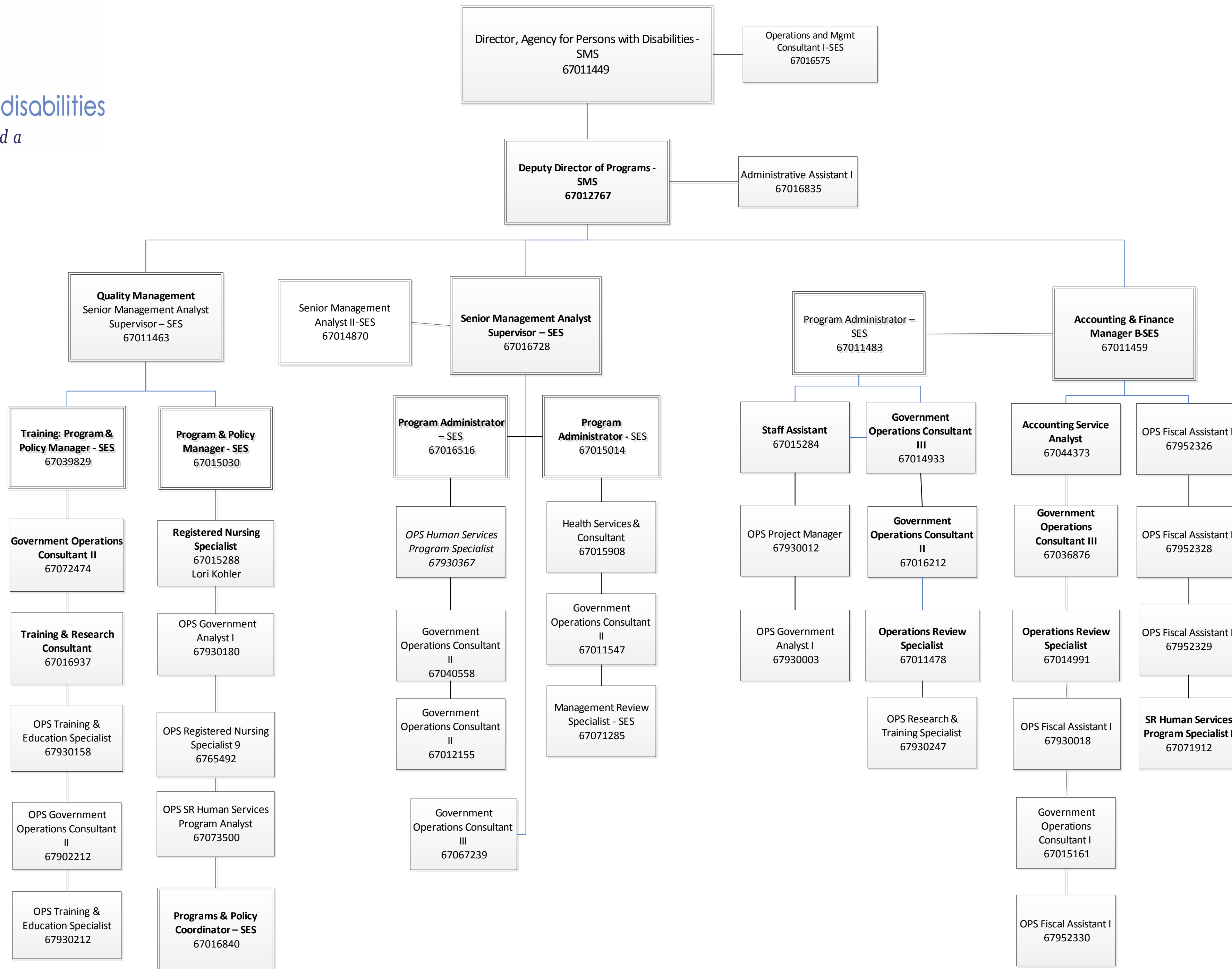




INFORMATION TECHNOLOGY ORGANIZATION CHART

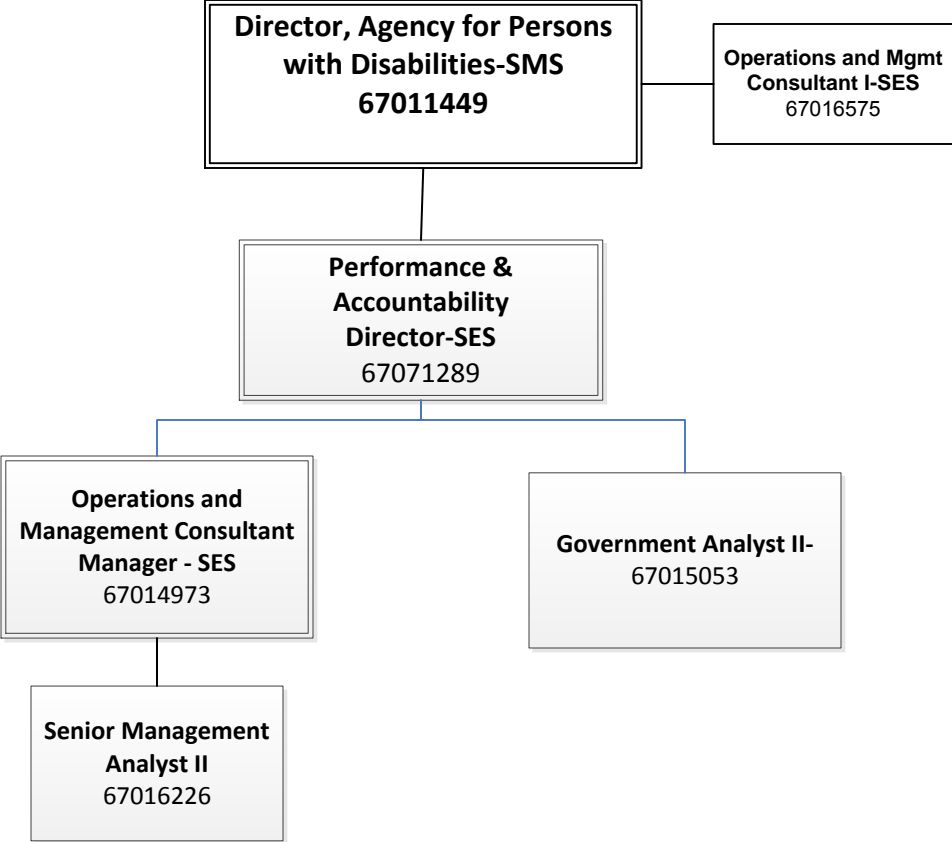




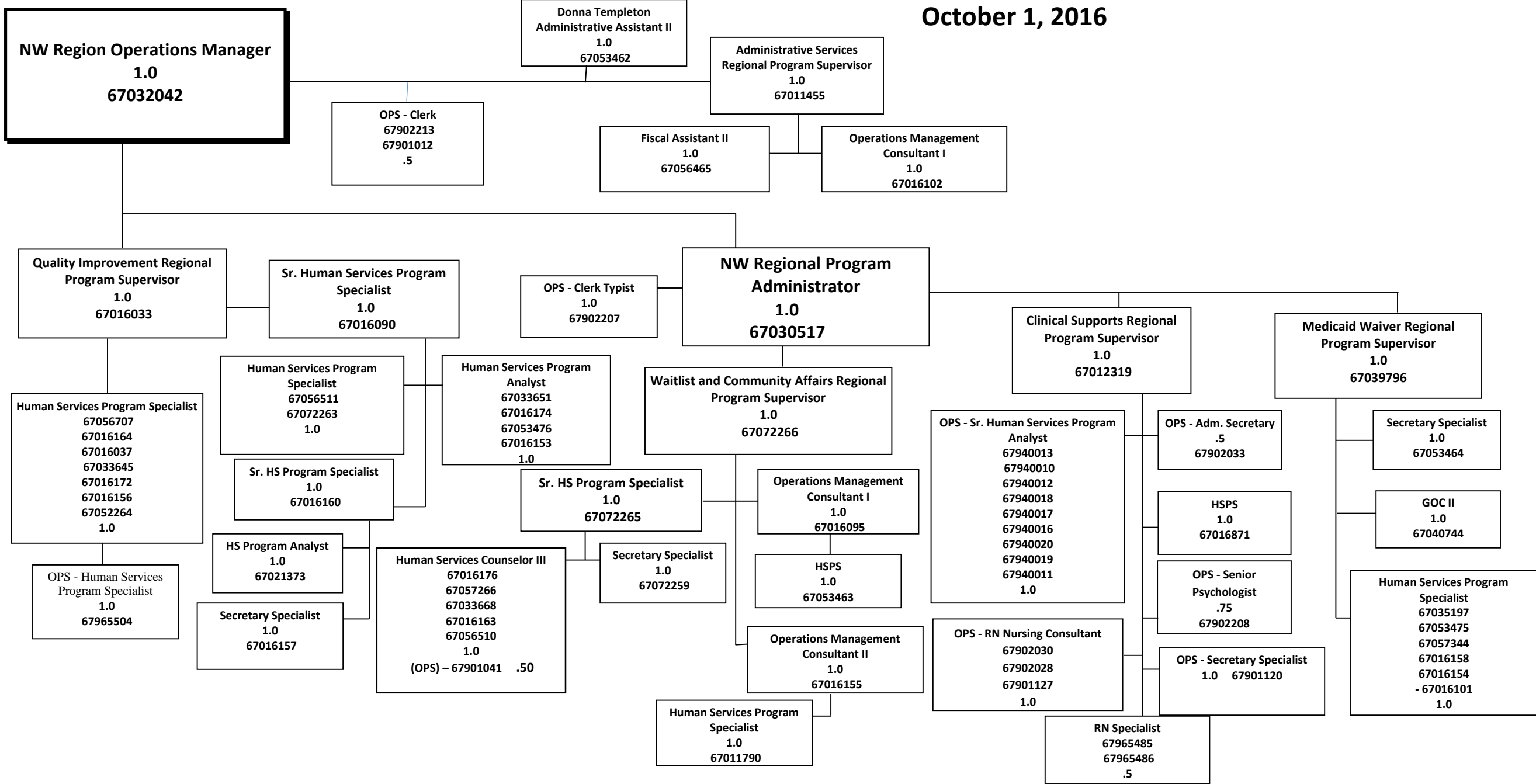




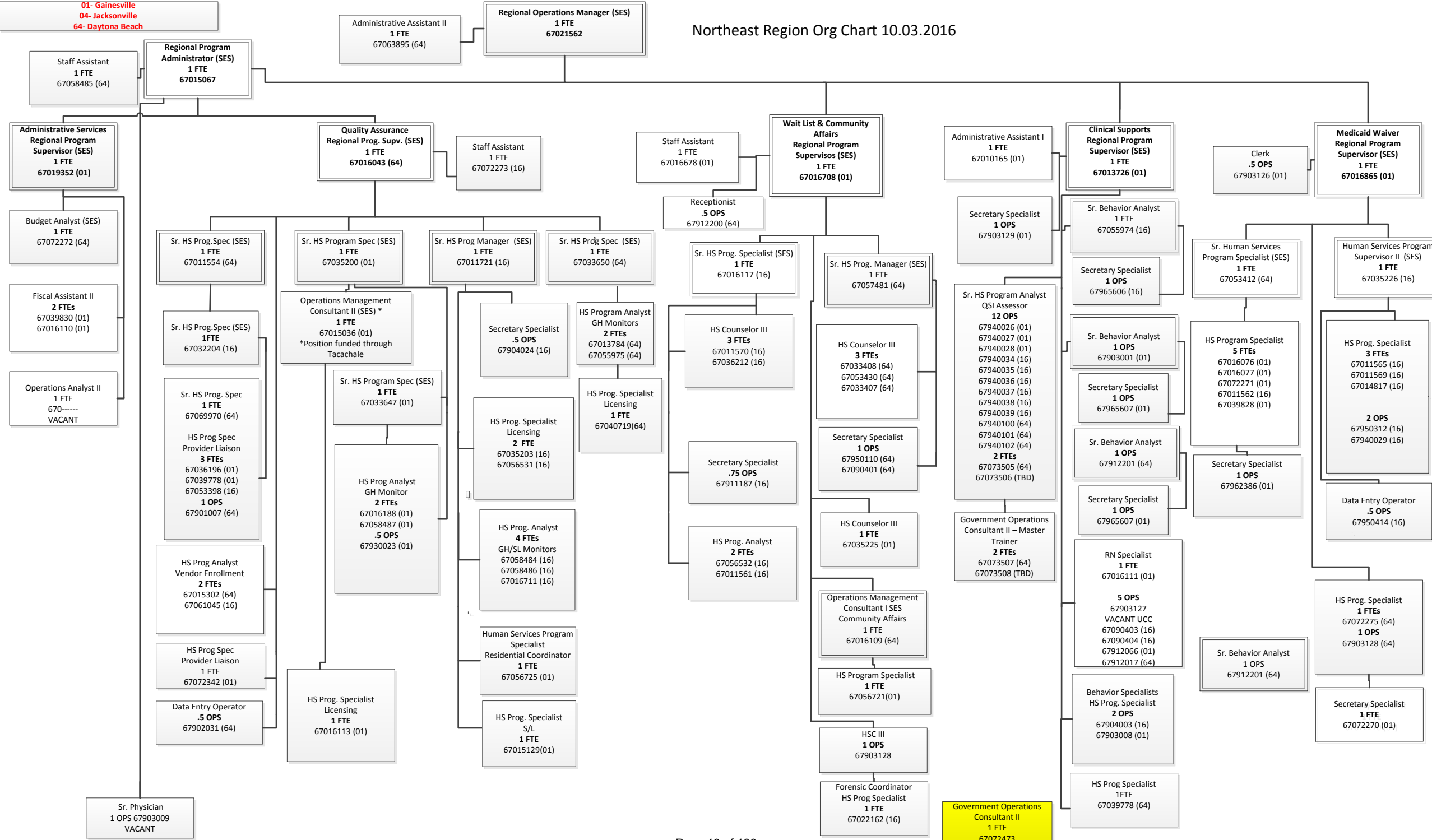
PERFORMANCE ACCOUNTABILITY ORGANIZATION CHART



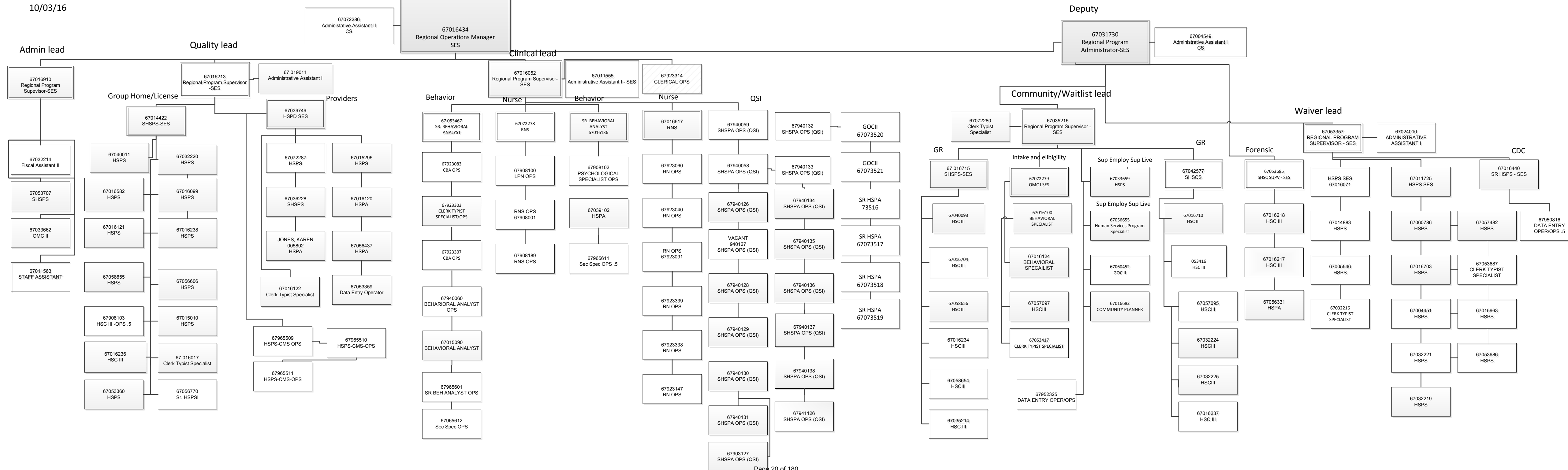
October 1, 2016



Northeast Region Org Chart 10.03.2016



Government Operations  
Consultant II  
1 FTE  
67072473  
VACANT  
(Under state office, Move  
Planned)



**AGENCY FOR PERSONS WITH DISABILITIES  
CENTRAL REGION  
10/4/2016**

Senior Attorney  
67016803  
Reports to Central Office

Senior Attorney  
67015966  
Reports to Central Office

Regional Operations Manager  
67021243  
Administration

Administrative Assistant II  
67072277

Ombudsmen  
Deputy Regional  
Operations Manager  
67061452

Quality Improvement  
Regional Program Supervisor  
67036229

Clinical Supports  
Regional Program Supervisor  
67035210

Community Supports Supervisor  
Management Review Specialist  
67053286

GR/Waitlist  
Regional Program Supervisor  
67016743

Medicaid Waiver  
Regional Program Supervisor  
67048700

Budget Analyst  
67014598

IT  
(Reports to Central Office)

Sr Human Services Program Specialist  
GH/License Supv  
67016773

Sr Human Services Program Specialist  
Trainer / Recruiter Supv  
67025208

QA/QI/Delmarva  
Human Services Program Specialist  
67032318  
67032233  
67052254  
67055525  
67016123  
67056989

Provider Enrollment  
Human Services Program Specialist  
67015150  
67016112

GH Licensing  
Human Services Program Specialist  
67069912  
67056605  
67039785

Administrative Assistant I  
67072283

Secretary Specialist  
67016745

GH Monitoring  
Human Services Program Specialist  
67032228  
67019396

Human Services Program Analyst  
67033649  
67032226  
67055523  
67016689  
67042498  
0.5 FTE

Residential Placements  
Human Services Program Specialist  
Residential Planning Coordinators  
67042254  
67016684

OPS Human Services Analyst  
67913156

Secretary Specialist  
67053288

OPS Human Services Program Specialist  
CMS Compliance  
67965500  
67965501

OPS Human Services Program Specialist  
67951322

Registered Nurse Specialist (Lead)  
67016746

Senior Behavioral Analyst  
Scott Traynor  
67012799  
67016747

Government Operations Consultant II  
QSI Trainers  
67073514  
67073515

Sr Human Services Program Analyst  
QSI Assesor  
67073509  
67073510  
67073511  
67073512  
67073513

OPS Secretary Specialist  
67965605

Behavior Specialist  
Linda Glick

Secretary Specialist  
67056990

OPS Operations Review Specialist (Behavior)  
67907810

Register Nurse (OPS)  
67913028  
67913155  
67913056  
67914027  
67914086  
67907144  
67907032  
67907064  
67907042  
67913029  
67914169  
67965490  
67965491

OPS QSI Assesor  
67940044  
67940047  
67907804  
67940046  
67940048  
67940049  
67940045  
67940116  
67940115  
67940114  
67940107  
67940106  
D67940110  
67940109  
67940108

Supportive Employment  
Human Services Program Specialist  
67044389  
67039751  
67064069

Supportive Living  
Human Services Program Specialist  
67016203  
Human Services Counselor III  
67016235

OPS MIG Specialist  
Vacant  
67930019

OPS Clerk Typist  
67913027

OPS Clerk Typist Specialist  
Alvaro Quintero  
67907802

OPS Human Service Program Analyst  
67914025  
0.5 FTE

OPS Senior Behavioral Analyst  
67965600

OPS Secretary Specialist  
67965605

Human Services Program Analyst/Intake & Eligibility  
67016204

Secretary Specialist  
67011567

OPS Clerk  
67930349

OPS Data Entry Operator  
67950715

Human Services Counselor III  
67016744  
67016687  
67016686  
67055522  
67055519  
67053283  
67053431  
67042253  
67056445  
67032207  
67040098  
67056604

Sr Human Services Program Specialist SES  
67053285

Sr Human Services Program Specialist SES  
7036054

Human Services Program Specialist  
67007492  
67055521  
67053284  
67055520  
67056988

Secretary Specialist  
67069911

Human Services Program Specialist  
67034742  
67016709  
67035213

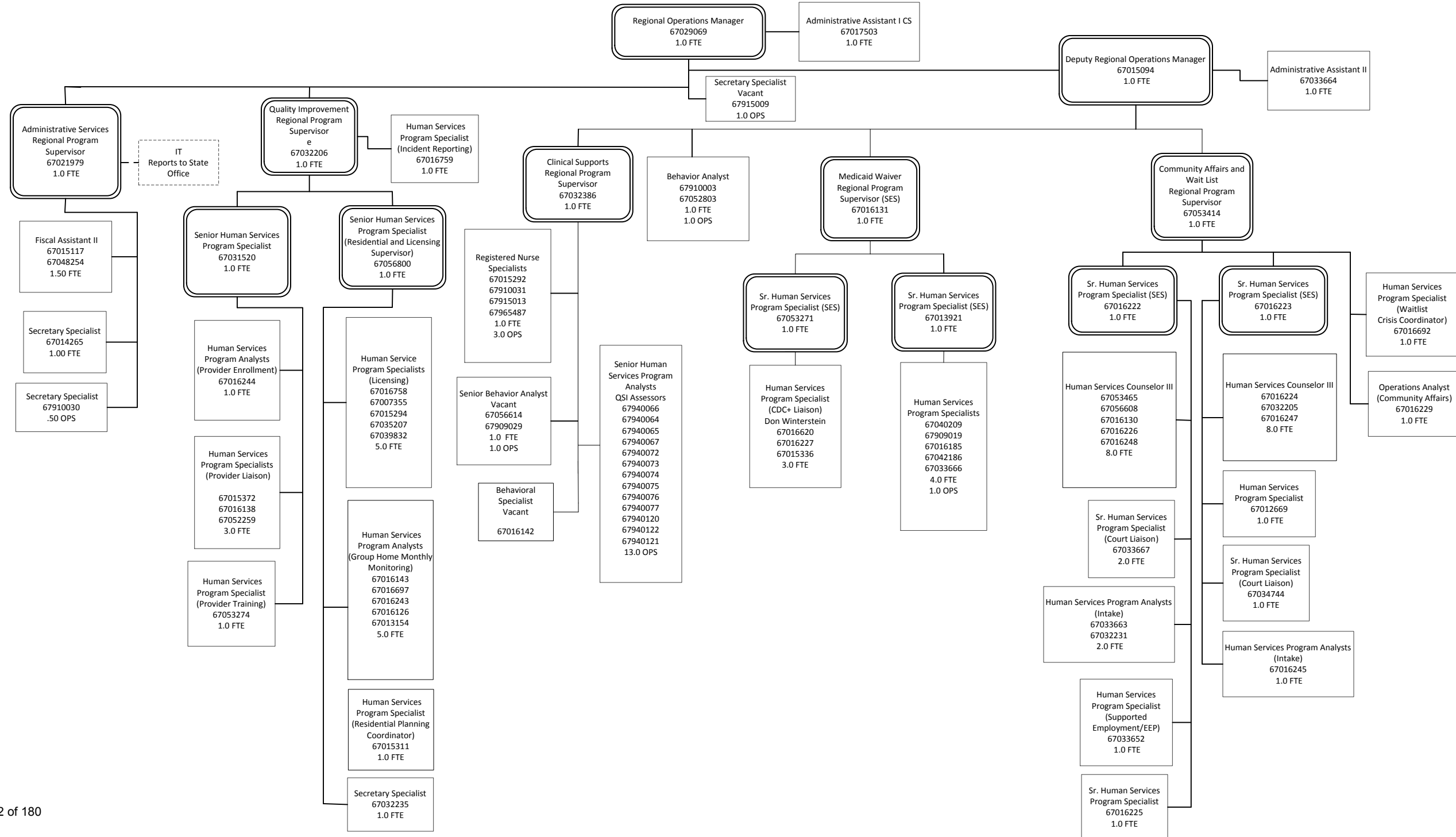
Clerk Typist Specialist  
67042499

Human Services Program Specialist  
67016705  
67040241  
67056488

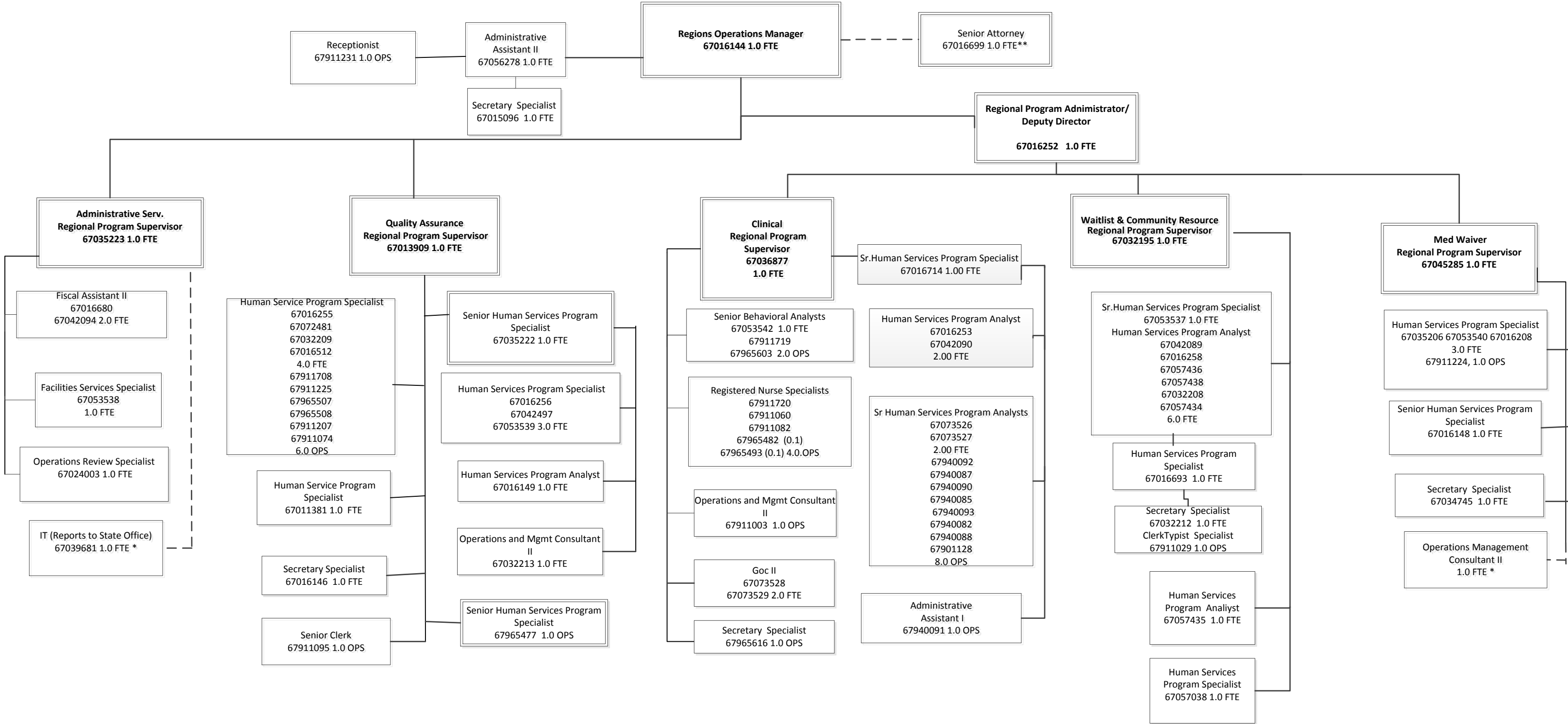
Administrative Asst. I  
67056419

Billing & Special Waiver Project Operations & Mgmt Consultant II  
2.0 FTE

Agency for Persons with Disabilities  
Southeast Region – 8/3/2016



# Southern Region Proposed Table of Organization 10/2016 Rev.



AGENCY FOR PERSONS WITH DISABILITIES	FISCAL YEAR 2015-16			
SECTION I: BUDGET	OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	1,207,602,839		2,999,111	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	129,417,127		-1,149,111	
FINAL BUDGET FOR AGENCY	1,337,019,966		1,850,000	
SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)				1,850,000
Home And Community Services Administration * Number of Medicaid Waiver clients enrolled	32,754	163.72	5,362,388	
Support Coordination * Number of people receiving support coordination	32,614	1,512.05	49,314,011	
Private Intermediate Care Facilities For The Developmentally Disabled * Number of adults receiving services in Developmental Service Public Facilities	674	133,790.06	90,174,501	
Program Management And Compliance * Based on Administrative Components of serving people in the Community and Institutional settings	57,471	249.71	14,350,833	
Adult Daily Living * Number of persons with disabilities served in Adult Daily Living	17,752	4,378.29	77,723,406	
Adult Day Service * Number of persons with disabilities served in Adult Day Training Service	12,654	2,760.84	34,935,671	
Adult Medical/Dental * Number of persons with disabilities served in Adult Medical/Dental	11,165	1,672.76	18,676,323	
Adult Respite Services * Number of persons with disabilities served in Adult Respite Services	30	21,647.73	649,432	
Adult Residential Habilitation * Number of persons with disabilities served in Adult Residential Habilitation	7,636	18,239.88	139,279,745	
Adult Specialized Therapies/ Assessments * Number of persons with disabilities served in Adult Specialized Assessments, Therapies, Equipment and Supplies	4,078	2,029.21	8,275,135	
Adult Supported Employment * Number of persons with disabilities served in Adult Supported Employment	1,811	1,885.21	3,414,110	
Adult Supported Living * Number of persons with disabilities served in Adult Supported Living and In Home Subsidies	12,699	8,405.19	106,737,532	
Adult Transportation * Number of persons with disabilities served in Adult Transportation	9,499	1,389.26	13,196,539	
Children Daily Living * Number of persons with disabilities served in Children Daily Living	1,124	6,418.11	7,213,951	
Children Day Services * Number of persons with disabilities served in Children Day Training Services	154	1,316.87	202,798	
Children Medical/Dental * Number of persons with disabilities served in Children Medical/Dental	1,868	939.02	1,754,092	
Children Respite Services * Number of persons with disabilities served in Children Respite Services	2,363	2,913.48	6,884,558	
Children Residential Habilitation * Number of persons with disabilities served in Children Residential Habilitation	836	20,032.34	16,747,033	
Children Specialized Therapies/ Assessments * Number of persons with disabilities served in Children Specialized Assessments, Therapies, Equipment and Supplies	374	1,404.41	525,248	
Children Support Employment * Number of persons with disabilities served in Children Supported Employment	20	769.30	15,386	
Children Supported Living * Number of persons with disabilities served in Children Supported Living and In Home Subsidies	486	5,025.61	2,442,447	
Children Transportation * Number of persons with disabilities served in Children Transportation	114	738.77	84,220	
Community Support Services * Number of persons served	19,335	255.46	4,939,402	
Forensic Care * Number of adults found incompetent to proceed who are provided competency training and custodial care in the Developmental Disabilities Defendant Program	288	97,401.25	28,051,560	
TOTAL			630,950,321	1,850,000
SECTION III: RECONCILIATION TO BUDGET				
PASS THROUGHS				
TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				
OTHER				
REVERSIONS			706,069,701	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			1,337,020,022	1,850,000

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

- (1) Some activity unit costs may be overstated due to the allocation of double budgeted items.
- (2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.
- (3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.
- (4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.



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

**Agency:** Agency for Persons with Disabilities

**Contact:** David Dobbs

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 2016 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 2017-2018 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 2017-2018 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	United States Department of Labor (USDOL) Rule	B	Undetermined	\$36.9 Million ALL Funds
b	HCBS Waiver Waiting List reduction, Enhanced Employment Program (EEP) and rate increase for Medicaid Waiver providers.	B	\$18.7 Million GR (\$0.5 million nonrecurring)	\$2.9 Million GR (\$7.4 Million ALL Funds)
c	Client Data Management System (CDMS)	B	Multiple Agency's, one amount, no detail by Agency.	\$4.0 million all funds
d	Fixed Capital Outlay (FCO)	B	Multiple Agency's, one amount, no detail by Agency.	\$5.0 million.
e				
f				

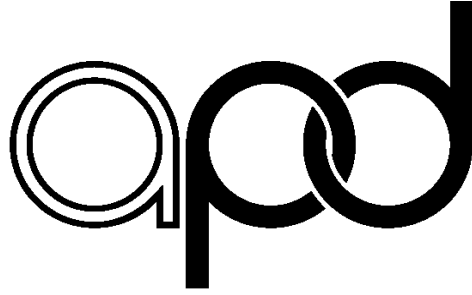
- 3) If your agency's Legislative Budget Request does not conform to the long range financial outlook with respect to the revenue estimates (from your Schedule I) or budget drivers, please explain the variance(s) below.

a - Long Range Financial Outlook Report did not include an estimate for the impact of the USDOL Rule. The LBR requested amount is based on maintaining nonrecurring budget provided in fiscal year 2016-2017.

b - The estimate for offering waiver enrollment to customers on the waiting list in categories 3 and 4 is \$7.4 Million total funds (or \$2.9 Million GR). The EEP funding request for FY 2017-18 is \$1 Million.

d - FCO was not identified by agency in the Long Range Financial Outlook report. The Agency is requesting \$ 5.0 Million in FCO for FY 2017-18 to meet critical repair and maintenance needs to state facilities and continue improvements at Rish Park.

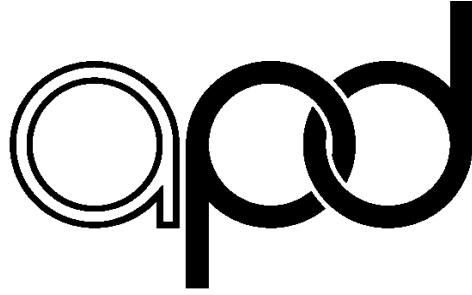
\* R/B = Revenue or Budget Driver



agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

Home and Community Services  
67100100



agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

Home and Community Services

67100100

Schedule I Series

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 -18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Administrative Trust Fund
<b>LAS/PBS Fund Number:</b>	67100100
	2021

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	66,254	(A)		66,254
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>66,254</b>	(F)	<b>0</b>	<b>66,254</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	0	(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: Transfer to BE 67100300	66,254	(J)		66,254
<b>Unreserved Fund Balance, 07/01/16</b>	<b>0</b>	(K)	<b>0</b>	<b>0</b>

-----  
\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017-18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Administrative Trust Fund - BE 67100100  
**LAS/PBS Fund Number:** 2021

**BEGINNING TRIAL BALANCE:**

<b>Total Fund Balance Per FLAIR Trial Balance, 07/01/16</b>	
Total all GLC's 5XXXX for governmental funds;	66,254 (A)
GLC 539XX for proprietary and fiduciary funds	
<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	0 (B)
<b>Add/Subtract Statewide Financial Statement (SWFS) Adjustments :</b>	
SWFS Adjustment # and Description - Expenses - CF	0 (C)
SWFS Adjustment # and Description	0 (C)
<b>Add/Subtract Other Adjustment(s):</b>	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	0 (D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS	(D)
A/P not C/F-Operating Categories	(D)
Transfer to BE 67100300	(66,254) (D)
	(D)
	(D)
<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<b>(0) (E)</b>
<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<b>0 (F)</b>
<b>DIFFERENCE:</b>	<b>(0) (G)*</b>

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2017 - 18
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Operations and Maintenance Trust Fund
<b>LAS/PBS Fund Number:</b>	67100100
	2516

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	3,249,210	(A)		3,249,210
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>3,249,210</b>	(F)	<b>0</b>	<b>3,249,210</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	473,188	(H)		473,188
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS:		(J)		0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>2,776,022</b>	(K)	<b>0</b>	<b>2,776,022</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Operations and Maintenance Trust Fund - BE 67100100  
**LAS/PBS Fund Number:** 2516

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/2016**

Total all GLC's 5XXXX for governmental funds; 183,669 (A)  
 GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**  (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description  (C)

Transfer from BE 67100300 2,525,000 (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

Compensated Absences Liability 67,353 (D)

(D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:** 2,776,022 (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** 2,776,022 (F)

**DIFFERENCE:** 0 (G)\*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2017 -18
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Social Services Block Grant
<b>LAS/PBS Fund Number:</b>	67100100
	2639

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	10,131,261	(A)		10,131,261
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>10,131,261</b>	(F)	<b>0</b>	<b>10,131,261</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	1,651,999	(H)		1,651,999
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Transfer to BE 67100200	360,753	(E)		360,753
LESS: Transfer to BE 67100300	640,208	(E)		640,208
LESS: Transfer to BE 67100400	760,000	(E)		760,000
<b>Unreserved Fund Balance, 07/01/16</b>	<b>6,718,300</b>	(K)	<b>0</b>	<b>6,718,300</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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



**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

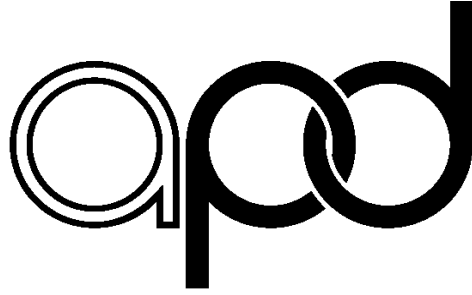
**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Social Services Block Grant - 67100100  
**LAS/PBS Fund Number:** 2639

**BEGINNING TRIAL BALANCE:**

<b>Total Fund Balance Per FLAIR Trial Balance, 07/01/16</b>	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<b>8,481,836</b> (A)
<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	(B)
<b>Add/Subtract Statewide Financial Statement (SWFS) Adjustments :</b>	
Accrual Not CF on Trial Balance	(15,844) (C)
Transfer to BE 67100200	(360,753) (D)
Transfer to BE 67100300	(640,208) (D)
Transfer to BE 67100400	(760,000) (D)
SWFS Adjustment # and Description	(C)
<b>Add/Subtract Other Adjustment(s):</b>	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(D)
Accrual Not CF on Trial Balance	12,722 (D)
Current Compensated Absences Liability	547 (D)
<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<b>6,718,300</b> (E)
<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<b>6,718,300</b> (F)
<b>DIFFERENCE:</b>	<b>0</b> (G)*

**\*SHOULD EQUAL ZERO.**

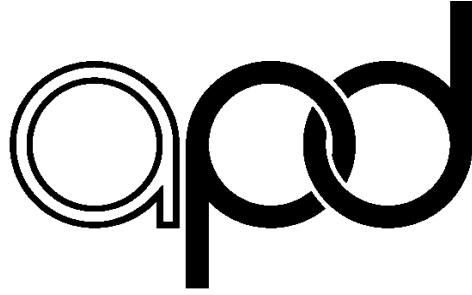


agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

Program Management and Compliance

67100200



agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

Program Management and Compliance

67100200

Schedule I Series

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 -18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Administrative Trust Fund
<b>LAS/PBS Fund Number:</b>	67100200
	2021

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	158,963	(A)		158,963
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>158,963</b>	(F)	<b>0</b>	<b>158,963</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	0	(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: Transfer to BE 67100300	126,251	(J)		126,251
<b>Unreserved Fund Balance, 07/01/16</b>	<b>32,712</b>	(K)	<b>0</b>	<b>32,712</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017-18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Administrative Trust Fund - BE 67100200  
**LAS/PBS Fund Number:** 2021

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/16**

Total all GLC's 5XXXX for governmental funds; 158,963 (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**  (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description Expenses - CF  (C)

(C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

A/P not C/F-Operating Categories  (D)

Transfer to BE 67100300 (126,251) (D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:** 32,712 (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** 32,712 (F)

**DIFFERENCE:** 0 (G)\*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 -18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Federal Grants Trust Fund
<b>LAS/PBS Fund Number:</b>	67100200
	2261

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	39,804	(A)		39,804
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>39,804</b>	(F)	<b>0</b>	<b>39,804</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	0	(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>39,804</b>	(K)	<b>0</b>	<b>39,804</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Federal Grants Trust Fund - BE 67100200  
**LAS/PBS Fund Number:** 2261

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/16**  
 Total all GLC's 5XXXX for governmental funds; **39,507** (A)  
 GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**  (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

Accrual Not CF on Trial Balance **297** (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

A/P not C/F-Operating Categories  (D)

(D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:** **39,804** (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** **39,804** (F)

**DIFFERENCE:** **0** (G)\*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 - 18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Operations and Maintenance Trust Fund
<b>LAS/PBS Fund Number:</b>	67100200
	2516

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	4,312,234	(A)		4,312,234
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	4,010,810	(D)		4,010,810
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>8,323,043</b>	(F)	<b>0</b>	<b>8,323,043</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	1,082,134	(H)		1,082,134
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Nonoperating A/P-SWCAP & GR Srv Chg	77,843	(I)		77,843
LESS: _____		(J)		0
<b>Unreserved Fund Balance, 07/01/2016</b>	<b>7,163,066</b>	(K)	<b>0</b>	<b>7,163,066</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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



**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Operations and Maintenance Trust Fund - BE 67100200  
**LAS/PBS Fund Number:** 2516

**BEGINNING TRIAL BALANCE:**

<b>Total Fund Balance Per FLAIR Trial Balance, 07/01/2016</b>	
Total all GLC's 5XXXX for governmental funds;	7,163,066 (A)
GLC 539XX for proprietary and fiduciary funds	
<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	(B)
<b>Add/Subtract Statewide Financial Statement (SWFS) Adjustments :</b>	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
<b>Add/Subtract Other Adjustment(s):</b>	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS	(D)
Compensated Absences Liability	(D)
A/P not C/F-Operating Categories	(D)
	(D)
	(D)
	(D)
<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<b>7,163,066 (E)</b>
<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<b>7,163,066 (F)</b>
<b>DIFFERENCE:</b>	<b>0 (G)*</b>

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2017 -18
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Social Services Block Grant
<b>LAS/PBS Fund Number:</b>	67100200
	2639

	Balance as of 6/30/2016		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	(217,356)	(A)			(217,356)
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable		(D)			0
ADD: Transfer from BE 67100100	360,753	(E)			360,753
<b>Total Cash plus Accounts Receivable</b>	<b>143,398</b>	(F)	<b>0</b>		<b>143,398</b>
LESS Allowances for Uncollectibles		(G)			0
LESS Approved "A" Certified Forwards	143,398	(H)			143,398
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)		(I)			0
LESS: _____		(J)			0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>0</b>	(K)	<b>0</b>		<b>0</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Social Services Block Grant - 67100200  
**LAS/PBS Fund Number:** 2639

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/16**  
 Total all GLC's 5XXXX for governmental funds; (360,753) (A)  
 GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)** (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS (D)

A/P not C/F-Operating Categories (D)

Transfer from BE 67100100 360,753 (D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:** **0** (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** **0** (F)

**DIFFERENCE:** **0** (G)\*

**\*SHOULD EQUAL ZERO.**

# SCHEDULE IV-B FOR CLIENT DATA MANAGEMENT SYSTEM (CDMS)

For Fiscal Year 2017-18




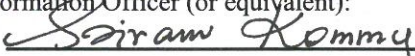



October 14, 2016

**AGENCY FOR PERSONS WITH DISABILITIES**

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**I. Schedule IV-B Cover Sheet**

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Agency for Persons with Disabilities	Schedule IV-B Submission Date: October 14, 2016
Project Name: Client Data Management System (CDMS)	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2017-18 LBR Issue Code: 36201C0	FY 2017-18 LBR Issue Title: Client Data Management and Electronic Visit Verification Project
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): David Dobbs, 850-414-6058, David.Dobbs@apdcares.org	
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: 	Date: 10/14/16
Printed Name: Barbara Palmer	
Agency Chief Information Officer (or equivalent): 	Date: 10/14/2016
Printed Name: Sriram Kommu	
Budget Officer: 	Date: 10/14/2016
Printed Name: David Dobbs	
Planning Officer: 	Date: 10/14/16
Printed Name: Lisa Robertson	
Project Sponsor: 	Date: 10/14/16
Printed Name: Denise Arnold	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Denise Arnold, 850-488-3673, Denise.Arnold@apdares.org
Cost Benefit Analysis:	Rose Salinas, 850-922-2863, Rose.Salinas@apdcares.org
Risk Analysis:	Sriram Kommu, 850-488-0623, Sriram.Kommu@apdcares.org
Technology Planning:	Sriram Kommu, 850-488-0623, Sriram.Kommu@apdcares.org
Project Planning:	Denise Arnold, 850-488-3673, Denise.Arnold@apdares.org

## General Guidelines

The Schedule IV-B contains more detailed information on information technology (IT) projects than is included in the D-3A issue narrative submitted with an agency's Legislative Budget Request (LBR). The Schedule IV-B compiles the analyses and data developed by the agency during the initiation and planning phases of the proposed IT project. A Schedule IV-B must be completed for all IT projects when the total cost (all years) of the project is \$1 million or more.

Schedule IV-B is not required for requests to:

- Continue existing hardware and software maintenance agreements,
- Renew existing software licensing agreements that are similar to the service level agreements currently in use, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.
- Contract only for the completion of a business case or feasibility study for the replacement or remediation of an existing IT system or the development of a new IT system.

## Documentation Requirements

The type and complexity of an IT project determines the level of detail an agency should submit for the following documentation requirements:

- Background and Strategic Needs Assessment
- Baseline Analysis
- Proposed Business Process Requirements
- Functional and Technical Requirements
- Success Criteria
- Benefits Realization
- Cost Benefit Analysis
- Major Project Risk Assessment
- Risk Assessment Summary
- Current Information Technology Environment
- Current Hardware/Software Inventory
- Proposed Technical Solution
- Proposed Solution Description
- Project Management Planning

Compliance with s. 216.023(4)(a)10, F.S. is also required if the total cost for all years of the project is \$10 million or more.

A description of each IV-B component is provided within this general template for the benefit of the Schedule IV-B authors. These descriptions and this guidelines section should be removed prior to the submission of the document.

Sections of the Schedule IV-B may be authored in software applications other than MS Word, such as MS Project and Visio. Submission of these documents in their native file formats is encouraged for proper analysis.

The Schedule IV-B includes two required templates, the Cost Benefit Analysis and Major Project Risk Assessment workbooks. For all other components of the Schedule IV-B, agencies should submit their own planning documents and tools to demonstrate their level of readiness to implement the proposed IT project. It is also necessary to assemble all Schedule IV-B components into one PDF file for submission to the Florida Fiscal Portal and to ensure that all personnel can open component files and that no component of the Schedule has been omitted.

Submit all component files of the agency's Schedule IV-B in their native file formats to the Office of Policy and Budget and the Legislature at [IT@LASPBS.STATE.FL.US](mailto:IT@LASPBS.STATE.FL.US). Reference the D-3A issue code and title in the subject line.

## II. Schedule IV-B Business Case – Strategic Needs Assessment

### A. Background and Strategic Needs Assessment

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

**Please see attached Business Case in Appendix A.**

1. Business Need
2. Business Objectives

*NOTE: For IT projects with total cost in excess of \$10 million, the business objectives described in this section must be consistent with existing or proposed substantive policy required in s. 216.023(4)(a)10, F.S.*

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### B. 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.*

**Please see attached Business Case in Appendix A.**

1. Current Business Process(es)

*NOTE: If an agency has completed a workflow analysis, include through file insertion or attachment the analyses documentation developed and completed by the agency.*

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2. Assumptions and Constraints

### C. Proposed Business Process Requirements

*Purpose: To establish a basis for understanding what business process requirements the proposed solution must meet in order to select an appropriate solution for the project.*

**Please see attached Business Case in Appendix A.**

1. Proposed Business Process Requirements
2. Business Solution Alternatives
3. Rationale for Selection
4. Recommended Business Solution

*NOTE: For IT projects with total cost in excess of \$10 million, the project scope described in this section must be consistent with existing or proposed substantive policy required in s. 216.023(4) (a) 10, F.S.*

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### D. Functional and Technical Requirements

*Purpose: To identify the functional and technical system requirements that must be met by the project.*

**Please see attached Statement of Need in 3.1 of Appendix A for details.**



### III. Success Criteria

*Purpose: To identify the critical results, both outputs and outcomes, that must be realized for the project to be considered a success.*

**Please see attached Benefits Realization Table in Appendix C for reference.**

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1				
2				

### IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis

#### A. Benefits Realization Table

*Purpose: To calculate and declare the tangible benefits compared to the total investment of resources needed to support the proposed IT project.*

For each tangible benefit, identify the recipient of the benefit, how and when it is realized, how the realization will be measured, and how the benefit will be measured to include estimates of tangible benefit amounts.

**Please see attached Benefits Realization Table in Appendix C for reference.**

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1					
2					

#### B. Cost Benefit Analysis (CBA)

*Purpose: To provide a comprehensive financial prospectus specifying the project's tangible benefits, funding requirements, and proposed source(s) of funding.*

The chart below summarizes the required CBA Forms which are included as Appendix A on the Florida Fiscal Portal and must be completed and submitted with the Schedule IV-B.

**Please see attached Cost Benefits Analysis Tool in Appendix D for reference.**

Cost Benefit Analysis	
Form	Description of Data Captured
CBA Form 1 - Net Tangible Benefits	<p>Agency Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The agency needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project.</p> <p>Tangible Benefits: Estimates for tangible benefits resulting from implementation of the proposed IT project, which correspond to the benefits identified in the Benefits Realization Table. These estimates appear in the year the benefits will be realized.</p>
CBA Form 2 - Project Cost Analysis	<p>Baseline Project Budget: Estimated project costs.</p> <p>Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants.</p> <p>Characterization of Project Cost Estimate.</p>
CBA Form 3 - Project Investment Summary	<p>Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates:</p> <ul style="list-style-type: none"> <li>• Return on Investment</li> <li>• Payback Period</li> <li>• Breakeven Fiscal Year</li> <li>• Net Present Value</li> <li>• Internal Rate of Return</li> </ul>

**V. Schedule IV-B Major Project Risk Assessment**

*Purpose: To provide an initial high-level assessment of overall risk incurred by the project to enable appropriate risk mitigation and oversight and to improve the likelihood of project success. The risk assessment summary identifies the overall level of risk associated with the project and provides an assessment of the project’s alignment with business objectives.*

*NOTE: All multi-year projects must update the Risk Assessment Component of the Schedule IV-B along with any other components that have been changed from the original Feasibility Study.*

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The Risk Assessment Tool and Risk Assessment Summary are included in Appendix B on the Florida Fiscal Portal and must be completed and submitted with the agency’s Schedule IV-B. After answering the questions on the Risk Assessment Tool, the Risk Assessment Summary is automatically populated.

**Please see attached Risk Assessment Tool in Appendix E for reference.**

## VI. Schedule IV-B Technology Planning

*Purpose: To ensure there is close alignment with the business and functional requirements and the selected technology.*

**Please see attached Business Case in Appendix A for reference.**

### A. Current Information Technology Environment

1. Current System
  - a. Description of Current System
  - b. Current System Resource Requirements
  - c. Current System Performance
2. Information Technology Standards

### B. Current Hardware and/or Software Inventory

*NOTE: Current customers of the state data center would obtain this information from the data center.*

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### C. Proposed Technical Solution

1. Technical Solution Alternatives
2. Rationale for Selection
3. Recommended Technical Solution

### D. Proposed Solution Description

1. Summary Description of Proposed System
2. Resource and Summary Level Funding Requirements for Proposed Solution (if known)

### E. Capacity Planning

*(historical and current trends versus projected requirements)*

## VII. Schedule IV-B Project Management Planning

*Purpose: To require the agency to provide evidence of its thorough project planning and provide the tools the agency will use to carry out and manage the proposed project. The level of detail must be appropriate for the project's scope and complexity.*

**Please see attached Business Case in Appendix A, Project Charter in Appendix B, Project Management Plan in Appendix F and Work Breakdown Structure in Appendix G for reference.**

Include through file insertion or attachment the agency's project management plan and any associated planning tools/documents.

*NOTE: For IT projects with total cost in excess of \$10 million, the project scope, business objectives, and timelines described in this section must be consistent with existing or proposed substantive policy required in s. 216.023(4)(a)10, F.S.*

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## **VIII. Appendices**

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

**Appendix A: Business Case**

**Appendix B: Project Charter**

**Appendix C: Benefits Realization Table**

**Appendix D: Cost Benefits Analysis Tool**

**Appendix E: Risk Assessment Tool**

**Appendix F: Project Management Plan**

**Appendix G: Work Breakdown Structure**



**BUSINESS CASE**  
**LINE OF BUSINESS APPLICATION**  
**EVV & CLIENT DATA MANAGEMENT SYSTEM PROJECT**

**DATE:**  
**SEPTEMBER 15, 2015**

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## **1. EXECUTIVE SUMMARY**

This business case outlines how the Client Data Management System (CDMS) line of business project will address current challenges facing the Agency, benefits of the proposed project, and justification for the project. The business case also discusses detailed project goals, assumptions, constraints, and alternative options.

### **1.1. Issue**

The Agency for Persons with Disabilities (APD) serves a client base of approximately 52,000 clients of which approximately 31,000 currently receive services and 21,000 are on a wait list receiving little to no services. The Agency has a budget of approximately \$1.2 billion dollars. The vast majority of this budget is utilized for services in the Home and Community Based Waiver program which is a federally matched program under the Centers for Medicare and Medicaid Services (CMS). The state is required to track, measure, report and provide quality improvement processes for 32 specific program performance measures in order to ensure the program funding can continue. The CMS further requires that the state maintain a quality improvement system that is dependent on data collection, data analysis, and reporting.

The Centers for Medicare & Medicaid Services predicted in 2013 the projected losses due to fraud, waste, or abuse will be between 3 – 10% of Florida's Medicaid budget. This fraudulent activity has a direct impact on APD's capacity to serve persons with disabilities and protect the investment of Florida's taxpayers. The Agency for Persons with Disabilities currently relies heavily on manual processes as well as disparate, decentralized and in many cases antiquated systems to collect, analyze and report data consistently. The Agency utilizes hundreds of spreadsheets to collect and analyze data which is extremely time consuming for staff and providers and prone to errors and inaccuracies. Overall, the current environment is inefficient, disposed to fraud and abuse and makes it very difficult to track client outcomes.

### **1.2. Anticipated Outcomes**

The proposed system will allow APD to provide a higher quality of service to clients while reducing fraud and protecting taxpayer dollars. It will give APD the ability to collect, track, report and analyze critical data to reduce fraud, waste or abuse and increase Agency oversight of the service system. The new system will provide the Agency with measureable program standards that are tracked, reported and used to improve the service delivery process.

The features of the new integrated system will include:

- Provider verification of authorization to provide specific services and the frequency of units of service to be paid;
- Longitudinal tracking of a client's progress using a specific service or treatment;
- Tracking and verification of potential recoupment issues and collection of funds;

- Tracking of deactivated providers and those that have been reported for abuse or fraud in the past; and
- Tracking and prevention of stacking of services that is duplicative.
- Reduction and prevention of crisis services;
- Projection of a client’s future short & long range needs using valid and accurate data;
- Identification of providers incorrectly billing services using “agency” rates if the provider does not qualify for that rate and prevention of future incidents;
- Identification of services billed but not provided such as routinely charging for transportation even when client does not go to daily activity and prevention of future incidents; and
- Identification and prevention of improper billing practices such as:
  1. “Charge – void” scheme: when provider charges for a service on one date five times, then voids three of those,
  2. Providing services when provider’s service agreement is out of date or terminated
  3. Refusing to provide required supporting documentation
  4. Using unauthorized rates when billing for services provided.

### **1.3. Recommendation**

The Agency needs an integrated enterprise client data management system that will automate manual processes, collect data at the client specific and provider specific level so analysis, tracking, reporting, fraud prevention and quality improvement processes can be improved. Essential to this data system is the electronic visit verification to ensure that services are delivered as approved by the Agency. In addition, the system will provide an electronic client central record that will contain key data needed to monitor agency performance, provider specific performance and measurable outcomes.

The new system is central to the Agency’s process improvement strategy. APD has conducted process mapping sessions of all core service delivery functions. These requirements will provide the agency with performance measures for agency staff and service providers. It is anticipated the new system will provide a significant reduction of manual processes and provide efficiencies and business process improvements essential to the regionalization of the Agency which has been reorganized from 14 area offices to 6 regional offices.

### **1.4. Justification**

This project is essential to gaining efficiency and increasing the effectiveness of the programs and services funded under the Agency. The Agency has an approximately \$1.2 dollar appropriation, serving 52,000 clients, and over 6,000 service providers.

The Agency must maintain compliance with the Centers for Medicare and Medicaid (CMS) regarding the home and community based waiver program assurances. There are thirty-two



sub assurances that the state must demonstrate compliance and each assurance requires data to be collected, tracked, analyzed, and action taken to remediate problems that are identified. The Agency over the last several years has struggled to produce the data required to be in compliance with these assurances for two of the last three Evidentiary Reports.

The enterprise data system is an Agency priority in order to increase program accountability, measure outcomes, reduce fraud and to ensure federal funding is maintained for vital services to the clients APD serves.

## 2. BUSINESS CASE ANALYSIS TEAM

The following APD resources comprise the business case analysis team. They are responsible for providing input and direction for the analysis and creation of the project business case.

Role	Description	Name/Title
Executive Sponsor	Provides executive support for the project	Barbara Palmer, Agency Director
Program Office	Provides program support for the project	Denise Arnold, Deputy Director of Programs
Operations	Provides Operations specific support for the project	Tom, Rankin, Deputy Director of Operations
Budget /Finance	Provides budget support for the project	David Dobbs, Deputy Director of Budget and Planning
Procurement/Contracts	Provides procurement support for the project	April Hargrove, Contract Manager
Technology Support	Provides all technology support for the project	Mark Ervin, CIO
Project Manager	Manages the business case and project team	Naru Nayak, Project Managers
Technical Support	Provides all technical expertise for the project	Vacant, Infrastructure Manager
ISM	Provides security expertise for the project	John Collins, ISM
Software Support	Provides all software support for the project	Sriram Kommu, Applications Manager

## 3. PROBLEM DEFINITION

### 3.1. Problem/Need Statement

APD serves individuals with developmental disabilities in accordance with Chapter 393, F.S. APD is responsible for the rules, policies, and procedures associated with the determination

of eligibility, licensing of residential settings, provider development, and the delivery of services to individuals served by APD programs. APD clients are served in a variety of settings in the community. Clients served in community settings may reside in their own homes, family homes, licensed group homes or foster homes. Many individuals receiving community based services are enrolled in a Home and Community Based Services (HCBS) Medicaid Waivers, which are Federal Medicaid programs allowing the State to use Medicaid funds to serve an individual in a community setting rather than in an institutional placement.

The Agency depends heavily on manual processes for the data collection needed to manage the service delivery system to clients. There are hundreds of spreadsheets utilized by the Agency to collect, analyze, provide oversight and report on services the Agency oversees. The automated systems that do exist are disparate, decentralized and in many cases antiquated. As a result, the Agency has very limited capability to collect, track, report, and analyze critical data for detection and prevention of fraud, waste and abuse and for needed oversight of the service system. Without the ability to adequately provide analysis oversight, and reporting of services to CMS, APD matching funds could be in jeopardy.

The table below depicts the high-level need/problems identified by the Agency which the propose system will address.

Need	Problem/Need Description
Electronic Visit Verification	The Agency currently does not have a reliable and accurate means of verifying when and where a service is being provided and the actual amount of time the provider spends with the individual. In addition, there is no systematic confirmation of service authorizations or alerts to the Agency.
Core Client Central Record to include application and eligibility documentation, demographic information, legal correspondence, medical information.	The Agency does not have an automated Client Central Record. The Client Central Record needs to include: <ul style="list-style-type: none"> <li>o Legal/Financial (e.g., Consumer Information Sheet, Waiver Eligibility Worksheet, etc.)</li> <li>o Support Plan and Cost Plan and Individual budget</li> <li>o Reports from Providers (e.g., Implementation Plans, provider reports)</li> <li>o Contact Record/Case notes</li> <li>o Correspondence/Miscellaneous (e.g., Case Transfer Form, Incident Reports)</li> <li>o Medical (psychological reports, dental, and information used to determined eligibility)</li> </ul>
Provider portal for entry of data, receipt of service authorization and entry of implementation plans to measure service effectiveness.	Each service provider needs the ability to enter data directly into the new system in order to receive service authorizations, document service provision, and provide data on client progress.
Determine Client Waiver Eligibility	The Waiver Eligibility must be completed in its entirety each year. This tool is used to assess the individual’s continuing Level of Care and affirms their ongoing choice to receive community services versus institutionalization.
Provider management directory and provider enrollment	Provider waiver services agreement documents and provider waiver enrollment documentation by service type must be maintained and monitored/renewed every three years.
Rate Management Tracking	Standardized Rates for services must be updated as needed based on rule and law changes. The system must be able to revise rates and

	allow billing for effective dates of services for up to 12 months past the service delivery date.
Incident Tracking & Management to include medication errors, reactive strategies and death reports	<p>Incident reporting includes a variety of type of incidents for which data must be collected, stored, analyzed and remediated. This includes:</p> <ul style="list-style-type: none"> <li>○ Critical Incident Reports which furnish APD with formal accounts of incidents to drive trend data and responses at the macro and individual level. Monthly aggregate data needs to be compiled and analyzed to report trends in type, location, provider, service and date of incidents. The purpose of this analysis is to identify systemic issues in order to mitigate the recurrence of incidents, and is integral to APD's quality management activities.</li> <li>○ Medication errors are reported to APD on the Medication Error Form. APD Medical Case Managers (MCM's) review and follow up on errors reported by providers, WSC, licensing staff and the QIO to determine if corrective actions are necessary.</li> <li>○ The Report of Death Form is used statewide to capture data and information regarding recipient deaths. The form consists of five sections that include basic recipient information, demographics, medical data, narrative or description of events and notifications</li> <li>○ Providers must collect and maintain data on Reactive Strategies used as part of a behavior management plan which includes techniques and procedures that are needed for emergency situations in which the client's health and safety are being compromised. This includes conducting assessments to determine history of trauma and pre-existing medical conditions that may preclude specific techniques or procedures, and the frequency and surrounding circumstances in which the procedures are used. This data must be directly entered at the service level by the service provider.</li> </ul>
Provider Billing and Reporting	There needs to be an electronic claims billing and tracking system to monitor over 6000 service providers.
Attachment and Document Storage	There are numerous documents such as agency notices to clients, providers, and legal documents that must be maintained for each client and there is a need for document storage of these documents and also the ability to attach documents to the client record.
Integration with other databases CDC+ databases	There are several databases that provide key client information on the Consumer Directed Care Plus Program that must be integrated into the new enterprise system.
Facility licensure and monitoring of licensure compliance and bed availability tracking	There are over 1600 facility licenses that must be monitored monthly and licenses reissued annually depending on the performance of the provider. Currently this data is not collected in an electronic format and therefore the data is not available to trend issues and to remediate the issues systemically.
Remediation tracking of quality assurance citations to include identification of recoupment and corrective action plans.	The Agency needs a mechanism to track identification of possible fraud or possible recoupment of paid claims from a provider. This includes tracking of service authorizations, billing of claims and the resulting void and adjustment of claims data.

Reporting of performance measures to the Centers for Medicare and Medicaid (CMS) for compliance with Home and Community Based Services Wavier requirements.	There are 32 performance measures the must have data collected on for all clients enrolled in the HCBS waiver program. Each assurance requires data to be collected, stored, analyzed and remediated on an ongoing basis and must be report to the CMS regularly.
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### 3.2. Organizational Impact

Organizational Impact Category	Organizational Impact
Tools	Will provide agency staff with statewide data access to client information for authorization of services, monitoring of service delivery, tracking and trending of service provision, provider billing and electronic visit verification.
Processes	All business processes will become more efficient with the new system due to electronic access to client records and the ability to measure timeliness of service delivery, agency action, provider performance and program accountability for client outcomes.
Roles and Responsibilities	Will provide greater communication and efficiencies between waiver support coordinators, services providers and the Agency staff since client data will be available in the system and accessed easily by the client's providers of services. Actions that require agency approval will be efficiently communicated between the providers and the agency.
Hardware/Software	The new system will be accessed through an internet portal which will allow agency staff and providers to enter data and process information more timely. The hardware and software required to access and use the system is standard in most computers.

## 4. TECHNOLOGY

### 4.1. Current Information Technology Environment

#### 4.1.1. Current Systems

The table below lists the current technology environment.

Name of Current System	Description of Current System	Current System Resource Requirements	Current System Performance
ABC (Allocation Budget and Contract Control System)	The Allocation, Budget and Contract Control (ABC) system is an automated and integrated client/budget information system designed to support planning and service provision to individuals with developmental disabilities who are clients of the Agency Persons with Disabilities. Invoices for State funded services and Cost plans for Medicaid Waiver funded services are entered into the system and expenditure information can be tracked and	Load Balanced Web / Application Server  MS ASP.NET Framework 3.5 AMT Framework  Failover SQL Server Cluster  SQL Server 2005 Databases  Reporting Server	Total Number of Current Users: 1270  Max Number of Concurrent User Sessions Supported: 250

	identified for individual consumers. The system also includes the consumer and vendor/provider demographic information.	SQL Server Reporting Services Windows Server 2008	
iBudget (Individualized Budget) Web System	The iBudget Web System provides a new and better way for the Agency for Persons with Disabilities to manage the Medicaid waiver system for people with developmental disabilities. The iBudget Web System gives APD customers more control and flexibility to choose services that are important to them, while helping the agency to stay within its Medicaid waiver appropriation. Guiding Principles for iBudget are Simplicity, Equity, Self-Direction and Sustainability.	Load Balanced Web / Application Server MS ASP.NET Framework 3.5 MS CRM 4.0 Failover SQL Server Cluster SQL Server 2005 Databases Reporting Server SQL Server Reporting Services Windows Server 2008	Total Number of Current Users:1623 Max Number of Concurrent User Sessions Supported: 400
SETS (Supported Employment Tracking System)	Supported Employment System (SETS) maintains current/prior job and the associated information for Supported Employment Clients and also provide various reports for Central and Area offices	Web / Application Server MS ASP.NET Framework 4.0 SQL Database Server SQL Server 2005 Database Windows Server 2003	Total Number of Current Users: 50 Max Number of Concurrent User Sessions Supported: 50
QSI (Questionnaire for Situational Information)	Questionnaire for Situational Info (QSI) system provides the ability for a QSI assessor to record the information after assessing the APD client living situation and the changes in their needs on a scheduled time frame.	Load Balanced Web / Application Web / Application Server MS ASP.NET Framework 2.0 SQL Database Server SQL Server 2005 Databases Windows Server 2003	Total Number of Current Users: 1418 Max Number of Concurrent User Sessions Supported: 150
Consumer Directed Care (CDC)	Consumer Directed Care system provides the ability to enter purchasing plan, budget and claims information for CDC clients and generate the provider payroll data to be sent to Mains'l, the check writing company.	Web / Application Server MS ASP.NET Framework 4.0 SQL Database Server	Total Number of Current Users: 2678 Max Number of Concurrent User Sessions Supported: 150

		SQL Server 2005 Database	
		Windows Server 2003	

#### **4.1.2. Strategic Information Technology Direction**

The current line of business applications utilized by APD consists of several disparate and antiquated systems which automate only a small portion of the business and administrative functions of the agency. The systems that are automated often require considerable manual intervention for maintenance, operations, support and integration with other systems. In addition, the vast majority of the business functions required by the Agency remain manual processes. The current environment is inefficient, costly and does not meet the Agency’s needs.

The strategic direction for APD Information Technology is to provide technology solutions that enable the organization to be successful. This task must be undertaken with the constraints of limited budgets and considerable needs. That is, do more with less. To effectively meet these challenges APD IT has considered all options for addressing the line of business technology needs for the Agency and in doing so is strategically moving in the direction of a Commercial Off the Shelf (COTS) solution that is offered as Software as a Service (SaaS).

#### **4.1.3. Information Technology Standards**

See Attachment “Application Development Standards” document for details of current technology standards.

### **4.2. Proposed Solution Description**

#### **4.2.1. Summary Description of Proposed System**

APD has been evaluated options for an enterprise line of business application that will address the needs of the Agency. The Agency has finalized the vendor selection, and the decision has been made to use a commercial-off-the-shelf (COTS) software as a service solution. The list below outlines the salient points for APD’s proposed solution.

- Meets the majority of the Agency requirements without the need for risky and costly custom development
- Lower costs to meet Agency requirements
- Fixed price
- Shortened implementation timeframes resulting in needed functionality being available sooner
- Phased implementation approach allowing for prioritization of implementation of those modules that are most critical to the Agency (e.g. electronic visit verification)

- Easier administration
- Automatic updates and patch management
- Compatibility: All users will have the same version of software.
- Easier collaboration, for the same reason
- Accessibility (can be accessed from any internet connect web browser)
- HIPAA and HITECH compliant

**4.2.2. Resource and Summary Level Funding Requirements for Proposed System**

The strategic direction of the Agency was to select a vendor that utilizes a COTS software solution, which has been purchased and will be hosted in Software as a Service (SaaS) model. The hardware, software as well as the operations and maintenance of the solution is included in the cost of the service. The initial number of staffing required to augment the solution (e.g. interface, configuration, batch, reporting, training, OCM, help desk, etc.) was submitted, however the Agency may need additional resources as the project progresses. .

**4.2.3. Capacity Planning**

The goal of capacity planning is to identify the right amount of resources required to meet the Agency’s service demands now and in the future. The strategic direction of the Agency was to select a vendor that utilizes a COTS software solution, which has been purchased and will be hosted in Software as a Service (SaaS) model. In a SaaS model, capacity planning is provided by the software vendor based on Agency requirements. The cost to meet the capacity requirements is born by the vendor and included as part of the service. The Agency will utilize a Service Level Agreement with the selected vendor to ensure capacity requirements are met with remedies (financial penalties) for failure to meet agreed upon service levels. The Agency has provided the following capacity requirements for a proposed solution

- 53,000 Client Records - 5% Potential growth rate annually
- 33,700 Users Accessing System - 2% potential growth annually
- 5,000 Users Accessing System Concurrently - 2% potential growth annually
- 600 GB storage capacity - 10% potential growth annually

**4.2.4. Ability of the proposed system to meet projected performance requirements**

The Table below outlines the performance objectives for the proposed system and APD’s evaluation system (s) evaluation. The Agency will utilize a Service Level Agreement with the selected vendor to ensure performance requirements are met with remedies (financial penalties) for failure to meet agreed upon service levels.

Performance Objective	Expected Performance requirements	Proposed System Compliance
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Number of Users (Waiver Support Coordinators, Service Providers, APD Staff)	33,700 users	Meets or exceeds expected performance requirement
Number of concurrent user sessions	5,000 Concurrent user sessions	Meets or exceeds expected performance requirement
Scalability	System is scalable to meet changing performance demands	Meets expected performance requirement
Availability	99.5% system availability	Meets expected performance requirement
Extensibility	System is extensible to meet changing business requirements	Meets expected performance requirement

### 4.3. Technology Impact of Proposed Technology

The overall impact to technology is expected to be minimal as the proposed technology would employ Software as a Service solution. This solution greatly minimizes the technology impact and the associated resources compared to a more traditional system development lifecycle (SDLC) approach. Please see table below for the technology impact by phase.

Phase	Technology Impact (Low/Med/High)
Phase I – Procurement, Statement of Work, Contract	<b>Low:</b> The primary impact to IT during this phase will be analysis and review to ensure the proposed solution meets APD IT standards and requirements.
Phase II Initiation and Planning: Project Charter, Project Plan, Project Schedule. Confirm Stakeholders, Communications, Project Kick-Off, Develop Framework for Work Products, Discovery	<b>Low:</b> The primary impact to IT during this phase will be to provide subject matter expertise through discovery and resource alignment for the development of the project schedule.
Phase III – Phased Implementation : Group 1 (APD Employees) – Case, Provider and Financial management Review Requirements/Design & Perform Gap/Fit Analysis with Vendor Solution, UAT, Training, Deployment, Data Conversion, Interfaces,	<b>High:</b> The primary impact to IT during this phase will be to provide subject matter expertise to the project team during the requirements/design review and gap/fit analysis. Develop interfaces, data conversion and configuration.
Phase IV Phased Implementation: Group 2 (WSCs) – UAT, Training and Deployment	<b>Med:</b> The primary impact to IT during this phase will be to provide subject matter expertise to the project team to assist with remediation efforts.
Phase V – Deployment of Consumer Portal. (Consumer self-service users).	<b>Low:</b> The primary impact to IT will be to provide subject matter expertise. and Support for Training and OCM team.
Phase VI – Function 3: EVV and eMAR for Group 3 users (Providers)  ○	<b>Med:</b> The primary impact to IT during this phase will be to work with the project team to develop the necessary integration with APD’s existing systems in line with the EVV functionality.



Phase	Technology Impact (Low/Med/High)
Phase VII – Harmony Advanced Reporting	<b>High:</b> The primary impact to IT will be configuration, development, training and deployment for case, provider and financial reporting.
Phase VIII – Replace Components of ABC	<b>High:</b> The primary impact to IT during this phase will be to work with the project team to ensure the following: <ul style="list-style-type: none"> <li>○ Required functionality exist in the system to assume the functions of the ABC components being replaced.</li> <li>○ Develop and execute a data conversion plan for the ABC components being replaced.</li> <li>○ Develop the necessary batch jobs currently existing in ABC for the components being replaced.</li> </ul>
Phase IX – Replace Components of iBudget	<b>High:</b> The primary impact to IT during this phase will be to work with the project team to to ensure the following: <ul style="list-style-type: none"> <li>○ Required functionality exist in the system to assume the functions of iBudget being replaced.</li> <li>○ Develop and execute a data conversion plan for the iBudget components being replaced.</li> <li>○ Develop the necessary batch jobs currently existing in iBudget for the components being replaced.</li> </ul>
Closeout/Project Completion	<b>Low:</b> The primary impact to IT during this phase will be to receive any final training for operations and administration and to ensure there is appropriate documentation for the system.

## 5. PROJECT OVERVIEW

The CDMS project is being undertaken to increase the Agencies ability to collect and report service specific data from providers, to ensure authorized and timely service delivery to APD clients and provide measurable provider outcomes. In addition, it is expected to increase efficiency by collecting, processing, and storing client information in a consistent and effective manner. An essential part of this vision is electronic visit verification, which feeds into an electronic client central record that will contain the key data needed to monitor client progress, as well as agency, and provider performance and fiscal accountability.

In support of and in alignment with this project, the Agency over the last 8 months has embarked on a comprehensive process and system improvement effort, which includes new system development and business process improvement initiatives, as well as operational reorganization and consolidation and is moving from 14 area offices to 6 regional offices. Implementation of the new system will be key to realizing the efficiencies envisioned as part of this effort.

## 5.1. Goals and Objectives

The Agency's vision is to have a single, secure, integrated, person centered system that can collect, coordinate, store and evaluate all the data within the Support Plan/Cost Plan cycle and related processes. At the center of this proposed system is the electronic visit verification which will ensure services are delivered as agreed upon thereby increasing accountability and reducing fraud. This component of the system will feed into an electronic client central record that will contain the key data needed to monitor client progress as well as Agency and provider performance and measurable outcomes.

It is anticipated this effort will provide the following goals and objectives:

Business Goal/Objective	Description
Fraud Reduction	<ul style="list-style-type: none"> <li>▪ Electronic Visit Verification (EVV) of home based services to verify authorization to provide specific services and the frequency of units of service to be paid.</li> <li>▪ Identification, tracking, management and disposition of recoupment issues involving collection of funds.</li> <li>▪ Tracking of deactivated providers, those that have been reported for abuse or fraud in the past, and those subject to correction action/remediation plans.</li> </ul>
Measurable Outcomes	<ul style="list-style-type: none"> <li>▪ Longitudinal tracking of a client's progress using a specific service or treatment.</li> <li>▪ Service utilization reviews that ensure the most cost effective services are provided</li> <li>▪ Measurement of client's progress toward employment outcome</li> </ul>
Analysis & Reporting	<ul style="list-style-type: none"> <li>▪ Reporting and data analysis of service provision and provider billings to:               <ul style="list-style-type: none"> <li>○ identify and prevent stacking of services that are duplicative</li> <li>○ project a client's future short &amp; long range needs using valid data</li> </ul> </li> <li>▪ Reporting of performance measures to the Centers for Medicare and Medicaid for continuation of the Home and Community Based Services Waiver</li> </ul>
More Efficient Oversight	<ul style="list-style-type: none"> <li>▪ Quality Assurance reviews, documentation and disposition.</li> </ul>
Improved Business Process Efficiencies	<ul style="list-style-type: none"> <li>▪ Internet based portal for all Agency staff and service providers to access client data, record client data, and report to the agency</li> <li>▪ Electronic access for service providers of service authorizations</li> <li>▪ Timely and efficient processing of service requests</li> <li>▪ Timely and efficient monthly monitoring of licensed facilities</li> <li>▪ Timely and efficient eligibility determination</li> </ul>

## 5.2. Project Assumptions

Certain assumptions and premises need to be made to identify and estimate the required tasks and timing for the project. Based on the current information available, the project assumptions are listed below:

- The project is the top strategic IT initiative for the Agency.
- The project has executive-level support and backing.
- There is commitment from all stakeholders to the project objectives, goals and timelines.
- Funding is available for the project.
- Ongoing coordination and communication between project team and stakeholders.
- Project schedule will be strictly adhered to and tasks completed as scheduled, to meet interim milestones deliverables.
- Commitment to speed of decision-making at all levels.
- The APD CIO will provide timely approval for each phase of the project.
- Agency business and technical subject matter experts will be made available by APD Executive Sponsors to ensure all project milestones are successfully completed on time.
- Area staff, central offices staff and provider stakeholders will be involved in user acceptance testing of the pilot system.

If an assumption is invalidated at a later date, then the activities and estimates in the project plan will be adjusted accordingly.

## 5.3. Project Constraints

The following constraints apply to the Client Data Management System Project. As project planning begins and more constraints are identified, they will be added accordingly.

- There is limited budget and resources for this project.
- Project team is highly matrixed.
- Aggressive schedule for a project of this size and complexity.

## 5.4. Major Project Milestones

The following are the major project milestones identified at this time. As the project planning moves forward and the schedule is developed, the milestones and their target completion dates will be modified, adjusted, and finalized as necessary to establish the baseline schedule.

Milestones/Deliverables	Target End Date
Phase I – Procurement, Statement of Work, Contract	July 1,, 2015

Milestones/Deliverables	Target End Date
Phase II - Project Initiation and Planning: Project Charter, Project Plan, Project Kick-Off, Discovery, Project Schedule, Migration schedule, etc.	September 15, 2015
Phase III – Phase III – Phased Implementation : Group 1 (APD Employees) – Case, Provider and Financial management Review Requirements/Design & Perform Gap/Fit Analysis with Vendor Solution, UAT, Training, Deployment, Data Conversion, Interfaces,	July 27, 2016
Phase IV – Phased Implementation: Group 2 (WSCs) – UAT, Training and Deployment	, December 2, 2016
Phase V – Deployment of Consumer Portal. (Consumer self-service users)	February 2, 2017
Phase VI VI – Function 3: EVV and eMAR for Group 3 users (Providers)	April 3, 2017
Phase VII - Harmony Advanced Reporting	October 21, 2016
Phase VII – Replace Components of ABC	April 2017
Phase VIII – Replace Components of iBudget	April 2017
Closeout/Project Completion	May 1, 2017

## 6. STRATEGIC ALIGNMENT

The CDMS project is in direct support of several of the Agency’s Strategic Plan initiatives. By directly supporting the strategic plan, this project will greatly improve APD’s ability to reduce fraud and overpayment, more effectively and efficiently serve our clients, improve oversight of providers, monitor outcomes and increase APD’s ability to provide analysis and reporting to key stakeholders (CMS, Governor’s Office, Legislature, etc.).

Plan Name	Goals/Objectives
APD Strategic Plan	Improve customer satisfaction through better customer service.
APD Strategic Plan	Foster sustainability via reform of the Medicaid finance structure and through supports and services for clients through public private partnerships and community development.
APD Strategic Plan	Increase accountability via better data systems and close matching between budget and programs.
APD Strategic Plan	Serve individuals on the waitlist as funds become available and through information and education on existing community and other resources.

## 7. COST ANALYSIS

Please see attached cost analysis.

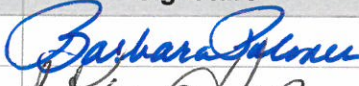



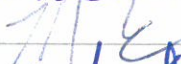
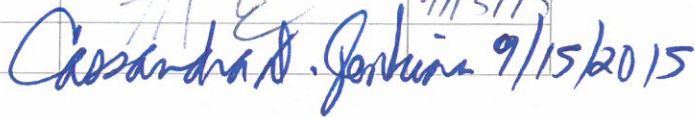
## 8. ALTERNATIVES ANALYSIS

The following alternative options have been considered to address the Agency challenges identified in this business case. These alternatives were not selected for a number of reasons which are also explained below.

No Project (Status Quo)	Reasons For Not Selecting Alternative
Keep the current systems in place	<ul style="list-style-type: none"> <li>▪ Current systems do not meet federal CMS assurances</li> <li>▪ Agency is heavily dependent on inefficient manual processes</li> <li>▪ Existing functionality of automated system does not meet Agency needs</li> <li>▪ Disparate and antiquated technology</li> <li>▪ Lacking automated controls to effectively reduce fraud and abuse</li> </ul>
Alternative 1	Reasons For Not Selecting Alternative
Provide Services In-House	<ul style="list-style-type: none"> <li>▪ Cost prohibitive</li> <li>• Long implementation lifecycle</li> <li>• Lack of resources</li> <li>• Lack of expertise</li> <li>• Custom development projects are very high risk</li> </ul>

## SECTION 9 APPROVALS

The signatures of the people below indicate an understanding in the purpose and content of this document by those signing it. By signing this document you indicate that you approve of the proposed project outlined in this business case and that the next steps may be taken to create a formal project in accordance with the details outlined herein.

Approver Name	Title	Signature	Date
Barbara Palmer	Agency Director		9/15/15
Karen Hagan	Chief of Staff		9/15/15
Denise Arnold	Deputy Director of Programs		9/15/15
David Dobbs	Deputy Director of Budget and Planning		9/15/15
Mark Ervin	CIO		9/15/15
Cassandra Jenkins	Contracts		9/15/2015



**CLIENT DATA MANAGEMENT SYSTEM  
PROJECT CHARTER**

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## SECTION 1 CHARTER DETAILS

<b>Project Name:</b>	Client Data Management System Project		
<b>Requesting Business Unit:</b>	Programs		
<b>Request or Submit Date:</b>			
<b>Estimated Project Size:</b>	Choose an item.Medium 2 + Years		
<b>Business Unit Requestor/ Title/Phone:</b>	Denise Arnold	Deputy Director of Programs	850-488-3673
<b>Sponsor/Title/Phone:</b>	Barbara Palmer	Director of APD	850-488-1559
<b>Budget &amp; Planning/Title/Phone:</b>	David Dobbs	Deputy Director of Budget & Planning	850-414-6058
<b>Information Technology/ Title/Phone:</b>	Mark Ervin	Chief Information Office	850-488-0616

## SECTION 2 PURPOSE

The purpose of the Client Data Management System project charter is to communicate the authorization for the project and the management approach to project participants and external entities. The project charter lays the groundwork for informed decisions and planning regarding projection direction, outcomes and delivery.

### 2.1 PROJECT EXECUTIVE SUMMARY

The Agency for Persons with Disabilities (APD) serves a client base of approximately 52,000 clients of which approximately 31,000 currently receive services and 21,000 are on a wait list receiving little to no services. The Agency has a budget of just over one billion dollars. The vast majority of this budget is utilized for services in the Home and Community Based Waiver program which is a federally matched program under the Centers for Medicare and Medicaid Services (CMS). The state is required to track, measure, report and provide quality improvement processes for 32 specific program performance measures in order to ensure the program funding can continue. The CMS further requires the state maintain a quality improvement system that is dependent on data collection, data analysis, and reporting.

The Centers for Medicare & Medicaid Services predicts in 2013 the projected losses due to fraud, waste, or abuse will be between 3 – 10% of Florida's Medicaid budget. This fraudulent activity has a direct impact on APD's capacity to serve persons with disabilities and protect the investment of Florida's taxpayers. The Agency for Persons with Disabilities currently relies heavily on manual processes as well as disparate, decentralized and in many cases antiquated systems to collect, analyze and report data consistently. The Agency utilizes hundreds of spreadsheets to collect and analyze data which is extremely time consuming for staff and providers and prone to errors and inaccuracies. Overall, the current environment is inefficient, disposed to fraud and abuse, and makes it very difficult to track client outcomes.

The Agency needs an integrated enterprise client data management system that will automate manual processes, collect data at the client-specific and provider-specific level so analysis, tracking, reporting, fraud reduction, and quality improvement processes can be improved.

Essential to this data system is the electronic visit verification (EVV) to ensure services are delivered as approved by the Agency. In addition, the system will provide an electronic client central record that will contain key data needed to monitor agency performance, provider specific performance, and measurable outcomes.

The new system is central to the Agency's process improvement strategy. The requirements defined by APD will provide the agency with performance measures for agency staff and service providers. It is anticipated the new system will provide a significant reduction of manual processes and provide efficiencies and business process improvements essential to the regionalization of the Agency which has been reorganized from 14 area offices to 6 regional offices.

## SECTION 3 PROJECT GOALS AND OBJECTIVES

The key objectives of the Client Data Management System are listed below:

Goals And Objectives	Description
Improved Business Process Efficiencies	<ul style="list-style-type: none"> <li>▪ Internet based portal for all Agency staff and service providers to access client data, record client data, and report to the agency</li> <li>▪ Electronic access for service providers of service authorizations</li> <li>▪ Timely and efficient processing of service requests ‘</li> <li>▪ Timely and efficient monthly monitoring of licensed facilities</li> <li>▪ Timely and efficient eligibility determination</li> </ul>
Fraud Reduction	<ul style="list-style-type: none"> <li>▪ Electronic Visit Verification (EVV) of home-based services to verify authorization to provide specific services and the frequency of units of service to be paid</li> <li>▪ Identification, tracking, management, and disposition of recoupment issues involving collection of funds</li> <li>▪ Tracking of deactivated providers, those that have been reported for abuse or fraud in the past, and those subject to correction action/remediation plans</li> </ul>
Measurable Outcomes	<ul style="list-style-type: none"> <li>▪ Longitudinal tracking of a client’s progress using a specific service or treatment</li> <li>▪ Service utilization reviews that ensure the most cost-effective services are provided</li> <li>▪ Measurement of client’s progress toward outcomes</li> </ul>
Analysis & Reporting	<ul style="list-style-type: none"> <li>▪ Reporting and data analysis of service provision and paid claims to:               <ul style="list-style-type: none"> <li>○ identify and prevent stacking of duplicative services</li> <li>○ project a client’s future short &amp; long range needs using valid data</li> </ul> </li> <li>▪ Reporting of performance measures to the Centers for Medicare and Medicaid Services for continuation of the Home and Community Based Services Waiver</li> </ul>
More Efficient Oversight	<ul style="list-style-type: none"> <li>▪ Quality Assurance reviews, documentation, and disposition.</li> </ul>
Improved Business Process Efficiencies	<ul style="list-style-type: none"> <li>▪ Internet based portal for all Agency staff and service providers to access client data, record client data, and report to the agency</li> <li>▪ Electronic access for service providers of service authorizations</li> <li>▪ Timely and efficient processing of service requests ‘</li> <li>▪ Timely and efficient monthly monitoring of licensed facilities</li> <li>▪ Timely and efficient eligibility determination</li> </ul>
Technology	<ul style="list-style-type: none"> <li>▪ Reduce Implementation/Deployment Time</li> </ul>

## **SECTION 4 PROJECT SCOPE**

The scope of this project is listed in the contract under the vendor's response to the ITN Statement of Work and Statement of Need.

## SECTION 5 PROJECT PHASES: ESTIMATED DURATION AND MILESTONES

### 5.1 PROJECT PHASES



- **Initiation**—Initiation is complete when a project charter and preliminary scope statement have been prepared and a project manager has been assigned to the project and has been given the authority and direction necessary to begin planning. A project charter is an outline (with varying degrees of detail) of what the sponsors of the project expect the project to accomplish. It should define constraints and identify the major stakeholders involved. A preliminary scope statement is a detailed look at what exactly the project is expected to deliver.
- **Planning** — Planning begins with the outputs of initiation (charter, preliminary scope statement, and project manager). At the end of planning, the entire project has been thought through: what will be done; how; in what order; and at what cost.
- **Execution** — Execution cannot begin until there is a plan. Executing is the act of doing what it says to do in the plan. It is completed when all the work is completed.
- **Controlling** — Controlling is the act of making sure that the work being executed complies with the plan. Controlling is complete when the final outputs of the project (deliverables) meet the prescribed quality standards defined in the plan and are accepted by the customer. It ends at the same time as execution.
- **Closing** — Organizations learn by documenting what was learned — what went right and what went wrong — and making these documents available for reference on future projects. Closing begins when deliverables are accepted. It involves making sure that all the necessary paperwork is completed in terms of contract administration and sign off. It continues until a project archive has been compiled. This archive includes not only a complete set of project records but also a critical review of lessons learned.

### 5.2 ESTIMATED DURATION

Project Phases							
Initiation		Planning		Execution/Controlling		Closing	
Start	Finish	Start	Finish	Start	Finish	Start	Finish
July 2013	July 2015	July 2015	Aug 2015	Sept 2015	Mar 2017	Mar 2017	June 2017

### 5.3 MILESTONES

Milestones	Target End Date
Phase I – Procurement, Statement of Work, Contract	July 2015

Milestones	Target End Date
Phase II - Review Project Charter, Project Plan, Discovery, Project Schedule, Migration Schedule and Project Kick-Off	August 2015
Phase III (Group 1: APD Staff) <ul style="list-style-type: none"> <li>▪ Review Requirements/Design &amp; Perform Gap/Fit Analysis with Vendor</li> <li>▪ Solution. Customization/Configuration/Process Realignment to Remediate Gap/Fit</li> <li>▪ Develop interfaces</li> <li>▪ Data Conversion</li> <li>▪ Testing</li> <li>▪ Training group 1 (APD Staff)</li> </ul>	June 2016
Phase IV (Group 2: WSC's) <ul style="list-style-type: none"> <li>▪ Review Requirements/Design &amp; Perform Gap/Fit Analysis with Vendor</li> <li>▪ Solution. Customization/Configuration/Process Realignment to Remediate Gap/Fit</li> <li>▪ Develop interfaces (if needed)</li> <li>▪ Data Conversion (if needed)</li> <li>▪ Testing</li> <li>▪ Training group 2 (WSC's)</li> </ul>	October 2016
Phase V (Group 3: All Providers) <ul style="list-style-type: none"> <li>▪ Review Requirements/Design &amp; Perform Gap/Fit Analysis with Vendor</li> <li>▪ Solution. Customization/Configuration/Process Realignment to Remediate Gap/Fit</li> <li>▪ Develop interfaces (if needed)</li> <li>▪ Data Conversion (if needed)</li> <li>▪ Testing</li> <li>▪ Training group 3 (Providers)</li> </ul>	February 2017
Phase VI – Replace Components of ABC	April 2017
Phase VII – Replace Components of iBudget	April 2017
Closeout/Project Completion	June 2017

## SECTION 6 PROJECT DELIVERABLES

The deliverables and their associated costs are identified in the contract as negotiated as part of the ITN.

## SECTION 7 BENEFITS

Implementation of the Business Requirements are anticipated to achieve the following benefits.

#	Benefit Description	Recipient	How is Benefit Realized?	How Benefit be Assessed/Measured?	Date Realized (MM/YY)
1.	More efficient transactions for client service needs	Client	Faster Decisions regarding service needs	Time to respond to client request	07/17
2.	Fraud reduction and service delivery verification	Client Agency	Accurate billing aligned with level of service delivery, reduced fraud, and cost savings	Longitudinal comparison of provider claims billing to client service delivery	07/17
3.	Ability to track, measure, analyze, and trend service data and client progress to increase program accountability and to ensure maximum number of clients are served within budget appropriation	Client Agency	Number of clients served	Number of clients served and client progress	07/17
4.	Provider access to service authorizations promptly	Client Provider Region staff	Reduction of time lapse from date of service approval to service delivery		07/17

#	Benefit Description	Recipient	How is Benefit Realized?	How Benefit be Assessed/Measured?	Date Realized (MM/YY)
5.	Ability to track client incidents and follow up needed to address the issue	Client	Analysis and trending of incident reports to implement corrective action needed	Reduction in type of incidents and timeliness of corrective action	07/17
6.	Review of Service outcomes through utilization review to ensure client services are meeting the need and to ensure cost containment is maximized	Client	Review of services delivered, client progress made, adjustment of authorized services	Number of services that are reduced over time as client progress is made	07/17
7.	Compliance with federal program assures required for waiver federal matching funds	Client Agency	State continues to receive federal matching funds for services under the federal waiver program	Submittal of Evidentiary Reports that are found to be in compliance	07/18 This is ongoing and will transition to paperless once fully implemented over time
8.	Secure maintenance of client central record	Client Agency	Confidential information is stored securely	Number of records stored electronically	07/16



#	Benefit Description	Recipient	How is Benefit Realized?	How Benefit be Assessed/Measured?	Date Realized (MM/YY)
9.	Improve accuracy of monitoring of licensed residential facilities and corrective action needed	Client	Licensed facility monitoring data can be analyzed and trended to strengthen quality assurance system	Number of licenses resulting in administrative action	07/17
10.	Improved tracking and monitoring of client behavioral and medical interventions to ensure client health and safety is protected	Client	Reporting of medication errors and use of reactive strategies for behavior issues can be tracked, trended and remediated	Number of medication errors and reactive strategies used	07/17
11.	Reduce Implementation/ Deployment Time	Agency / All Stakeholders	Ability to use the system more quickly	System will be fully implemented within 2 years	07/17

## SECTION 8 PROJECT ASSUMPTIONS & CONSTRAINTS

### 8.1 ASSUMPTIONS

Certain assumptions and premises need to be made to identify and estimate the required tasks and timing for the project. Based on the most current information available, the project assumptions are listed below. If an assumption is invalidated at a later date, then the activities and estimates in the project plan will be adjusted accordingly.

- The project is the top IT initiative for the Agency.
- There is commitment from all stakeholders to the project objectives.
- There will be coordination and communication between project team, area office, and external stakeholders.
- Project schedule will be strictly adhered to, and tasks completed as scheduled, to meet all interim milestones deliverables.
- The APD Deliverable Review Team will provide timely approval for each phase of the project.
- Agency business and technical subject matter experts will be made available by APD Executive Sponsors to ensure all project milestones are successfully completed on time.
- Area Office and State Office staff as well as representation from the provider community will be involved in user acceptance testing of the pilot system.
- Changes to the scope or assumptions defined in this document could require a change order.
- Assumes data conversion of consumer demographics and enrollment history only. No assessment data, no notes, no financial data.
- Financial Management and Interfaces to go live at the same time.
- Harmony Advanced Reporting is configured and deployed by phase
- One round of BA revisions in each phase prior to 10-day Deliverable Acceptance cycle
- Assumes single interface touchpoint to iBudget.
- Assumes single interface touchpoint to ABC.
- Assumes interface to MMIS using standard EDI transactions (e.g. 837, 835 , etc.).
- Assumes Harmony standard payment voucher export to GL.
- Automated eligibility determination will be developed on the basis of Preadmission Screening and Resident Review (PASRR) assessments and the creation of enrollment records.
- Included development of algorithm-based waitlist prioritization on the basis of a prioritization checklist assessment.

- Included development of 45 consumer, provider, or incident-related assessments mentioned in the requirements.
- Included development of at least 19 merge documents mentioned in the requirements.
- Included 16 items in which we would need to build custom workflow automation (e.g., stored procedures or triggers, etc.), varying in complexity.
- Harmony will staff this project appropriately to meet deliverables and due dates as defined in the approved CDMS Project Plan deliverable.
- Both organizations must commit to the agreed-upon tasks and timelines, with the understanding that success will come only if the teams can work effectively and collaboratively. Should one party be unable to complete a task as planned, the project managers will need to identify how the situation can best be mitigated, if necessary. With a tight timeline, the schedule will have little to no “slack,” therefore both organizations must be sensitive to the risk of cascading delays when a “linked” task slips to the detriment of dependent tasks. Both teams must be willing to “go where needed” to ensure an on-time delivery of a system that users can and will adopt as the environment changes.
- Proposed Key Staff members were selected based on qualifications and experience with similar project scope. Additional project resources will not be assigned to this project until contracts are finalized but will be responsible for all tasks assigned to them for the duration of the project, once it has been approved.
- Proposed implementation costs include time, materials, and travel.
- Interfaces:
  - Delivery Method: Either web services or file posted to Harmony’s FTP site.
  - Estimates were completed without full specifications on what triggers each interface or how much data they pull.
  - Hours were included for requirements gathering, development, testing, and deploying for the following interfaces:
    - External Providers (Capped at 320 hrs)
    - CDCFEA (legacy CDC+ System)
    - Secure Web-Based Payroll Systems
    - Interactive Voice Response (IVR) System
    - QIO (quality assurance related)
    - DCF FSFN (provider deficiencies; client data)
    - FMMIS (paid claims, authorizations)
    - ABC
    - CDC+
    - iBudget
    - QSI
    - DOH Vital Statistics (deaths)
- Data conversion

- Assumption is Statement of Work will be followed with the addition of the following:
  - APD will provide the appropriate technical resources per each legacy system who understands the data elements and can assist with data mapping and data extraction from each legacy system
  - Harmony will develop scripts and run the scripts (data conversion results deliverable, instead of providing the scripts or software to APD).
  - Harmony expects 1 data extraction per legacy system (one per entity).
  - A full data conversion will only be done for live migration. It will not be done for the unit test, integration test, system test, performance test, and acceptance test as long as a sufficient set of data is used.
- The Agency anticipates this platform will allow the absorption of certain legacy systems during future project phases.

## 8.2 CONSTRAINTS

The following constraints apply to the Client Data Management System Project. As project planning begins and more constraints are identified, they will be added accordingly.

- There is limited budget and resources for this project.
- The project is heavily crossed matrixed.
- Aggressive schedule with little slack.

## SECTION 9 PROJECT RISKS

Project risks are characteristics, circumstances, or features of the project environment that may have an adverse effect on the project or the quality of its deliverables. A risk plan has been developed, as part of the CDMS Project Plan to track risks to the project. Known risks identified with this project have been identified in the Risk Log.

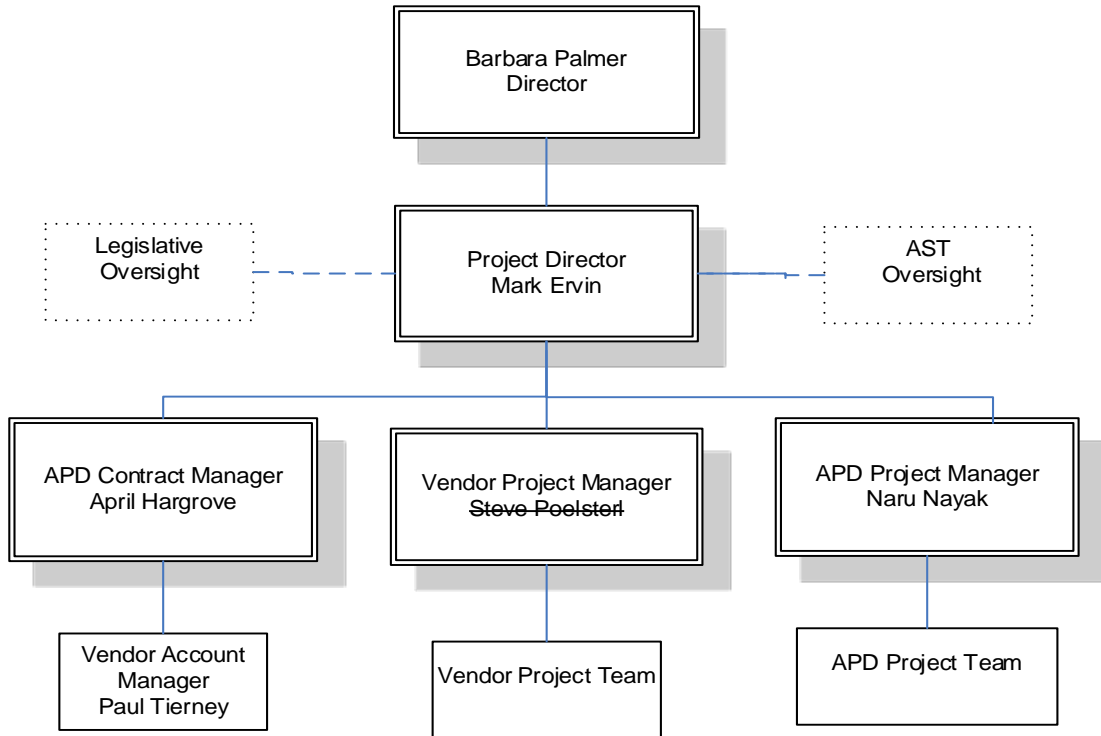
## SECTION 10 PROJECT ORGANIZATION

### 10.1 ROLES

An appropriate project organization structure is essential to achieve success. The following list depicts the proposed organization:

Role	Title	Name
Project Executive Sponsor	Director of APD	Barbara Palmer
Project Director	APD Planning & Project Director	Mark Ervin
Contract Manager	APD Contract Manager	April Hargrove
Contract Administrator	APD Contract Administrator	Cassandra Jenkins
Vendor Account Manager	TBD	Paul Tierney
APD Project Manager	APD CDMS Project Manager	Naru Nayak
Vendor Project Manager	Vendor CDMS Project Manager	Aleee Studtmann Steve Poelsterl
APD Project Team	N/A	See CDMS Project Matrix
Vendor Project Team	N/A	See CDMS Project Matrix

## 10.2 ORGANIZATION CHART



## **SECTION 11        COMMUNICATIONS AND STAKEHOLDERS**

### **11.1 OVERVIEW**

#### **11.2 COMMUNICATIONS MANAGEMENT IS A BROAD AREA COMPRISED OF THE PROCESSES NECESSARY TO ENSURE EFFECTIVE COMMUNICATION AMONG PROJECT STAKEHOLDERS AND PROJECT TEAM MEMBERS. IT INCLUDES THE GENERATION, COLLECTION, STORAGE, DISSEMINATION, AND DISPOSITION OF PROJECT INFORMATION. PURPOSE**

The purpose of this section is to document the formal communication process developed for the Project. This plan defines:

- What needs to be communicated on the project
- Who is responsible for communicating with what audience
- When the communication needs to take place
- How information will be communicated.

The communication process was developed to ensure project stakeholders and team members are informed about the status of project initiatives at all times. However, the existence of a defined process does not confirm effective communications. The project team's execution of the communication processes will be the driver for the successful communication.

This plan provides a framework for project informational exchange within and outside the project. This plan focuses on formal communication elements, though other channels exist on informal levels, and enhance those discussed within this plan. This plan does not limit, but rather enhances communication practices. Open, ongoing communication between stakeholders and team members is vital to the success of the Project.

This communication plan is a key tool for promoting and enhancing organizational transformations toward new business processes. The plan will be updated as necessary throughout the project to reflect new or evolving communication needs (e.g. changes to stakeholders, scheduled meetings, or communication tools). Changes to this plan will be coordinated by the APD Project Manager and approved by the Project Sponsor.

### **11.3 SCOPE**

The CDMS Communication Plan/Approach is defined in the CDMS Project Plan and the Organizational Change Management Plan.

**PROJECT CHARTER APPROVALS**

The signatures of the people below indicate an understanding in the purpose and content of this document by those signing it. By signing this document you indicate that you approve of the proposed project outlined in this business case and that the next steps may be taken to create a formal project in accordance with the details outlined herein.

Barbara Palmer

Barbara Palmer, APD Director

9/14/15

Date

Karen Hagan

Karen Hagan, Chief of Staff

9/14/15

Date

Denise Arnold

Denise Arnold, Deputy Director of Programs

9-14-15

Date

David Dobbs

David Dobbs, Deputy Director of Budget & Finance

9/14/2015

Date

Mark Ervin

Mark Ervin, CIO

9/14/2015

Date

April Hargrove

April Hargrove, CDMS Project Contract Manager

9/14/2015

Date

Naru Nayak

Naru Nayak, CDMS Project Manager

SEP. 14, 2015

Date



### Success/Benefits Realization Table

#	Description of Benefit	Tangible or Intangible	Recipient	How is the Benefit Realized?	How Will the Realization of the Benefit be Assessed/Measured?	Realization Date (MM/YY)
1.	More efficient transactions for client service needs	Intangible	Client	Faster Decisions regarding service needs	Time to respond to client request	06/18
2.	Fraud reduction and service delivery verification	Tangible	Client Agency	Data collected from statewide actual expenditures for the Fiscal Year 2013-14 showed 15,604 clients with \$219.79 million in expenditures for in-home services. A conservative 2% reduction from elimination of fraud and billing abuses is \$4.40 million a year.	Longitudinal comparison of provider claims billing to client service delivery	06/19
3.	Ability to track, measure, analyze, and trend service data and client progress to increase program accountability and to ensure maximum number of clients are served within budget appropriation	Intangible	Client Agency	Number of clients served	Number of clients served and client progress	06/18
4.	Provider access to service authorizations promptly	Intangible	Client Provider Region staff	Reduction of time lapse from date of service approval to service delivery		06/18

### Success/Benefits Realization Table

#	Description of Benefit	Tangible or Intangible	Recipient	How is the Benefit Realized?	How Will the Realization of the Benefit be Assessed/Measured?	Realization Date (MM/YY)
5.	Ability to track client incidents and follow up needed to address the issue	Intangible	Client	Analysis and trending of incident reports to implement corrective action needed	Reduction in type of incidents and timeliness of corrective action	06/18
6.	Review of Service outcomes through utilization review to ensure client services are meeting the need and to ensure cost containment is maximized	Intangible	Client	Review of services delivered, client progress made, adjustment of authorized services	Number of services that are reduced over time as client progress is made	06/18
7.	Compliance with CMS federal program is required for waiver federal matching funds	Intangible	Client Agency	State continues to receive federal matching funds for services under the federal waiver program	Submittal of Evidentiary Reports that are found to be in compliance	06/18
8.	Secure maintenance of client central record	Intangible	Client Agency	Confidential information is stored securely	Number of records stored electronically	06/18
9.	Improve accuracy of monitoring of licensed residential facilities and corrective action needed	Intangible	Client	Licensed facility monitoring data can be analyzed and trended to strengthen quality assurance system	Number of licenses resulting in administrative action	06/18

### Success/Benefits Realization Table

#	Description of Benefit	Tangible or Intangible	Recipient	How is the Benefit Realized?	How Will the Realization of the Benefit be Assessed/Measured?	Realization Date (MM/YY)
10.	Improved tracking and monitoring of client behavioral and medical interventions to ensure client health and safety is protected	Intangible	Client	Reporting of medication errors and use of reactive strategies for behavior issues can be tracked, trended and remediated	Number of medication errors and reactive strategies used	06/18

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2017-18			FY 2018-19			FY 2019-20			FY 2020-21			FY 2021-22		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Cost Change Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000
A.b Total Staff	0.00	13.00	13.00	0.00	13.00	13.00	0.00	13.00	13.00	0.00	13.00	13.00	0.00	13.00	13.00
A-1.a. State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-1.b. State FTEs (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-2.a. OPS Staff (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-2.b. OPS (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000	\$0	\$692,000	\$692,000
A-3.b. Staff Augmentation (# of Contractors)	0.00	13.00	13.00	0.00	13.00	13.00	0.00	13.00	13.00	0.00	13.00	13.00	0.00	13.00	13.00
B. Application Maintenance Costs	\$0	\$1,662,500	\$1,662,500	\$0	\$1,750,000	\$1,750,000	\$0	\$1,750,000	\$1,750,000	\$0	\$1,750,000	\$1,750,000	\$0	\$1,750,000	\$1,750,000
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <span style="font-size: small;">Harmony/Mediware SaaS Software</span>	\$0	\$1,662,500	\$1,662,500	\$0	\$1,750,000	\$1,750,000	\$0	\$1,750,000	\$1,750,000	\$0	\$1,750,000	\$1,750,000	\$0	\$1,750,000	\$1,750,000
C. Data Center Provider Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <span style="font-size: small;">Specify</span>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Other Costs	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844
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 <span style="font-size: small;">Equipment/Ongoing Staff Expenses</span>	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844	\$0	\$51,844	\$51,844
<b>Total of Recurring Operational Costs</b>	<b>\$0</b>	<b>\$2,406,344</b>	<b>\$2,406,344</b>	<b>\$0</b>	<b>\$2,493,844</b>	<b>\$2,493,844</b>	<b>\$0</b>	<b>\$2,493,844</b>	<b>\$2,493,844</b>	<b>\$0</b>	<b>\$2,493,844</b>	<b>\$2,493,844</b>	<b>\$0</b>	<b>\$2,493,844</b>	<b>\$2,493,844</b>
<b>F. Additional Tangible Benefits:</b>		\$1,831,622			\$4,395,892			\$4,395,892			\$4,395,892			\$4,395,892	
F-1. <span style="font-size: small;">EVV</span>		\$1,831,622			\$4,395,892			\$4,395,892			\$4,395,892			\$4,395,892	
F-2. <span style="font-size: small;">Specify</span>		\$0			\$0			\$0			\$0			\$0	
F-3. <span style="font-size: small;">Specify</span>		\$0			\$0			\$0			\$0			\$0	
<b>Total Net Tangible Benefits:</b>		<b>(\$574,722)</b>			<b>\$1,902,048</b>			<b>\$1,902,048</b>			<b>\$1,902,048</b>			<b>\$1,902,048</b>	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	<input type="checkbox"/>	Confidence Level	
Order of Magnitude	<input checked="" type="checkbox"/>	Confidence Level	90%
Placeholder	<input type="checkbox"/>	Confidence Level	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Agency for Persons	Client Data Management																			
Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.																					
2																					
3				\$ 3,291,854		\$ 1,597,411		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ 4,889,265	
4	Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	Current & Previous Years Project-Related Cost	YR 1 #	YR 1 LBR	YR 1 Base Budget	YR 2 #	YR 2 LBR	YR 2 Base Budget	YR 3 #	YR 3 LBR	YR 3 Base Budget	YR 4 #	YR 4 LBR	YR 4 Base Budget	YR 5 #	YR 5 LBR	YR 5 Base Budget	TOTAL	
5	Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
6	Costs for all OPS employees working on the project.	OPS	OPS	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
7	Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ 960,501	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 960,501
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ 464,755	1.00	\$ 238,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 702,755
9	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services		8.00	\$ 596,333	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 596,333
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
13	Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ 350,000		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 350,000
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ 1,388,184		\$ 723,816	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,112,000
15	All first-time training costs associated with the project. Include the quote received from the data center provider for project equipment and services. Only include one-time project costs in this row. Recurring, project-related data center costs are included in CBA Form 1A.	Training	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
16	Other contracted services not included in other categories.	Data Center Services - One Time Costs	Data Center Category	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
17	Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for detail)	Other Services	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
18	Include costs associated with leasing space for project personnel.	Equipment	Expense	\$ 66,600		\$ 3,700	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 70,300
19	Other project expenses not included in other categories.	Leased Space	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
20		Other Expenses	Expense	\$ 61,814		\$ 35,562	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 97,376
21		Total		\$ 3,291,854	9.00	\$ 1,597,411	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 4,889,265

CBAForm 2 - Project Cost Analysis

Agency <u>Agency for Persons</u>	Project <u>Client Data Management</u>
----------------------------------	---------------------------------------

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	
TOTAL PROJECT COSTS (*)	\$1,597,411	\$0	\$0	\$0	\$0	\$4,889,265
CUMULATIVE PROJECT COSTS <small>(includes Current &amp; Previous Years' Project-Related Costs)</small>	\$4,889,265	\$4,889,265	\$4,889,265	\$4,889,265	\$4,889,265	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	
General Revenue	\$904,941	\$809,422	\$809,422	\$809,422	\$809,422	\$4,142,629
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input checked="" type="checkbox"/>	\$3,098,814	\$1,684,422	\$1,684,422	\$1,684,422	\$1,684,422	\$9,836,502
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$4,003,755	\$2,493,844	\$2,493,844	\$2,493,844	\$2,493,844	\$13,979,131
CUMULATIVE INVESTMENT	\$4,003,755	\$6,497,599	\$8,991,443	\$11,485,287	\$13,979,131	

Characterization of Project Cost Estimate - CBAForm 2C		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	Confidence Level	
Order of Magnitude x	Confidence Level	90%
Placeholder	Confidence Level	

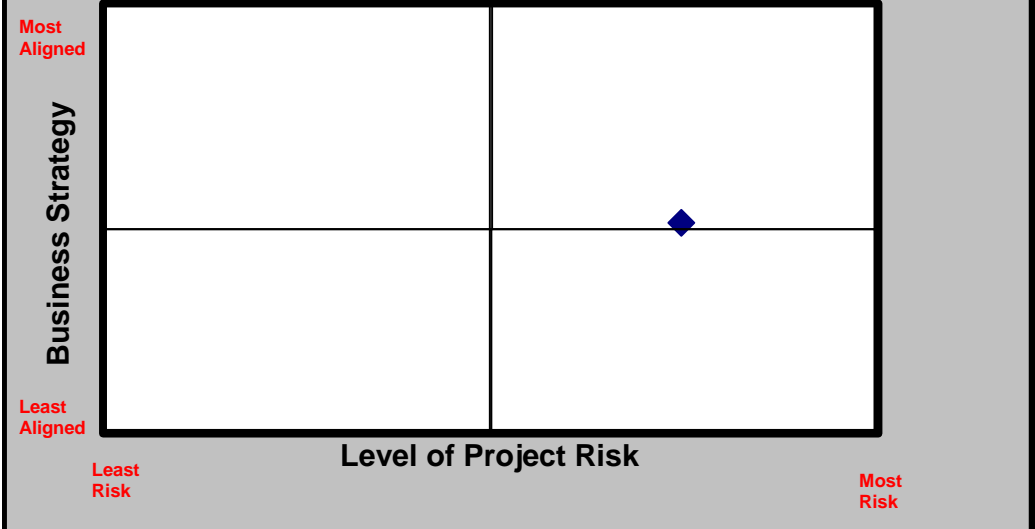
<i>COST BENEFIT ANALYSIS -- CBAForm 3A</i>						
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	TOTAL FOR ALL YEARS
Project Cost	\$1,597,411	\$0	\$0	\$0	\$0	\$4,889,265
Net Tangible Benefits	(\$574,722)	\$1,902,048	\$1,902,048	\$1,902,048	\$1,902,048	\$7,033,470
Return on Investment	(\$5,463,987)	\$1,902,048	\$1,902,048	\$1,902,048	\$1,902,048	\$2,144,205
Year to Year Change in Program Staffing	13	13	13	13	13	

<i>RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B</i>		
Payback Period (years)	3 7/8	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2020-21	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	\$1,304,245	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	14.69%	IRR is the project's rate of return.

<i>Investment Interest Earning Yield -- CBAForm 3C</i>					
Fiscal Year	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

Project	Client Data Management System (CDMS)	
Agency	Agency For Persons with Disabilities	
FY 2017-18 LBR Issue Code:	FY 2017-18 LBR Issue Title:	
36201C0	CLIENT DATA MANAGEMENT AND ELECTRONIC VISIT VERIFICATION	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
David Dobbs-----414-0658 ----- David.Dobbs@apdcares.org		
Executive Sponsor	Barbara Palmer	
Project Manager	Naru Nayak	
Prepared By	APD	10/14/2016

**Risk Assessment Summary**



**Project Risk Area Breakdown**

Risk Assessment Areas	Risk Exposure
Strategic Assessment	HIGH
Technology Exposure Assessment	HIGH
Organizational Change Management Assessment	HIGH
Communication Assessment	MEDIUM
Fiscal Assessment	MEDIUM
Project Organization Assessment	MEDIUM
Project Management Assessment	MEDIUM
Project Complexity Assessment	HIGH
<b>Overall Project Risk</b>	<b>HIGH</b>



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

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

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

Agency: Agency Name

Project: Project Name

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

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

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

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

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



Agency: Agency For Persons with Disabilities

Project: Client Data Management System (CDMS)

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

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



# **CLIENT DATA MANAGEMENT SYSTEM**

## **PROJECT MANAGEMENT PLAN**

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## SECTION 1 EXECUTIVE SUMMARY

### 1.1 BACKGROUND

The Agency for Persons with Disabilities (APD) serves a client base of approximately 52,000 clients of which approximately 31,000 currently receive services and 21,000 are on a wait list to receive services. The Agency has a budget of just over one billion dollars. The vast majority of this budget is utilized for services in the Home and Community Based Waiver program which is a federally matched program under the Centers for Medicare and Medicaid Services (CMS). The state is required to track, measure, report and provide quality improvement processes for 32 specific program performance measures in order to ensure the program funding can continue. The CMS further requires that the state maintain a quality improvement system that is dependent on data collection, data analysis, and reporting.

The Centers for Medicare & Medicaid Services predicts in 2013 the projected losses due to fraud, waste, or abuse will be between 3 – 10% of Florida's Medicaid budget. This fraudulent activity has a direct impact on APD's capacity to serve persons with disabilities and protect the investment of Florida's taxpayers. The Agency for Persons with Disabilities currently relies heavily on manual processes as well as disparate, decentralized and in many cases antiquated systems to collect, analyze and report data consistently. In addition, the Agency utilizes hundreds of spreadsheets to collect and analyze data which is extremely time consuming for staff and providers and prone to errors and inaccuracies. Overall, the current environment is inefficient, disposed to fraud and abuse and makes it very difficult to track client outcomes.

The Agency needs an integrated enterprise client data management system that will automate manual processes, collect data at the client specific and provider specific level so analysis, tracking, reporting, fraud prevention and quality improvement processes can be improved.

Essential to this data system is the electronic visit verification to ensure services are delivered as approved by the Agency. In addition, the system will provide an electronic client central record containing key data needed to monitor agency performance, provider specific performance and measurable outcomes.

The new system is central to the Agency's process improvement strategy. The requirements defined by APD will provide the agency with performance measures for agency staff and service providers. It is anticipated the new system will provide a significant reduction of manual processes and provide efficiencies and business process improvements essential to the regionalization of the Agency which has been reorganized from 14 area offices to 6 regional offices.

## **SECTION 2 ABOUT THIS DOCUMENT**

The Project Management Plan describes the Background, Objectives, Scope, Project Management Approach, Key Deliverables, Assumptions, Governance Structure and a framework for Risk management associated with the project. This document has been tailored for this project from “A Guide to the Project Management Body of Knowledge (PMBOK® Guide)” published by the Project Management Institute (PMI.)

### **2.1 WHO SHOULD USE THIS DOCUMENT?**

The Client Data Management System (CDMS) Project Teams involved in the Project should use this document for guidance on project procedures.

### **2.2 RELATED DOCUMENTS**

This document should be used in conjunction with the following Project Documents:

- Project Charter
- Project Contract
- Project Statement of Work (SOW) & Statement of Need
- MS Project Schedule / Timeline
- Organizational Change Management Plan
- Financial Management Plan

### **2.3 DISTRIBUTION**

This document shall be distributed to all Project staff (including Vendor Team members) and any other personnel as required. Notifications of changes to this document will be circulated per the current project management process.

### **2.4 ASSUMPTIONS**

The following assumptions are identified:

- The Project team members and all Stakeholders recognize time is of the essence and will prioritize their participation accordingly.
- The project stakeholders will coordinate the availability of appropriate staff for consultation during the project, as required.
- The project stakeholders will ensure staff participating in meetings on divisions and business units behalf have the requisite knowledge and will be given the authority to make decisions.
- The APD Project Manager will coordinate the availability of external stakeholders (other Agencies, oversight groups, etc.) for consultation during the project, as required.

- The APD Project Manager will coordinate all meetings with internal and external stakeholders and the Vendor Project Manager as requested and as deemed necessary during the course of the project.
- The APD Project Manager will coordinate with the Vendor Project Manager to ensure project goals, deliverables and requirements are met within timelines established for this project.
- The APD Project Manager will inform the Vendor Project Manager in a timely manner of critical linked and adjacent systems and activities that may impact the SOW, project plan and deliverables.
- The APD Project Manager will provide access to all relevant information, documentation, and reports within the scope of analysis.
- The APD Project Manager will help facilitate timely access to data and resources as appropriate.
- The APD Project Manager will review project progress reports and related final deliverables and provide feedback and final approval/disapproval to the vendor according to a mutually agreed document review process.
- The APD project team will review interim deliverables in timely manner.



## SECTION 3 PROJECT GOVERNANCE & ORGANIZATION

The following exhibit (Exhibit 1: Project Governance – Roles & Responsibilities) is a description of the roles and responsibilities:

Role Name	Description	Participant(s)
Executive Sponsor	Champions the Project; Provides guidance on overall scope and project direction; Assures adequate business resources for project work activities; Is the ultimate decision maker for those items brought before the steering committee. Has ultimate responsibility for successful completion of the Project; and Facilitates communications with the other Agency management.	Barbara Palmer, Director, Agency for Persons with Disabilities
Project Sponsor	Has responsibility for the successful completion of the Project; Has project-related decision making authority; Oversees the execution of the Project; Acts as a member of the Project Steering Committee; Acts as a point of escalation for project-related issues; Provides adequate business resources for project work activities; and Reports status and issues to the Project Sponsor.	Denise Arnold, Deputy Director of Programs
Contract Manager	Controls project budget; Acts as a member of the Project Steering Committee; Acts as the primary point of contact for contractual issues with the Vendor; Enforces the performance of the contract; and Mediates contract disputes.	Aares Williams
APD Project Manager	Reports to the Project Sponsor; Has day-to-day responsibility for the successful completion of the Project; Oversees the work of the Project Teams; Oversees the work of the vendor; Acts as a liaison with the Project Sponsor; and Acts as a point of escalation for project-related issues.	Naru Nayak, PMP
APD Project Team	Report to the Project Manager; and Provides Subject matter expertise in support of the execution of the project.	See Project Team Matrix
Vendor Project Director	Responsible for contract oversight ensuring required tasks, services and program objectives are met; Acts as the primary point of contact for contractual issues with APD; Assures the performance of the contract; and Resolves contract disputes.	Don Fritz

Role Name	Description	Participant(s)
Vendor Project Manager	Has day-to-day responsibility for the successful completion of the Project; Oversees the work of the Project Teams; Acts as a point of escalation for project-related issues for the vendor.	Norma Davis
Vendor Project Team	Responsible for the development of the deliverable(s) in collaboration with the APD staff and other key stakeholders.	See Project Team Matrix
Agency for State Technology (AST)	Responsible for setting standards for management of the CDMS project and for providing oversight of the CDMS project.	Lisa Hopkins

**Exhibit 1: Project Governance – Roles & Responsibilities**

## SECTION 4 PROJECT RISK MANAGEMENT PLAN

### 4.1 OVERVIEW

Risk management will be an ongoing process that is conducted throughout the life of the project. The process begins with identifying, assessing, and developing response plans for significant risks. It continues with regular risk monitoring, ongoing identification of new risks, and timely implementation of mitigation plans.

This Risk Management Process addresses identified risks that require visibility at the highest levels of the project and will be managed by the combined Project Management teams of the Vendor and APD.

The project team will use a straightforward method that includes identifying and categorizing project risks (Identify), assessing and prioritizing the risks (Analyze) so they are manageable, developing a response strategy and assigning responsibility (Plan), tracking the risks by reviewing them at key project milestones (Track), implementing the defined response strategies as required (Control) and most importantly, communicating the risks and strategies on an ongoing basis throughout the life of the project. Risk management processes address internal risks (those under the control or influence of the project team, such as quality of deliverables, cost, schedule, or technical risks) as well as external risks (those outside the control of the project team such as governmental legislation or weather).

### 4.2 ROLES AND RESPONSIBILITIES

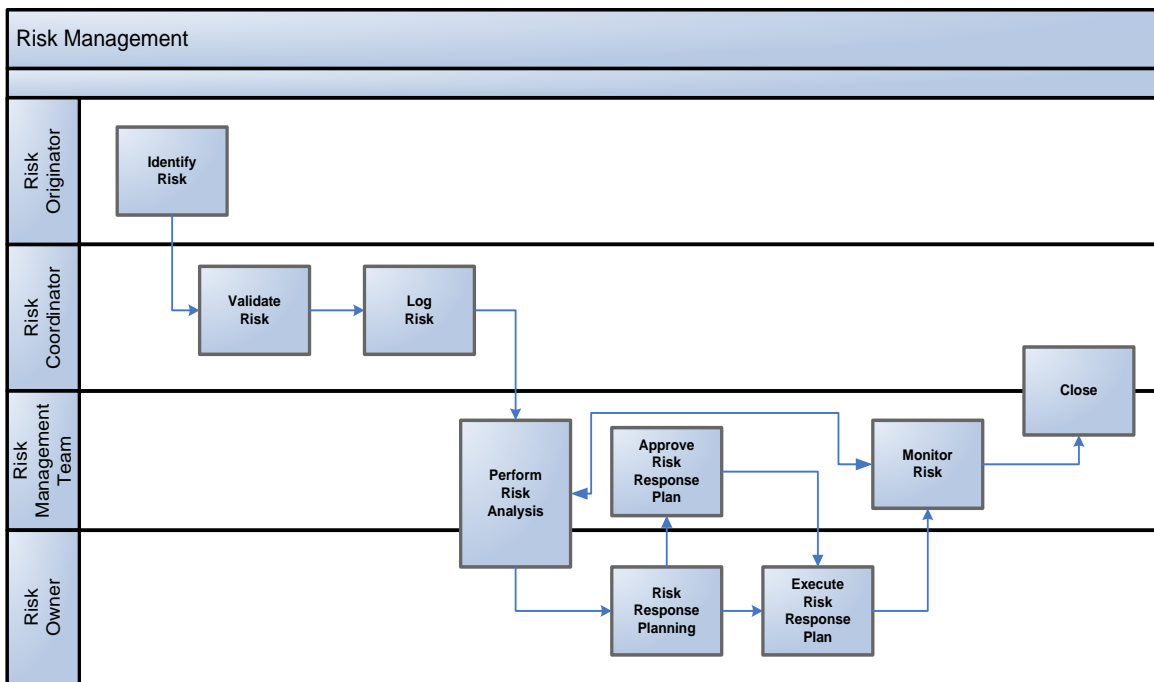
The roles and responsibilities relating to Risk Management are presented as follows in Exhibit 2: Risk Management Roles and Responsibilities:

Role	Responsibilities
Risk Originator (anyone)	Identifies risk

Role	Responsibilities
Risk Coordinator (APD PM)	Validates and registers risk in Risk Log, closes risk
Risk Management Team (The APD and Vendor Project Management teams or designees)	Performs risk analysis, approves risk response plans, monitors risk and approves closure of risk
Risk Owner (TBD by Risk Management Team)	Formulates and executes risk response plan

**Exhibit 2: Risk Management Roles and Responsibilities**

The exhibit below (Exhibit 3: Risk Management High-Level Workflow) is a graphical representation of the risk management workflow. The exhibit depicts the various processes that a risk will proceed through during risk management as well as the identification of the individual or team responsible for the process step.



**Exhibit 3: Risk Management High-Level Workflow**

As depicted above, an identified risk is first validated by the Risk Coordinator to make sure the information is complete and that the risk is not a duplicate. Once verified the risk information is logged into the Risk Log and given a unique identifier. The Risk Management Team (RMT) conducts the risk qualitative analysis to determine the risk probability and impact.

Next the risk Tolerance ranking is determined based on probability and impact. An appropriate level of response planning will be defined by the RMT and the assigned Risk Owner will develop the risk response plan.

Approved response plans will be put into execution and monitored to completion. Risks will eventually be closed, either because they have passed their triggering event and no longer pose a threat to the project or the risk has occurred causing the risk contingency plan to be triggered, resulting in the mitigation of the risk.

The project risk management will consist of the following key activities:

Activity	Approach	Purpose
Identify risks	Create a list of project risks; gather risks from stakeholders using brainstorming, predefined lists, and/or completion of risk identification questionnaires.	Makes known project risks explicit before they become problems; helps to set expectations and provide a vehicle for reaching consensus – unknown risks cannot be managed
Analyze risks	Determine the consequence of risks listed and calculate the risk tolerance.	Transforms the risk data into decision making information
Plan	Determine desired risk strategies and actions, and assign responsibility.	Translates the risk information into strategies and mitigation actions
Track	Review and re-examine risks when project situation changes or key milestones are achieved.	Monitors risk indicators and mitigation actions
Control	Implement planned actions when risk indicators manifest; determine mitigation effectiveness for continuous improvement.	Corrects and ensures implementation of mitigation actions as required
Communicate	Discuss and review project risks and plans in project status, or other scheduled meetings, when the project situation changes or key milestones are achieved.	Enables sharing of critical information throughout the project

**Exhibit 4: Risk Management Activities**

### 4.3 RISK IDENTIFICATION

The risk identification process involves determining which risks might affect the project and documenting their characteristics. The following sections detail the approach that will be used for risk identification. It includes:

- Techniques for Risk Identification
- Categorizing Risks
- Capturing Identified Risks

#### 4.4 TECHNIQUES FOR RISK IDENTIFICATION

There are a number of techniques that can be used to identify project risks. Risk identification is the process by which the perception of a potential problem is translated into recorded information containing sufficient detail to enable effective assessment of the risk and to support subsequent management decisions.

Risks can be identified at every level of the organization. All team members should be able to recognize risks in the course of their daily work and should bring potential risks to the attention of their team leaders or managers as they identify them. Risks may also gain visibility in project reviews with managers or executives, at meetings held with co-workers, or during interactions with stakeholders.

The techniques used to identify risks using the approaches defined above include:

- **Information Gathering** - Both structured and unstructured approaches will be used to gather project risks and a Risk Identification Form will be completed if it is determined that a risk should be logged.
- **Structured** - The Risk Log will be reviewed during the weekly status meetings to assess project risks. Members will consider risks identified. On a monthly basis, the risk assessment questionnaire will be reviewed to ascertain whether any existing risks should be revised or new risks identified as a result of changes in the project or related events.
- **Unstructured** - Project risks will be solicited during project meetings, interviews, and workgroups. Identified risks will be brought to the attention of the RMT for consideration.
- **Documentation Reviews** - Individual RMT members will gather project specific information from other relevant documents to help identify risks such as project plans and deliverables and other internal and external risk assessments.
- **Assumption Analysis** - Risks will be identified as the RMT members assess the validity of assumptions made in project deliverables and other project documentation, from an accuracy, consistency, or completeness perspective.

##### 4.4.1 CATEGORIZING RISKS

Project risks will be grouped into categories, assigned ownership and analyzed for implementation of common mitigation approaches across the project risks, as appropriate. If a risk spans multiple categories, it will be categorized based on the area of primary impact.

##### 4.4.2 CAPTURING IDENTIFIED RISKS

Project risks will be captured using the Risk Log as a collaborative effort between the APD and Vendor Project Management teams. The electronic version of this document will be maintained by the APD Project Manager as the Risk Coordinator and will be stored in the APD SharePoint site. Once the risk is entered into the Log, a unique identifier (Risk item #) will be assigned. The Risk Coordinator will be responsible for maintaining the Risk Log. Below is a sample of the Risk

Log Tab from the Risk, Action Items, Issues and Decisions Log (RAID Log) showing the various data elements involved in the process.

RISK LOG										Legend: New: <span style="color: blue;">■</span>   Decreasing: <span style="color: lightgreen;">■</span>   Increasing: <span style="color: orange;">■</span>   Closed: <span style="color: green;">■</span>		
Definition: A RISK is a potential issue that MAY negatively impact the project timeliness, quality, resources or budget at some point in the future.										Link To Other Project Logs		
Item#	Risk Description	Category	Probability	Impacted Area(s)	Identified By	Status	Owner	Risk Response\Mitigation Plan	Issue Log #	Action Log #	Decision Log #	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

**Exhibit 5: RAID - Risk Log Tab**

Legend:

- Item # - unique sequence number assigned to each risk identified
- Risk Description – narrative of the nature of the risk and potential negative impacts
- Category - used for any other type of categorization, such as internal vs. external, or confidential vs. non-confidential; provides a way to logically group certain risks
- Probability – assessment of the likelihood of the risk to actually happen
- Potential Impact – assessment of the extent of negative impacts
- Impacted Area – the project aspects that will suffer the negative impacts of the occurrence of the risk, e.g., Schedule, Cost, Quality
- Status – an indicator of the stage at which the risk is being addressed
- Identified by – name of team member that identified the risk
- Owner – name of the team member that is responsible for planning and implementing responses to the risk
- Risk Response / Mitigation Plan – a narrative of the strategies identified to address the risk
- Linkage to Other Logs – traceability references to related items in the Issue, Action, and Decision Logs

#### 4.5 RISK ANALYSIS

Once project risks and opportunities have been identified, analysis will be performed to determine relative priorities and to develop a prioritized risk list for planning the appropriate level of response to the risks.

A qualitative analysis will be performed on each risk. After an initial prioritization, a decision will be made by the APD and Vendor Project Management teams on whether or not the risk

warrants more detailed analysis using quantitative techniques to further assess the probability and potential impact of the risk event on the project objectives.

## SECTION 5 SCOPE MANAGEMENT PLAN

### 5.1 OVERVIEW

The Scope Management Plan identifies the process that will be used to manage and control the project's scope such that:

- Processes needed to manage and control project scope are defined
- The Project Team understands its role

Due to the nature of this project this plan recognizes the need for real-time flexibility. In order to accommodate maximum flexibility while controlling scope the APD Project Manager will be responsible for notifying the Project Sponsor when an assigned task falls outside of the scope defined in the SOW. The APD Project Manager will then document the task in the Change Log for historical purposes.

### 5.2 CHANGE LOG

CHANGE LOG							Legend: New Item: <span style="color: blue;">■</span>   Pending Item: <span style="color: yellow;">■</span>   Closed Item: <span style="color: green;">■</span>				
Definition: A Change Item is a request to modify scope in the form of an addition, modification, or deletion of an established or previously agreed upon requirement (s).							Link To Other Project Logs				
Item#	Change Description	Date Identified	Identified By	Priority	Identified By	Status	Impacts	Issue Log #	Action Log #	Decision Log #	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

**Exhibit 6: Change Order Log**

Legend:

- Item # - a unique sequence number assigned to each Change Item
- Change Description – a narrative of the nature of the request and intended results
- Date Identified – date the change request was submitted to the PM team
- Identified by – name of the team member that originated the request
- Priority – an assessment of the importance or urgency of the change request
- Impacts – a description of all potential and realized impacts of the requested change, including but not limited to schedule impact, cost, resources, contract terms and conditions, and so forth
- Status – an indicator of the stage at which the change request is being handled through the process



## **SECTION 6 DOCUMENT MANAGEMENT**

### **6.1 OVERVIEW**

This document describes the document management practices for this Project. Document management includes Document Creation, Document Revision, Delivery Approach, and Version Control. A standard process will be used for all project related documents and applies to the creation and management of documentation including minutes, notes, deliverables and other outputs for this phase of the project.

### **6.2 DOCUMENT CREATION AND DELIVERY APPROACH OBJECTIVES**

This approach is designed to ensure:

- Defined objectives are met;
- Expectations of the major stakeholders of the project are fulfilled;
- Approved principles, measures, standards, and methods are applied uniformly; and
- Consistency and continuity is maintained for all project artifacts.

### **6.3 PURPOSE OF DOCUMENT MANAGEMENT PLAN**

The purpose of the Document Management Plan is to define the process for how documents developed by the vendor will be managed and submitted to the ADP Project Manager for approval.

This document identifies the steps in the document creation and update processes, from the initial creation of a document through approval by the APD Project Manager (if applicable), including any revisions or updates necessary throughout the document's useful life.

### **6.4 SCOPE OF DOCUMENT CREATION AND DELIVERY APPROACH**

This document covers project documentation related activities including:

- Document Management Process
- Roles and Responsibilities
- Version Control

### **6.5 DOCUMENT MANAGEMENT STRATEGY**

The project team (APD & vendor) will work together to ensure quality in the documents submitted to the APD for review and approval. To support this goal, several tactical actions are planned or have already been performed:

- The project will use the Microsoft SharePoint product. SharePoint helps to organize large, complex information sources and manage documents with multiple authors and approvers. SharePoint provides for version tracking, check-in and check-out to ensure

that only one person works on a document at a time, controlled document access based on user roles, and automated routing of documents to reviewers.

- APD will create an internal SharePoint document repository to manage documents.
- The approach and the document naming standards defined in this plan will be adhered to for documents that will be submitted to the APD.
- Backup and retention of documents will be managed by established SharePoint vendor procedures. In addition, the APD project team will make weekly backups to local repositories, as appropriate.
- As relevant project documentation, including hard copy documents (i.e. charts, graphs, and other supporting documents) are gathered, to the extent practicable and as determined appropriate, documents will be scanned and stored in SharePoint following standards and processes defined in this plan.
- Each project document will have an owner who is responsible for the creation of and updates to the document throughout its useful life.

## **6.6 DELIVERY DOCUMENT LIFECYCLE MANAGEMENT**

Management of deliverable documents is accomplished by a set of processes that apply to all stages in the lifecycle of a document. The document lifecycle includes five steps of activity representing distinct stages of creation, review and modification through which a document may pass during its lifecycle. The steps in the document lifecycle are defined below:

- Step 1: New Document Creation – Vendor creates and Vendor Project Manager submits deliverables to APD Project Manager to initiate the review document process, as outlined below, includes a quality assurance review).
- Step 2: APD conducts an initial review and provides comments to Vendors Project Manager.
- Step 3: Document owner updates the deliverable per APD’s comments and Vendor Project Manager re-submits deliverables to APD.
- Step 4: As required, APD conducts a second review and provides additional comments to Vendor’s Project Manager.
- Step 5: Document owner completes final updates and Vendor Project Manager re-submits the document to APD for approval.

All deliverables will go through the first three steps. If a document does not pass the APD’s initial review, APD Project Manager will document and provide specific changes required for approval. Vendor will update the document based on APD feedback and resubmit to APD for a second review iteration as illustrated below. A third iteration review will necessitate implementation of project escalation procedures for determination of next steps and review of contractual obligations.

### **6.6.1 DOCUMENT REVIEW TIME STANDARDS**

The Deliverables Review process and time standards have been defined in the project schedule, as follows:

- Each deliverable will be submitted by the vendor to the designated APD point of contact that will ensure that additional copies are made and distributed as necessary.
- Once the deliverable has been submitted, APD will have five (5) business days to for each initial review of each individual deliverable submitted and will provide one consolidated written summary of recommended changes for revisions. For subsequent deliverable reviews, APD will have five (5) business days. The turnaround time for initial and subsequent deliverable reviews may be extended on an exception basis by agreement between APD and the Vendor Project Managers.
- The Vendor will make the revisions and shall, within five (5) business days per deliverable, re-submit the updated final version to the designated APD point of contact. The turnaround time for changes or revisions may be extended on an exception basis by agreement between APD and the Vendor Project Managers. Changes requested by APD that are not recommended by the Vendor will be left unaccepted in the document with explanation from the Vendor.
- Upon receipt of modifications, APD will review the deliverable to confirm the modifications within three (3) business days. Changes not recommended by the Vendor can be accepted in the deliverable by APD.
- The standard deliverable review period of 5-5-3 can be modified on an exception basis. Exceptions must be approved by the APD and Vendor Project Managers. Once the document has been accepted, the Vendor will update the document version history and number. The version marked final will be emailed to the APD project sponsor.
- Any conflict arising from the deliverable review and acceptance procedures will be addressed via the Project Governance Model.

### **6.6.2 DOCUMENT NAMING STANDARDS**

All artifacts will use a standard naming convention to provide consistency in the way all project related artifacts are named. . The file naming conventions used on this project include:

- yyyyymmdd-DEFG-Artifact-Name-v#.## (Example: 2010721-FAH02-Deliverable1-Document-Management-Plan-v0.01) where
  - DEFG –Artifact-Name is a short description of the deliverable and
  - Artifact Name – Replace this value with the deliverable name and always use hyphens instead of spaces. Additional text or details to the name of the file (No initials, change details, etc.) will not be added. The Revision History table included in each document template will be used to include the details of what was changed in each version.
  - V#.## is the version tracking

### **6.6.3 DOCUMENT REPOSITORY AND VERSION CONTROL**

The Document Repository is established in Microsoft SharePoint and will contain all current and previous versions of deliverable and work product documents. The project team will use Microsoft’s SharePoint software as the collaboration tool. This tool provides version control and many additional features that may be implemented to maximize project communications.

#### **6.6.4 VERSION CONTROL**

The project will standardize version control for all project artifacts. This will provide consistent document version control. The following steps will be followed for each project artifact:

- Each new document will start at version 0.01
- Increment the version number by .01 until the APD has approved the document
- Use 1.00 for deliverable submission
- If revisions are made, increment by .01 until another approval, which would be 2.00. Continue this pattern as necessary.

#### **6.6.5 DELIVERABLE ACCEPTANCE FORM**

The Deliverable Acceptance Form is to be used to accompany each deliverable during submittal. This form captures the signatures that signify acceptance of the deliverable document.

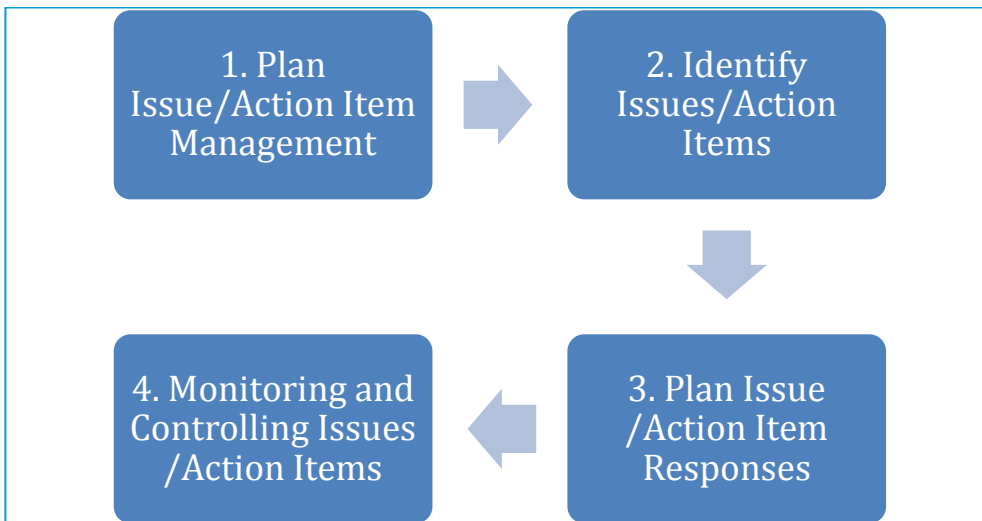
## SECTION 7 PROJECT ISSUE/ACTION MANAGEMENT

Disciplined management of Issues and Action Items enables a project team to effectively resolve the issues and complete action items in a timely manner and keep a project on track. A formal Issue / Action Item Management process provide the mechanism throughout the life cycle of the project to bring issues and action items to resolution.

Issue - An ISSUE is an existing constraint that is negatively impacting project timeliness, quality, resources, or budget at some point in the future. Issues that require attention from another level or area within the project governance structure will be subject to the formal issue escalation process.

Action item - An ACTION is a proactive task identified by the project team to address a known problem or situation. Actions may also come from a risk or issue item. Incomplete or overdue action items may create issues.

The Issue / Action item high-level workflow depicted below shows the various stages of the Issue/action item management process.



**Exhibit 7: Issue/Action Item Management**

## 7.1 PLAN ISSUE/ACTION ITEM MANAGEMENT

The first step in creating an effective Issue/Action Item (IA) management process is defining how the process should work. The following table describes the project team's roles and responsibilities for reporting issues and action items.

Team Role	Issue and Action Item Responsibilities
Project Sponsor	<p>The Project Sponsor has overall responsibility for all of the project areas including the management of issues and action items.</p> <ul style="list-style-type: none"> <li>▪ Make decisions to resolve issues or escalate to the Executive Sponsor</li> </ul>
Project Manager	<p>The Project Manager responsibilities include:</p> <ul style="list-style-type: none"> <li>▪ Ownership of Issue / Action Item Tracking Logs in the RAID</li> <li>▪ Monitoring and management of open issues and action items</li> <li>▪ Chairing Issue / Action Item Coordination Meetings updating status as required</li> <li>▪ Including issues and action item status within the Project Status Report</li> <li>▪ Reviewing issues and action items to prevent duplication</li> </ul>
Issue / Action Item Originator	<p>Anyone can originate an issue or action item. Responsibilities include:</p> <ul style="list-style-type: none"> <li>▪ Identifying an issue requiring resolution</li> <li>▪ Logging action items identified during the course of the project</li> <li>▪ Defining the issue / action item further as required</li> <li>▪ Reviewing and approving action plan/resolution to ensure issue as originally defined will be resolved</li> </ul>
Issue / Action Item Assignee	<p>The Assignee's responsibilities include:</p> <ul style="list-style-type: none"> <li>▪ Participating in discussions with the Issue or Action Item Originator to fully understand the issue or action item</li> <li>▪ Researching and drafting the Action plan/resolution</li> <li>▪ Driving the issue / action items to resolution and closure</li> </ul>

**Exhibit 8: Issue/Action Roles and Responsibilities**

## 7.2 ISSUE ESCALATION PROCESS

In the event that an issue or issues remain unresolved at a certain level of project governance responsibility, an escalation process is to be used. The three issue escalation levels are shown in the following table:

Level	APD	Vendor
1	Deliverable Team Lead	Deliverable Team Lead
2	Project Manager	Project Manager
3	Project Sponsor	Project Sponsor, Project Director
4	Executive Sponsor	CEO

Project issues unable to be resolved within a reasonable timeframe or deemed to cause project delay will need to be escalated to the next level in the governance structure. Exhausting all options for resolution at the current level can also be considered a reason to escalate. APD and Vendor staff responsible for escalation will agree to escalate the given issue or issues at each level prior to escalation. Escalated issues are to be documented in the Issue Log, should indicate “Escalated” under the Status column, and the appropriate name of the assigned new owner is entered under the Assigned To column.

## 7.3 SAMPLE ISSUE LOG

The project team will utilize an Issue Log to document and track issues. In all cases, the focus will be on speedy resolution of issues in order to maintain the project schedule and quality of deliverables. The Issue Log sample below will be part of the RAID Log and will serve as a template for identifying and managing issues for this project:

ISSUE LOG										Legend: <span style="color: blue;">■</span> New Item <span style="color: green;">■</span> Closed Item <span style="color: orange;">■</span> Increasing Item		
Definition: An ISSUE is an existing constraint that is currently or may in the future negatively impact the project timeliness, quality, resources or budget.										Link To Other Project Logs		
Item#	Issue Description	Priority	Identified By	Date Received	Assigned To	Status	Date Closed	Resolution	Risk Log #	Action Log #	Decision Log #	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

**Exhibit 9: RAID - Sample Issue Log Tab**

Legend:

- Item Number – Issue number
- Issue Description - What is the issue?
- Priority – High, Medium, Low
- Identified By – Who identified the issue?
- Date Received – Date issue was entered into the register
- Assigned To- Who manages this issue?
- Status – Open or Closed
- Date Closed – Date issue was resolved
- Resolution - How do you intend to deal with this issue?
- Risk Log Number – Number assigned in Risk Log
- Action Log Number – Number assigned in Action Log
- Decision Log Number – Number assigned in Decision Log

#### 7.4 SAMPLE ACTION LOG

An action log will be utilized to document and track action items. The Action Log sample below will be part of the RAID Log and will serve as a template for identifying and managing action items for this project:

ACTION LOG							Legend: New Item: <span style="color: blue;">■</span>   Pending Item: <span style="color: yellow;">■</span>   Closed Item: <span style="color: green;">■</span>				
Definition: An ACTION is a proactive task identified by the project team to address a known problem or situation.							RAIC Resource Assignments				
Item#	Action Description	Priority	Date Assigned	Date Due	Assigned By	Status	Responsible	Accountable	Consult	Inform	Status Notes
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

**Exhibit 10: RAID - Sample Action Log Tab**

Legend:

- Item Number – Action Item number
- Action Description - What is the action item?
- Priority – High, Medium, Low
- Risk Issue Log Number – Number assigned in Risk Log
- Date Assigned– Date Action Item issue was assigned
- Due date – Action Item due date



- Assigned By - Who is assigning action item?
- Status – Open or closed
- Responsible – Who is responsible for this Action Item?
- Accountable – Who is accountable for this Action Item?
- Consult – Who should be consulted with for this Action item?
- Inform – Who should be informed of the Action Item?
- Status Notes –Comments on Action Item

## **7.5 IDENTIFY ISSUE/ACTION ITEMS**

Issue submission provides the first step in the IA process and starts with the Issue Originator who identifies a project issue. An Issue Coordinator should review the issues in the tracking log to make sure the issue has not already been reported and possibly resolved.

The Originator must describe the issue and include any other information that could be helpful to whoever is assigned the issue to resolve. An issue may be identified in any number of ways for example:

- A problem for which there is no apparent answer.
- A current situation or event that cannot be answered immediately but requires some research and analysis to provide insight into actions that should be taken.
- An inability of two project entities or functional groups to come to an agreement on a particular item or process.
- The need for information external to the project inhibits or stops the development of the project solution until resolved.

The Issue Originator will enter the pertinent information about the issue into the issue tracking log. The information will include but not be limited to:

- Detailed description of the issue.
- Assessment of the potential impact to the project if the issue is not resolved.
- Resolution due date.
- Information identifying the Originator of the issue.

## **7.6 PLAN ISSUE/ACTION ITEM RESPONSES**

Once the issue/action item has been documented the Issue/Action Item Team (IAT) will review the IA and assign responsibility for developing and implementing an Action plan/resolution to an IA owner. The IA owner will analyze the issue/action item and develop an Issue/Action Item Action plan/resolution that describes the activities that need to be completed in order to address the issue/action item.

## **7.7 MONITORING AND CONTROLLING ISSUES/ACTION ITEMS**

This task completes the process and involves implementing the issue/action item Action plan/resolution, tracking their progress, identifying new issue/ action items, and evaluating the issue/action item management process throughout the project life cycle.

From time to time issues need to be resolved by escalating them to a more senior level. Criteria for escalating issues include:

- An issue or action item's resolution is more than 7 calendar days past due.
- An issue has reached an impasse and cannot be resolved within the current level.
- An agreement cannot be reached on the severity of an issue.
- An issue or action item is not making adequate progress toward resolution or completion.

If an issue is considered to be significant, but an impact analysis reveals that the resolution would be costly to the project in terms of resource drain or potential impact to other components of the project, then the issue should be escalated to determine the next steps. The IAT may agree that a given issue must be addressed at a higher level of management. In that case, it would immediately be escalated to the appropriate level.

The levels of escalation should correspond to the following:

- Level 1 - Project Managers: All issues begin at the Project Managers' level. An issue at this level indicates that it is being managed by the Project Management Team members who comprise the Issue / Action Item Coordination Team.
- Level 2 - Project Sponsor: The Project Sponsor will determine the resolution of issues that affect APD policies and procedures, or issues that cannot be resolved at lower levels of the organization. Upon initial review of the issue, the Project Sponsor will determine whether the issue should be escalated to the Contract Management Team or can be appropriately handled at this level. Issues that cannot be resolved by the Project Sponsor will be referred to the Contract Management Team for disposition.

## **7.8 DECISION LOG**

Throughout the project, the need for decisions will arise. The APD Project Manager will identify decisions by the project team or stakeholders utilizing the log listed below. A Decision Item is a formal decision that must be communicated to sponsors and stakeholders.

In accordance with its General Project Management Processes, the project team will make and document decisions as it is able, will communicate to the Project Manager significant decisions, and will elevate to the Project Sponsor decisions required by the Project Sponsor or by other groups. The project team will also document in the decision log decisions that affect the project by the Project Sponsor or by other groups.

## SECTION 8 PROJECT COMMUNICATION

### 8.1 OVERVIEW

Communications management is a broad area comprised of the processes necessary to ensure effective communication among project stakeholders and project team members. It includes the generation, collection, storage, dissemination, and disposition of project information.

### 8.2 PURPOSE

The purpose of this section is to document the formal communication process developed for the Project. This plan defines:

- What needs to be communicated on the project
- Who is responsible for communicating with what audience
- When the communication needs to take place
- How information will be communicated.

The communication process was developed to ensure project stakeholders and team members are informed about the status of project initiatives at all times. However, the existence of a defined process does not confirm effective communications. The project team's execution of the communication processes will be the driver for the successful communication.

This plan provides a framework for project informational exchange within and outside the project. This plan focuses on formal communication elements, though other channels exist on informal levels, and enhance those discussed within this plan. This plan does not limit, but rather enhances communication practices. Open, ongoing communication between stakeholders and team members is vital to the success of the Project.

This communication plan is a key tool for promoting and enhancing organizational transformations toward new business processes. The plan will be updated as necessary throughout the project to reflect new or evolving communication needs (e.g. changes to stakeholders, scheduled meetings, or communication tools). Changes to this plan will be coordinated by the APD Project Manager and approved by the Project Sponsor.

### 8.3 SCOPE

This Project communication plan is for internal stakeholders. The scope of this plan includes identifying the stakeholder requirements for each communication type, the frequency of communication, the medium of communication, and the team member or members responsible for the communication.

The target audience for this plan includes:

- All project participants
- Project internal stakeholders

- Project team members

All other contractors and departmental staff are excluded. The communications strategies and procedures for external stakeholder communications are outside of the scope of this document.

#### 8.4 ROLES AND RESPONSIBILITIES

Communication will be an ongoing function within the project and will be directed toward internal APD Agency stakeholder groups and the project team. The project team will work closely with stakeholder groups to ensure that communication needs are met and will adjust according to feedback received. Roles and responsibilities for Project communications are listed below.

Role	Communication Responsibilities
APD Executive Sponsor	<ul style="list-style-type: none"> <li>▪ Provide input and guidance about stakeholder communications to the Project Sponsor and Project Manager</li> <li>▪ Champion project within the Agency</li> </ul>
APD Project Sponsor	<ul style="list-style-type: none"> <li>▪ Provide issue resolution and communications input and guidance to the Project Manager</li> </ul>
APD & Vendor Project Managers	<ul style="list-style-type: none"> <li>▪ Member of the project team, providing input and guidance to the team about Project stakeholder communication needs and strategies</li> <li>▪ Provide official communication to Team Leads for dissemination to the stakeholders</li> </ul>
APD Project Team	<ul style="list-style-type: none"> <li>▪ Provide input to the Project Manager about Project stakeholder communication needs and strategies</li> </ul>
Vendor Project Team	<ul style="list-style-type: none"> <li>▪ Members of the project team, providing input and guidance to the team about stakeholder communications needs, strategies, and events</li> <li>▪ Coordinate the collection and dissemination of project information to stakeholder audiences</li> <li>▪ Create weekly status report</li> <li>▪ Provide written status report to weekly status meeting attendees</li> <li>▪ Deliver verbal report during weekly status meetings</li> </ul>

**Exhibit 11: Project Communication Roles and Responsibilities**

#### 8.5 STAKEHOLDER CONTEXT

The successful outcome of any Project relies on effective communications to the broad stakeholder population. Elements of effective communication for the project are stakeholder-

driven; therefore, the planning process must include identifying all stakeholders. The stakeholder identification and analysis determines the most effective types and frequency of information stakeholders require to perform their role and to meet their responsibilities within the project.

### 8.5.1 STAKEHOLDER ANALYSIS

The stakeholder analysis consists of a systematic assessment of each of the stakeholder groups to determine:

- Entities and individual participants
- Contact information
- Role in the project
- Project Communication Needs
- Project Impact Assessment
- Special Considerations

Stakeholder involvement throughout the project will provide greater assurance of project success. Effective and timely involvement enables people to understand and take part in change rather than feel it is being imposed on them. This increases speed to adoption of change.

Stakeholders of change, especially large-scale, systemic change, have a need for information about the change. They generally ask the following questions:

- Why is this change necessary?
- Why is this change happening now?
- What is wrong with what we are doing today?
- What will happen if we don't change?

APD will identify stakeholders and conduct a stakeholder analysis to determine communications needs and preferences for each stakeholder group. We will then engage stakeholders in a variety of ways, providing opportunities for them to express their ideas, opinions, and concerns.

Stakeholder	Internal/ External	Stakeholder Description
APD Staff	Internal	Employees or subcontractors of the Agency for Persons with Disabilities.
Waiver Support Coordinators	External	Contracted Employee certified to provide Waiver Support to the clients of APD.
Providers	External	Active Medicaid Waiver Providers registered through AHCA.
Clients	External	Florida citizens who receive HCBS Waiver funding and their families.

Stakeholder	Internal/ External	Stakeholder Description
Advocacy Groups	External	Those group who advocates on behalf of APD clients and providers.
Agency for State Technology	External	State of Florida technology agency responsible for setting standards and providing oversight for IT projects.
Legislature & Governor's Office	External	State of Florida governing body who approves funding for IT initiatives
Impacted Agencies	External	External Agencies impacted by the CDMS project.

### **Exhibit 12: Stakeholder Management Matrix**

## **8.6 REQUIRED COMMUNICATIONS**

### **8.6.1 BI-WEEKLY STATUS REPORTS**

The result of weekly status meetings will be a published status report distributed to the project team members and stakeholders. The Vendor PM will create and APD Project Managers will review and distribute the Status Report. The frequency of status submission agreed to between the APD and Vendor PMs during project initiation meetings is bi-weekly.

### **8.6.2 STATUS MEETINGS**

The frequency of status meetings will be agreed to between the APD and Vendor project Managers during the first project initiation meeting. The result of these meetings is a published Status Report distributed to the project team members and stakeholders. Meeting attendees will be notified of changes to the time or location of these meetings via email and/or phone as far in advance as possible.

### **8.6.3 MEETING AGENDAS**

No less than 24-hours prior to a scheduled workshop or meeting, the facilitator of that meeting will provide the meeting agenda to the scheduled attendees. Circumstances will arise where a meeting is scheduled and held in less than 24-hours. In this case, the meeting facilitator is expected to distribute an agenda when practicably feasible. It is expected the attendees of the meeting will review the agenda and any other documentation distributed prior to the meeting. Each agenda will include an action item section that will be reviewed during the meeting. Action items assigned during the meeting will be documented and distributed to the team in the meeting minutes.

### **8.6.4 ADDITIONAL COMMUNICATION**

In addition to the regularly scheduled meetings noted above, occasionally written communication will be sent out by the project management team on an as needed basis. This communication will be specific in nature and may be broadcast to the general project population or to target audiences depending upon the circumstances involved.

## 8.7 COMMUNICATION DISTRIBUTION

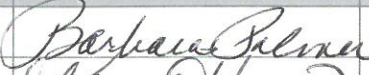

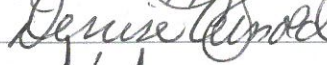

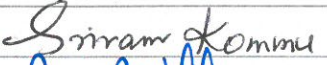

The subject matter of this plan is primarily internal (APD, vendor & oversight entities) communication. The general flow of the documents will be out-going from the Project Management Team to the target audience.

Communication Type	Stakeholders	Medium	Frequency	Reporting Member
ESC Status Meeting & Report	Excutive Steering Committee	In-Person	SemiMonthly	APD Project Sponsor & Project Manager
Project Status Report	Project Sponsor, APD Project Manager Project Team	In-Person/Skype/GoToMeeting	Weekly	Vendor Project Manager
Project Status Meeting	Project Sponsor, Identified Project Team Members	In-Person/Skype/GoToMeeting	Weekly	APD & Vendor Project Manager
Meeting Agendas & Mins	As needed	Email	As needed	Project Team

**Exhibit 13: Project Communication Roles and Responsibilities**

## SECTION 9 APPROVALS

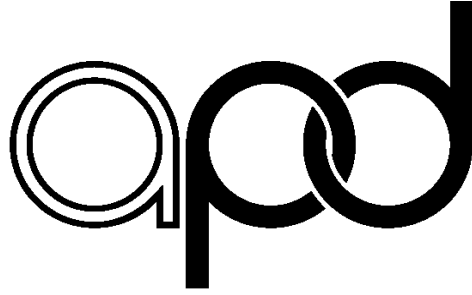
The signatures of the people below indicate an understanding in the purpose and content of this document by those signing it. By signing this document you indicate that you approve of the proposed project outlined in this business case and that the next steps may be taken to create a formal project in accordance with the details outlined herein.

Approver Name	Title	Signature	Date
Barbara Palmer	Agency Director		10/14/16
Karen Hagan	Chief of Staff		10-14-16
Denise Arnold	Deputy Director of Programs		10-14-16
David Dobbs	Deputy Director of Budget and Planning		10/14/2016
Sriram Kommu	CIO		10-14-16
Aares Williams	Contract Manager		10-14-16



Implementation Plan

Plan Steps	Fiscal Year 2015 - 2016												Fiscal Year 2016-2017												Fiscal Year 2017-2018											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Quarter 1			Quarter 2			Quarter 3			Quarter 4			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018
	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018
Initiation and Planning	█	█	█	█	█	█	█																													
Phased Implementation and Training		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Implementation Preparation		█	█	█	█	█	█																													
Group 1: Case Provider, Financial Management: (APD Staff)   Interface, Data Conversion, Training, Deployment)		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█									
Group 2: (WSC's)   Data Conversion, Training, Deployment)														█	█	█	█	█	█	█	█	█	█	█	█	█	█									
Consumer Portal: APD Consumers   (Training and Deployment)																																█	█	█	█	█
Function 3 /Group 3: (Providers) EVV and eMAR   Training and Deployment																													█	█	█	█	█			
Harmony Advanced Reporting																																		█	█	█
Project Closeout																																		█	█	█
Software as a Service (SaaS) License Fees																												█	█	█	█	█	█	█	█	█

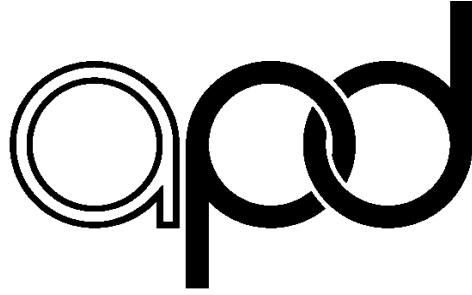


agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

Developmental Disabilities Public  
Facilities

67100300



agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

Developmental Disabilities Public  
Facilities

67100300

Schedule I Series

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 -18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Administrative Trust Fund
<b>LAS/PBS Fund Number:</b>	67100300
	2021

	Balance as of 6/30/2016		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	(192,505)	(A)			(192,505)
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable		(D)			0
ADD: Transfer from BE 67100100	66,254	(E)			66,254
ADD: Transfer from BE 67100200	126,251	(E)			126,251
<b>Total Cash plus Accounts Receivable</b>	<b>0</b>	(F)	<b>0</b>		<b>0</b>
LESS Allowances for Uncollectibles		(G)			0
LESS Approved "A" Certified Forwards		(H)			0
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards	0	(H)			0
LESS: Other Accounts Payable (Nonoperating)		(I)			0
LESS: _____		(J)			0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>0</b>	(K)	<b>0</b>		<b>0</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017-18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Administrative Trust Fund - BE 67100300  
**LAS/PBS Fund Number:** 2021

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/16**  
Total all GLC's 5XXXX for governmental funds; [ (192,505) ] (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)** [ ] (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description [ ] (C)

SWFS Adjustment # and Description [ 0 ] (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS [ ] (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS [ 0 ] (D)

A/P not C/F-Operating Categories [ 0 ] (D)

Transfer from BE 67100100 [ 66,254 ] (D)

Transfer from BE 67100200 [ 126,251 ] (D)

[ ] (D)

**ADJUSTED BEGINNING TRIAL BALANCE:** [ (0) ] (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** [ 0 ] (F)

**DIFFERENCE:** [ (0) ] (G)\*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 - 18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Operations and Maintenance Trust Fund
<b>LAS/PBS Fund Number:</b>	67100300
	2516

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	5,360,188	(A)		5,360,188
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)	4,586	4,586
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>5,360,188</b>	(F)	<b>4,586</b>	<b>5,364,773</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards		(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards	73,473	(H)		73,473
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>5,286,714</b>	(K)	<b>4,586</b>	<b>5,291,300</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Operations and Maintenance Trust Fund - BE 67100300  
**LAS/PBS Fund Number:** 2516

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/2016**

Total all GLC's 5XXXX for governmental funds; 7,885,188 (A)  
 GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**  (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description 4,586 (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

Compensated Absences Liability  (D)

Approved Carry Forward Total (FCO) for FY 07 per LAS/PBS (73,473) (D)

Transfer to BE 67100100 (2,525,000) (D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:** 5,291,300 (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** 5,291,300 (F)

**DIFFERENCE:** 0 (G)\*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 -18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Social Services Block Grant
<b>LAS/PBS Fund Number:</b>	67100300
	2639

	Balance as of 42,551		SWFS* Adjustments		Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	(117,260)	(A)			(117,260)
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable		(D)			0
ADD: Transfer from BE 67100100	640,208	(E)			640,208
<b>Total Cash plus Accounts Receivable</b>	<b>522,948</b>	(F)	<b>0</b>		<b>522,948</b>
LESS Allowances for Uncollectibles		(G)			0
LESS Approved "A" Certified Forwards		(H)			0
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards	522,948	(H)			522,948
LESS: Other Accounts Payable (Nonoperating)		(I)			0
LESS: _____		(J)			0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>0</b>	(K)	<b>0</b>		<b>0</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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



**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Social Services Block Grant - 67100300  
**LAS/PBS Fund Number:** 2639

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/16**

Total all GLC's 5XXXX for governmental funds; [ (117,260.00) ] (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)** [ ] (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description [ ] (C)

SWFS Adjustment # and Description [ ] (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS [ ] (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS [ (522,948.00) ] (D)

A/P not C/F-Operating Categories [ ] (D)

Transfer from BE 67100100 [ 640,208.00 ] (D)

[ ] (D)

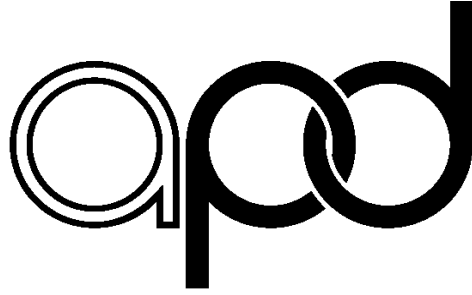
[ ] (D)

**ADJUSTED BEGINNING TRIAL BALANCE:** [ 0.00 ] (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** [ 0.00 ] (F)

**DIFFERENCE:** [ 0.00 ] (G)\*

**\*SHOULD EQUAL ZERO.**

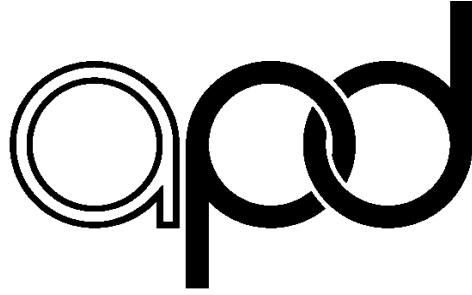


agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

**Developmental Disabilities Centers - Civil  
Program**

**67100400**



agency for persons with disabilities  
*State of Florida*

Legislative Budget Request  
Fiscal Year 2017-18

Developmental Disabilities Centers - Civil  
Program

67100400

Schedule I Series

**SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS**

**Department:** Agency for Persons with Disabilities **Budget Period: 2017-18**  
**Program:** Departmental - DDPF - PC 1303000000  
**Fund:** 2516  
**Specific Authority:** Chapter 393, Florida Statutes  
**Purpose of Fees Collected:** Client Services and Care at Developmental Disabilities Institutions

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

<input type="checkbox"/>	Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach <b>Examination of Regulatory Fees Form - Part I and II.</b> )
<input checked="" type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

**SECTION I - FEE COLLECTION**

	<b>ACTUAL</b>	<b>ESTIMATED</b>	<b>REQUEST</b>
	<b>FY 2015 - 16</b>	<b>FY 2016 - 17</b>	<b>FY 2017 - 18</b>
<u>Receipts:</u>			
<u>AHCA 2474 Medicaid Transfers for Client Care</u>	51,593,631	50,888,186	49,013,760
<u>Third Party Payments for Client Care</u>	4,484,945	4,389,968	4,245,500
<u> </u>			
<u> </u>			
<b>Total Fee Collection to Line (A) - Section III</b>	<b>56,078,576</b>	<b>55,278,154</b>	<b>53,259,260</b>

**SECTION II - FULL COSTS**

<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	37,877,774	42,045,153	43,286,598
<u>Other Personal Services</u>	694,332	878,799	882,973
<u>Expenses</u>	3,680,283	3,017,223	3,017,223
<u>Operating Capital Outlay</u>	128,666	-	-
<u>Food Products</u>	1,069,355	1,110,220	1,110,220
<u>Contracted Services</u>	859,933	793,498	793,498
<u>G/A - Contracted Professional Services</u>	2,886,967	2,711,770	2,711,770
<u>Risk Management Insurance</u>	2,126,371	2,515,459	2,515,459
<u>TR/DMS/HR SVCS/STW Contract</u>	428,288	386,987	386,709
<u>Indirect Costs Charged to Trust Fund</u>	-	-	-
<b>Total Full Costs to Line (B) - Section III</b>	<b>49,751,969</b>	<b>53,459,109</b>	<b>54,704,450</b>

**Basis Used:** Full accrual was used for revenues and expenditures. This is consistent with the Agency's financial reporting.

**SECTION III - SUMMARY**

<b>TOTAL SECTION I</b>	(A)	56,078,576	55,278,154	53,259,260
<b>TOTAL SECTION II</b>	(B)	49,751,969	53,459,109	54,704,450
<b>TOTAL - Surplus/Deficit</b>	(C)	6,326,607	1,819,045	(1,445,190)

**EXPLANATION of LINE C:**

The 2017-18 deficit will be covered with the existing cash balance.

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2017 - 18</b>
<b>Trust Fund Title:</b>	Agency for Persons with Disabilities
<b>Budget Entity:</b>	Operations & Maintenance Trust Fund
<b>LAS/PBS Fund Number:</b>	67100400
	2516

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	3,879,484	(A)		3,879,484
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	4,594,376	(D)		4,594,376
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>8,473,859</b>	(F)	<b>0</b>	<b>8,473,859</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	2,139,133	(H)		2,139,133
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>6,334,727</b>	(K)	<b>0</b>	<b>6,334,727</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017- 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Operations and Maintenance Trust Fund - BE 67100400  
**LAS/PBS Fund Number:** 2516

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/2016**

Total all GLC's 5XXXX for governmental funds;  (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**  (B)

**Add/Subtract Statewide Financial Statement (SWFS)Adjustments :**

SWFS Adjustment # and Description  (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

Compensated Absences Liability  (D)

(D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:**  (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)**  (F)

**DIFFERENCE:**  (G)\*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Agency for Persons with Disabilities
<b>Trust Fund Title:</b>	Social Services Block Grant
<b>Budget Entity:</b>	67100400
<b>LAS/PBS Fund Number:</b>	2639

	Balance as of 6/30/2016		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	0	(A)		0
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: Transfer from BE 67100100	760,000	(E)		760,000
<b>Total Cash plus Accounts Receivable</b>	<b>760,000</b>	(F)	<b>0</b>	<b>760,000</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards		(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards	760,000	(H)		760,000
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: Transfer to BE 67100200		(J)		0
LESS: _____		(J)		0
LESS: _____		(J)		0
<b>Unreserved Fund Balance, 07/01/16</b>	<b>0</b>	(K)	<b>0</b>	<b>0</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2017 - 18**

**Department Title:** Agency for Persons with Disabilities  
**Trust Fund Title:** Social Services Block Grant - 67100400  
**LAS/PBS Fund Number:** 2639

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/16**

Total all GLC's 5XXXX for governmental funds;  (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**  (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description  (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved "C" Carry Forward Total (FCO) per LAS/PBS  (D)

A/P not C/F-Operating Categories  (D)

Transfer from BE 67100100  (D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:**  (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)**  (F)

**DIFFERENCE:**  (G)\*

**\*SHOULD EQUAL ZERO.**



**SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS**

**Budget Period: 2017 -2018**

**Department:** Agency for Persons with Disabilities

**Chief Internal Auditor:** Shawn McCormick

**Budget**

**Entity:** 67100100; 67100200; 67100400; 67100500

**Phone Number:** 850-414-8774

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OIG #150211-01.4	7/22/2015	Audit of Hanna's Passionate Care	<p><b>Finding 1:</b> There were not written policies and procedures for managing client funds.</p> <p><b>Recommendation 1:</b> Document the policies and procedures for managing client funds.</p>	<p><u>Planned corrective action.</u> Hanna's management indicated they would begin working on procedures to better manage client funds.</p>	
			<p><b>Finding 2:</b> The client inventory listing of personal belongings were not consistently dated and signed by the group home manager/staff, waiver support coordinator, or parent/guardian, as required on forms used by Hanna's Passionate Care.</p> <p><b>Recommendation 2:</b> Periodically update client inventory listings and obtain the appropriate signatures, including the owner, waiver support coordinator, and/or parent/guardian (where available).</p>	<p><u>Planned corrective action.</u> Hanna's management indicated they would begin working on procedures to ensure client inventory listings are updated timely and include appropriate signatures.</p>	
OIG #150211-01.3	8/3/2016	Audit of Deltona's Step by Step, Inc.	<p><b>Finding 1:</b> There were not written policies and procedures for managing client funds. Additionally, there were four clients with over \$150 of cash on-hand.</p> <p><b>Recommendation 1:</b> Document the policies and procedures for managing client funds. Such policies and procedures provide guidelines as to how client funds should be managed, accounted for, and protected; and the should dictate a maximum amount of cash to keep on-hand.</p>	<p><u>Corrective action completed.</u> Deltona's Step by Step management implemented a policy for the management of client funds, including procedures for distributing cash to clients.</p>	
OIG #150211-01.5	8/3/2016	Audit of Loving Touch Adult Family Care	<p><b>Finding 1:</b> The staffing schedule was not adequate because there was no one scheduled to work on Sunday, April 19 at any of the three homes. In response to our inquiries, staff created a revised schedule that was not consistent with the original schedule. Specifically, one employee scheduled to work on the original schedule was not included on the revised schedule and one employee not scheduled to work on the original schedule was included on the revised schedule.</p> <p><b>Recommendation 1:</b> Implement steps to consistently prepare weekly written schedules indicating staff coverage for at least one week in advance. Additionally, weekly schedules of actual staff coverage shall be maintained for a six-month period and be provided to Agency staff upon request.</p>	<p><u>Corrective actions completed.</u> Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	

**SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS**

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			<p><b>Finding 2:</b> There were not written policies and procedures for managing client funds. Additionally, the Loving Touch owner originally claimed she did not manage client monies, however, it was subsequently determined that the owner did have access to multiple clients' funds. In addition, owner was holding large amounts of cash for two clients at her home.</p> <p><b>Recommendation 2:</b> Document the policies and procedures for managing client funds. Such policies and procedures provide guidelines as to how client funds should be managed, accounted for, and protected; and should dictate a maximum amount of cash to keep on-hand.</p>	<p><u>Corrective action completed.</u> Loving Touch management implemented policies and procedures for the management of client funds.</p>	
			<p><b>Finding 3:</b> Representative payee information reported to Agency licensing and monitoring staff did not match payee information provided by Social Security Administration staff.</p> <p><b>Recommendation 3:</b> Provide accurate information to Agency licensing and monitoring staff regarding who manages client funds, including any Loving Touch employees that have access to client funds.</p>	<p><u>Corrective action completed.</u> Loving Touch management opened a resident trust account to ensure all Social Security checks are deposited for clients that Loving Touch is the representative payee.</p>	
			<p><b>Finding 4:</b> There was no evidence to support any client expenditures for the audit period.</p> <p><b>Recommendation 4:</b> Utilize the Agency's Client Accounting Form (APD 2014-09) or similar form that provides the required information, to provide an individual accounting of client personal funds.</p>	<p><u>Corrective action completed.</u> Loving Touch management began utilizing a monthly resident account log.</p>	
			<p><b>Finding 5:</b> No inventory lists (or similar documentation) were being utilized to account for clients' personal belongings.</p> <p><b>Recommendation 5:</b> Utilize and periodically update an inventory list to account for and track clients' personal belongings.</p>	<p><u>Corrective action completed.</u> Loving Touch management began utilizing an inventory list for each clients' personal belongings.</p>	

**SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS**

**Budget Period: 2017 -2018**

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			<p><b>Finding 6:</b> There was no evidence to support clients were paying the allowed amount for room and board.</p> <p><b>Recommendation 6:</b> Retain evidence documenting client payments to Loving Touch for their room and board.</p>	<p><u>Corrective action completed.</u> Loving Touch management indicated that an agreement to pay room and board has been established with clients/responsible parties and the amount is documented on file.</p>	
OIG #150211-01.1	8/10/2015	Audit of Henderson Care Centers, Inc.	<p><b>Finding 1:</b> Henderson's policy related to how clients' petty cash should be managed needs to be updated. The policy stated that no more than \$30 per client should be kept on-hand. Our testing showed all seven clients had more than \$30 on-hand and the owner stated this amount should be higher. Additionally, one client had an excessive (\$350) balance of cash on-hand.</p> <p><b>Recommendation 1:</b> Update the maximum amount of petty cash to have on-hand (in a secure location) for each client in Henderson's "Consumer Petty Cash Fund Policy" to reflect a more appropriate amount and manage the client funds appropriately to stay within the maximum.</p>	<p><u>Corrective actions completed.</u> Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 2:</b> Henderson was representative payee for six clients. The income for five clients was commingled with Henderson's business operating bank account.</p> <p><b>Recommendation 2:</b> Take necessary actions to stop commingling clients' income with Henderson's assets (i.e., Henderson's operating bank account) and have clients' income deposited into individual client bank accounts and expenditures (such as room and board) withdrawn from individual client bank accounts.</p>	<p><u>Corrective action completed.</u> Henderson management opened one additional bank account and arranged for Social Security and SSI benefits to be direct deposited into five clients' bank accounts.</p> <p><u>Planned corrective action.</u> Henderson is in the process of establishing a bank account for the remaining client.</p>	
			<p><b>Finding 3:</b> Henderson was not utilizing the Agency's Client Accounting Form (APD 2014-09) or providing similar required information to record clients' monthly expenditures and was not reconciling monthly recorded balance to clients' actual cash balance. In addition, the group home provider reported the allowed amount charged for room and board, but there was no evidence to support the allowed amount was actually charged to the clients. This was because the clients' income was commingled with the provider's operating bank account and client bank statements did not show withdrawals for room and board.</p> <p><b>Recommendation 3:</b> Utilize the Agency's Client Accounting Form (APD 2014-09) or similar form that provides the required information, to provide an individual accounting of client's personal funds.</p>	<p><u>Corrective action completed.</u> Henderson management began utilizing the Agency's Client Accounting Form to account for client funds and record the required information.</p>	

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REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p><b>Finding 4:</b> Receipts were not obtained and available for payments made to one client’s parents (Owner stated the payments were to be used for client’s needs).  <b>Recommendation 4:</b> Document (written receipts for purchases valued at \$25 or more for at least one year) how payments made from clients’ funds were used to benefit the clients.</p>	<p><u>Corrective actions completed.</u> Audit findings and recommendations are incorporated into the Agency’s Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 5:</b> The client inventory listing of personal belongings had not been updated with new purchases or disposals of items since the clients moved into Henderson.  <b>Recommendation 5:</b> Periodically update client inventory listings to ensure there is an accounting of client’s records, personal funds, clothing and other personal belongings.</p>	<p><u>Corrective action completed.</u> Henderson management prepared new personal inventory lists for some clients and indicated they will prepare and periodically update the personal inventory lists for the remaining clients.</p>	
OIG #150211-01.7	8/10/2015	Audit of The Angelus, Inc.	<p><b>Finding 1:</b> For five payments totaling \$2,750 (four \$500 payments and one \$750 payment), made to clients’ parents, there was no evidence to support the monies were spent for the benefit of the clients.  <b>Recommendation 1:</b> The Angelus should obtain and retain documentation (i.e., receipts) to support that all disbursements using client funds over the legal thresholds (\$25 for the Agency; \$5 for SSA) were spent for the benefit of the client.</p>	<p><u>Corrective actions completed.</u> Audit findings and recommendations are incorporated into the Agency’s Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 2:</b> The Angelus was applying excessive administrative mark-up charges (ranging between 28%-50%) to clients for supplies they purchased in bulk, and distributed and billed to clients.  <b>Recommendation 2:</b> While it is prudent for The Angelus to purchase high volume supplies in bulk and charge clients for use of those supplies, The Angelus should update the prices charged to ensure clients pay a fair cost for supplies.</p>	<p><u>Corrective actions completed.</u> Audit findings and recommendations are incorporated into the Agency’s Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	

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REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OIG #150211-01.6	9/11/2015	Audit of Angels Unaware, Inc.	<p><b>Finding 1:</b> Policies and procedures for managing client funds needed improvement. Specifically, policies and procedures related to the distribution of clients' funds and the collection of receipts for all expenditures over \$25.00, and the storage of clients' funds at the group homes.</p> <p><b>Recommendation 1:</b> Revise the policies and procedures for managing client funds to provide adequate controls over: 1) the distribution of clients' funds and the collection of receipts for all expenditures over \$25.00; and 2) the storage of clients' funds at the group homes.</p>	<p><u>Corrective actions completed.</u> Angels Unaware management indicated that all staff have been in-serviced regarding the 30 day rule to return receipts or left over money for special checks issued and that an audit of funds will be conducted at the first of the month.</p>	
			<p><b>Finding 2:</b> There were 11 instances for six clients totaling \$8,300 (checks were even amounts ranging from \$400 to \$1,500), where there was a lapse of 2-11 months between when the clients' funds were withdrawn and expended.</p> <p><b>Recommendation 2:</b> Angels Unaware should develop and implement controls to ensure withdrawn clients' funds are expended for the clients in a timely manner.</p>	<p><u>Corrective actions completed.</u> Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 3:</b> Two checks totaling \$3,000 written to a client's special needs trust account were endorsed by the parent. Angels Unaware did not have any evidence to support the trust received the client's money.</p> <p><b>Recommendation 3:</b> Angels Unaware should work with the special needs trust agent (and as applicable, guardians) to determine whether prior payments made by Angels Unaware to the client's special needs trust fund account were received and deposited to the trust fund account. Additionally, in the future, Angels Unaware should send payments directly to the client's special needs trust fund instead of to the client's parents.</p>	<p><u>Corrective actions completed.</u> Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 4:</b> There were nine instances totaling \$6,050 that were charged to six clients and the checks written from the Angels Unaware operating account for the clients remained outstanding (i.e., had not been cashed). The checks were dated between March 2013 and December 2014 and check amounts ranged from \$300 to \$1,000. Additionally, there was one \$500 check cashed by a house manager in July 2014 that was never expended for the client.</p> <p><b>Recommendation 4:</b> Angels Unaware should monitor outstanding checks and when checks are determined to be stale, void the check, and refund the amounts previously charged to the clients' accounts.</p>	<p><u>Corrective actions completed.</u> Subsequent to our inquiry, these checks were voided and clients were reimbursed. Additionally, the house manager returned the \$500 and it was deposited back into the client's bank account in May 2015, ten months later.</p>	

**SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS**

**Budget Period: 2017 -2018**

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REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OIG #150803-01.1	FY 2014-15	Audit of Southeast Region FCCs – Area 9	<p><b>Finding 1:</b> Two payments (totaling \$237) for items purchased were miscoded as Travel Advances when they should have been recorded as Employee/Volunteer Reimbursement Other than Travel.</p> <p><b>Recommendation 1:</b> The Region Office staff should work with Area 9 FCC to ensure expenditures are coded to correctly reflect the type of expenditure.</p>	<p><u>Planned corrective actions.</u> FCC Liaison will review FCC meeting minutes to ensure that all expenditures are supported by the FCC meeting minutes, and travel forms are approved prior to the local meeting.</p>	
			<p><b>Finding 2:</b> Two payments (totaling \$118) for travel did not have the travel authorization forms approved by the Region Office management prior to when the travel occurred.</p> <p><b>Recommendation 2:</b> The Region Office staff should work with Area 9 FCC to ensure travel authorization forms are approved prior to travel.</p>	<p><u>Planned corrective actions.</u> FCC Liaison will provide training to FCC members on policies and procedures.</p>	
OIG #150803-01.3	FY 2014-15	Audit of Southeast Region FCCs – Area 15	<p><b>Finding 1:</b> For 15 payments (totaling \$1,212), the travel authorization form was not approved by State Office or Region Office management (as applicable due to whether the travel destination was within or outside of the Region) prior to when the travel occurred. For 13 payments, the authorization form was approved within seven days after the travel occurred, and for two payments, the authorization form was signed between 11-14 days after the travel occurred.</p> <p><b>Recommendation 1:</b> The Region Office staff should work with Area 15 FCC to ensure travel authorization forms are approved prior to travel.</p>	<p><u>Planned corrective actions.</u> FCC Liaison will provide training to FCC members on policies and procedures.</p>	
			<p><b>Finding 2:</b> For five payments (totaling \$85), there were minor errors on the mileage form. Such errors included missing and/or wrong odometer readings, and wrong mileage used (i.e., different from the approved Florida Department of Transportation mileage).</p> <p><b>Recommendation 2:</b> The Region Office staff should work with Area 15 FCC to ensure mileage forms are completed and accurate.</p>	<p><u>Planned corrective actions.</u> FCC Liaison will review FCC meeting minutes to ensure that all expenditures are supported by the FCC meeting minutes, and travel forms are approved prior to the local meeting.</p>	

**SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS**

**Budget Period: 2017 -2018**

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OIG #150803-03	FY 2014-15	Audit of Family Care Council Florida (FCCF)	<p><b>Finding 1:</b> Four payments (totaling \$1,473) were coded incorrectly.</p> <p><b>Recommendation 1:</b> The State Office FCC Florida Liaison should work closely with Agency purchasing and accounting staff to ensure expenditures are properly coded and recorded.</p>	<p><u>Planned corrective actions.</u> Operations will share the audit findings with Family Care Council Florida at their upcoming January meeting, as well as encourage the council to better document the approval of expenditures in their minutes.</p>	
			<p><b>Finding 2:</b> Two payments (totaling \$518) did not have their authorization by the FCC Florida documented in either the budget or meeting minutes.</p> <p><b>Recommendation 2:</b> The State Office FCC Florida Liaison should work closely with members of the FCC Florida to ensure submitted expenditures are properly authorized and documented.</p>	<p><u>Planned corrective actions.</u> In addition to providing better oversight of travel authorizations, Operations will re-train council members on how to properly complete the Authorization to Incur Travel Expenses form (DFS-AA-13).</p>	
			<p><b>Finding 3:</b> Two payments (totaling \$886) had minor issues with the information provided on the travel forms, including the travel authorization or reimbursement form was not dated by traveler when she signed; the travel reimbursement form had incorrect travel dates; and odometer readings did not support the mileage reimbursed.</p> <p><b>Recommendation 3:</b> The State Office FCC Florida Liaison should work closely with members of the FCC Florida to ensure better completion of information on travel documents.</p>	<p><u>Planned corrective actions.</u> Operations will meet with the Agency's Purchasing and Financial Services offices to discuss the audit findings and find a solution to ensure expenditures are properly coded in MyFloridaMarketPlace.</p>	

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REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
OIG #140724-02.1	8/31/2014	Audit of Human Resource (HR) Practices at Central Office  Note: The following two follow-up audits were to report on the status of efforts made between February 2015 and May 2016, to address the audit issues and recommendations reported in the OIG Report #140724-02.1.	<b>Finding 1:</b> There were 12 instances where HR staff did not retain documentation to support specific HR actions. <b>Recommendation 1:</b> Central Office HR management should formalize and implement processes to ensure Agency policies are followed by properly documenting and supporting HR actions; and categorize and track disciplinary actions and reasons throughout the Agency.	Corrective action completed: HR management updated their processes to: 1) Track disciplinary actions across the Agency to include the reason for disciplinary action and the final outcome of the recommended disciplinary action (as applicable); and 2) Review the data for completeness and cross-train staff on how to access and complete the worksheets.	
OIG # 150731-01.1	7/31/15	Follow-up on the Audit of HR Practices at Central Office			
OIG # 160215-01.1	5/30/16	Second and Final Follow-up on the Audit of HR Practices at Central Office			



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			<p><b>Finding 2:</b> Our review showed that personnel files at Central Office were not organized and maintained in secure sectional folders and there was a backlog of forms and documents that had not been filed.</p> <p><b>Recommendation 2:</b> Central Office HR management should (1) utilize secure sectional file folders to store and fasten employee personnel documentation; (2) timely file employee documentation; and (3) work with other areas of the Agency to review, update, and standardize needed HR forms.</p>	<p><u>Corrective action completed:</u> 1) HR management purchased and transferred all active employee personnel files into secure sectional file folders and plan to use sectional folders for all employee files going forward.</p> <p><u>Planned corrective actions:</u> 2) Developing a strategy to timely file forms and documents into employee personnel files; and 3) Coordinating with Tacachale, Sunland, and DDDP HR offices to review personnel forms and files, remove outdated personnel policies and procedures and update policies as needed in order to standardize and streamline the required personnel documentation. Management anticipates completing the remaining portions of this recommendation by December 31, 2016.</p>	
			<p><b>Finding 3:</b> All leave types were not being included in leave audit procedures for separated employees resulting in some employees being overpaid for leave payouts.</p> <p><b>Recommendation 3:</b> HR management should revise the leave audit procedures to include all types of leave (i.e., annual, sick, and administrative leave) for separated employees and take appropriate steps to recover the amounts overpaid and develop and document the process for similar situations in the future.</p>	<p><u>Corrective action completed:</u> HR staff began running quarterly reports of all applicable leave codes to identify errors and make corrections as needed. HR management adopted the Department of Management Services (DMS) procedures to pursue overpayments to employees and assigned the Payroll Coordinator to be responsible for facilitating all activities related to overpayments, including sending any correspondence to the employee and involving legal when necessary. Additionally, HR management took appropriate steps to recover the amounts overpaid for leave payouts.</p>	

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			<p><b>Finding 4:</b> There was an inconsistent application of exemption indicators ("restricted positions", "protected employee", "restricted employee", restricted relative employee")</p> <p><b>Recommendation 4:</b> HR management should work with DMS to (1) understand how the exemption indicators work in People First; (2) implement a process to obtain the necessary information to determine the appropriate exemption indicator; and (3) survey all employees and update the employee exemption indicators as needed.</p>	<p><u>Corrective action completed:</u> 1) HR staff worked with DMS to obtain a clear understanding of the exemption indicators function within People First. 2) HR management revised the form used to claim personal exemption from public disclosure. 3) Central Office HR distributed and collected updated forms from new and existing employees within the Regions and Central Office.</p>	
			<p><b>Finding 5:</b> Overtime eligibility indicators examined in People First were not reliable.</p> <p><b>Recommendation 5:</b> HR management should take steps to review and update the eligibility indicators as needed.</p>	<p><u>Planned corrective actions:</u> HR management began analyzing the overtime eligibility indicators, but their efforts were delayed due to a US Department of Labor audit at Tacachale that was directly related to employees' overtime eligibility. Based on the results of the Department of Labor's audit, HR management determined they will need to significantly enhance their approach to evaluate the overtime eligibility for all positions and classes to be in compliance with the Fair Labor Standards Act, thereby amending their targeted completion date for this recommendation to December 31, 2017.</p>	
			<p><b>Finding 6:</b> The Information Technology (IT) Division was not being notified in a timely manner when employees separated to remove the users' access privileges.</p> <p><b>Recommendation 6:</b> HR should work with the IT Division to develop a process to timely notify IT when employees separate from the Agency.</p>	<p><u>Planned corrective actions:</u> HR management will work with the IT Division to determine how to automate the notification process. HR management anticipates this step being completed by June 30, 2017.</p>	

**SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS**

**Budget Period: 2017 -2018**

**Department:** Agency for Persons with Disabilities

**Chief Internal Auditor:** Shawn McCormick

**Budget**

**Entity:** 67100100; 67100200; 67100400; 67100500

**Phone Number:** 850-414-8774

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p><b>Finding 7:</b> The same HR manager was the security administrator for both the People First and FLAIR systems.</p> <p><b>Recommendation 7a:</b> Different persons should be assigned the security administrator role in each system.</p> <p><b>Recommendation 7a:</b> Agency People First and FLAIR security administrators should periodically review the assigned access roles for appropriateness.</p>	<p>Corrective actions completed: 1) An Accounting and Finance staff member was assigned the security administrator role in the FLAIR system. 2) The FLAIR and People First administrators perform periodic reviews of access privileges for appropriateness.</p>	
OIG # 140724-02.3	8/31/2014	<p>Audit of Human Resource (HR) Practices at Sunland Developmental Disabilities Center and Sunland Developmental Disabilities Defendant Program</p> <p>Note: The following two follow-up audits were to report on the status of efforts made between February 2015 and May 2016, to address the audit issues and recommendations reported in the OIG Report #140724-02.1.</p>	<p><b>Finding 1:</b> There were 3 instances when HR staff did not retain documentation to support specific HR actions.</p> <p><b>Recommendation 1:</b> Sunland HR management should implement processes to better document pay changes made in People First and consistently use certified mail or hand delivery as the method to document communication of final disciplinary actions to employees.</p>	<p>Corrective action completed: Sunland HR management indicated that all pay changes are documented on specific forms and are reviewed by management for approval and entry into the People First system. Additionally, Sunland HR management indicated that notices of employee corrective actions are either hand delivered or mailed via Certified Mail Return Receipt requested and standard mail. Copies are kept and the return receipt is attached and placed in the file with all supporting documentation.</p>	
OIG # 150731-01.1	7/31/15	<p>Follow-up on the Audit of HR Practices at Sunland and DDDP</p>			
OIG # 160215-01.3	5/31/16	<p>Second and Final Follow-up on the Audit of HR Practices at Sunland and DDDP</p>			

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			<p><b>Finding 2:</b> Sunland was not in compliance with Section 119.071(5), Florida Statutes, as they were not providing employees with a written statement of how social security numbers were being used.</p> <p><b>Recommendation 2:</b> Sunland needs to provide a written statement to employees stating how the collection of their social security number will be used and maintain a signed copy in each personnel file.</p>	<p><u>Corrective action completed:</u> Sunland HR management began using Social Security Acknowledgement forms to notify employees of how social security numbers are being used, which are signed by employees and stored in their personnel files.</p>	
			<p><b>Finding 3:</b> There were instances when HR staff did not retain documentation to support specific HR actions related to when employees are placed on and removed from ADMIN-Formal Investigation leave.</p> <p><b>Recommendation 3:</b> Sunland HR management should formalize and implement processes to ensure Agency policies are followed by properly documenting and supporting HR actions.</p>	<p><u>Corrective action completed:</u> Sunland HR management: 1) Implemented a process to document their timely notification to employees when they are placed on and removed from administrative leave; and 2) Developed a tracking worksheet to monitor employees placed on leave and/or reassigned during investigations.</p>	

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			<p><b>Finding 4:</b> There was an inconsistent application of exemption indicators ("restricted positions", "protected employee", "restricted employee", restricted relative employee").</p> <p><b>Recommendation 4:</b> HR management should work with Central Office and DMS to (1) understand how the exemption indicators work in People First; (2) implement a process to obtain the necessary information to determine the appropriate exemption indicator; and (3) survey all employees and update the employee exemption indicators as needed.</p>	<p><u>Corrective action completed:</u> Sunland HR management and staff : 1) Obtained an understanding of how to properly interpret the personal exemption criteria; 2) Revised the form used by employees to request exemption from public disclosure; and 3) Implemented the use of the form with new and existing employees. Additionally, HR management worked with DMS to correct exemption indicators in the People First system.</p>	
			<p><b>Finding 5:</b> Sunland only temporarily implemented a corrective action to report housing benefits on employees' W-2 forms for employees living in homes on Sunland and Tacachale properties (reported accurately in 2010, but not in 2011, 2012, and 2013).</p> <p><b>Recommendation 5:</b> HR management should (1) process and distribute corrected W-2s; and (2) implement a process to ensure the appropriate value is reported on future employee W-2s.</p>	<p><u>Corrective action completed:</u> Form W-2c's (corrected W-2s) were prepared and distributed to employees for prior years and W-2s including housing benefits were prepared and distributed for calendar year 2015.</p>	

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OIG # 140724-02.2	8/31/2014	Audit of Human Resource (HR) Practices at Tacachale Developmental Disabilities Center  Note: The following follow-up audit was to report on the status of efforts made between February 2015 and May 2016, to address the audit issues and recommendations reported in the OIG Report #140724-02.2.	<p><b>Finding 1:</b> Tacachale utilized a number of Department of Children and Families policies and forms due to the lack of Agency-developed policies and forms. Additionally, Tacachale utilized certain forms and checklists that differed from Sunland, DDDP and Central Office.</p> <p><b>Recommendation 1:</b> Coordinate with Central Office, Sunland, and DDDP HR management to review the need of specific forms currently maintained in employees' personnel files in order to standardize and streamline the required documentation.</p>	<p>Corrective action completed. This recommendation was turned over to management for completion. HR management anticipates this step being completed by June 30, 2016.</p>	
OIG # 160215-01.2	6/2/2016	Second and Final Follow-up on the Audit of HR Practices at Tacachale			
OIG #150827-01.1	7/14/2016	Audit of Beautiful Living	<p><b>Finding 1:</b> Policies and procedures need to be updated to address how client's cash is to be stored and protected in the group homes. In addition, neither the group home owner, manager, nor staff was tracking client monies (personal needs allowance) expended for clients by staff. A business partner and relative of the group home owner is representative payee for five clients. For the two clients at Beautiful Living I, she was only able to produce 18 of 24 client expenditure tracking worksheets and 9 of 24 bank statements. For another client where the business partner only manages their monthly personal needs allowance, she was only able to produce 4 of the 12 expenditure tracking worksheets for the period January 1, 2015, through December 31, 2015.</p> <p><b>Recommendation 1:</b> Revise the policies and procedures for managing client funds to provide adequate controls over the storage of clients' funds at the group homes and reduce the risk of theft and/or loss; and require staff to record and retain supporting documentation of receipt and use of clients' monthly personal needs allowance.</p>	<p>Corrective actions completed. Beautiful Living management indicated they have changed their policy to ensure the clients' funds are kept at their residence in a locked cabinet to reduce the risk of theft and/or loss; staff are required to maintain key security, and record and retain supporting documentation of receipt and use of clients' monthly personal needs allowance. Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	

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			<p><b>Finding 2:</b> The group home manager stated that all clients were paying the allowed \$583.42 for rent; however, there was not documentation to support this. We reviewed available bank statements for two Beautiful Living I clients and the bank statement for the group home owner’s operating business account and there were not monthly withdrawals (or deposits) that would be consistent with room and board payments.</p> <p><b>Recommendation 2:</b> In order to support clients are being charged the accurate amount for room and board, the group home should implement a process to document receipt of clients’ monthly room and board payments.</p>	<p><u>Corrective actions completed.</u> Beautiful Living management indicated they will now document the receipt of funds into each account and then complete a bank withdrawal for the room and board expense. Staff will also complete a separate transaction to withdraw the client’s monthly allowance and store it in a locked cabinet in the group home. All transactions will be recorded and applicable receipts will be attached as supportive documentation. Audit findings and recommendations are incorporated into the Agency’s Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 3:</b> For one client at Beautiful Living I, a parent was allowed to combine unused medications from the prior month with the next month’s medications (this occurred for two prescriptions). By combining the unused medications, quality assurance staff is unable to verify the quantity of medications dispensed to clients and that any medication errors were properly and accurately recorded. This violates Florida Administrative Code 65G-2.009(12)(b).</p> <p><b>Recommendation 3:</b> In order to improve controls over the medication administration and compliance with rules and regulations, and ensure the health and safety of clients, Beautiful Living should revise their procedures to require medications be retained in their original containers and not be combined with unused medications from other containers.</p>	<p><u>Corrective actions completed.</u> Beautiful Living management indicated staff will ensure that all medications remain in their original containers and that no unused medications are ever combined with a new prescription. Staff will also ensure that all medications are used in current prescription before starting a new prescription. Audit findings and recommendations are incorporated into the Agency’s Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	

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OIG #150827-01.3	7/14/2016	Audit of Golden Eagle Group Homes	<p><b>Finding 1:</b> There were no written policies and procedures addressing how all client funds and assets are to be managed, tracked, stored and protected, and reconciled. We noted monies being stored in multiple locations and there was no single accounting of each client's funds with a single balance of client's assets.</p> <p><b>Recommendation 1:</b> The group home should develop written policies and procedures for managing client funds to provide adequate controls over the storage, use, and tracking of clients' funds at the group homes. Each client's cash and assets should be accounted for, tracked so that the available balance is known at any time, and can be properly managed and monitored.</p>	<p><u>Corrective actions completed.</u> Expenditure sheet rules were revised in Golden Eagle's "Individual Fund Management Policy/Procedures". Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 2:</b> There were not adequate expenditure records to support that client funds were expended only for allowed items or clients' assets were managed to maintain appropriate balances.</p> <p><b>Recommendation 2:</b> The group home should utilize the Agency's Client Accounting Form (APD 2014-09) or similar form that provides the required information, to provide an individual accounting of client's personal funds.</p>	<p><u>Corrective actions completed.</u> Golden Eagle management created a Residential Manager Monthly Fund Management Excel spreadsheet. Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
			<p><b>Finding 3:</b> Because there were not adequate accountings for clients' funds, we were unable to determine whether clients were charged the allowed amount for room and board (\$583.42).</p> <p><b>Recommendation 3.</b> In order to support clients are being charged the accurate amount for room and board, the group home should implement a process to document receipt of clients' monthly room and board payments.</p>	<p><u>Planned corrective actions.</u> Room/Board funds are transmitted electronically from Rep Payee account. Ongoing training has transpired as Golden Eagle's internal systems are presently being restructured to include a new management team for their Residential Services and reassigning tasks are a work in progress, Reshab client funds policy was developed for staff training on 3/17/16 and will also be updated as structure evolves. Golden Eagle's management and procedures restructuring is a definite work in progress which consists of retraining and developing management and due to cost restraints the time is prolonged. Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	



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OIG #150827-01.4	7/14/2016	Audit of Florida Mentor (Orlando)	<p><b>Finding 1:</b> The policies and procedures need to be updated to address how clients' cash is to be stored and protected in the group homes. We noted that one of the two group home managers was storing clients' cash at her personal home, instead of in a locked secure location at the group home or Florida Mentor Orlando office.</p> <p><b>Recommendation 1:</b> The group home should revise the policies and procedures for managing client funds to provide adequate controls over the storage of clients' funds at the group homes and reduce the risk of theft and/or loss.</p>	<p><u>Planned corrective actions.</u> Policies and procedures are currently being reviewed and modified in order to comply with the recommendations as set forth in the report.</p>	
			<p><b>Finding 2:</b> Four clients at Capehart group home paid for hours (\$197 total) for Adult Day Training in September 2015 that were in addition to the hours paid through the Medicaid Waiver program. None of the four clients had signed agreements consenting to pay privately for such services.</p> <p><b>Recommendation 2:</b> Florida Mentor Orlando should execute agreements with clients and parents/guardians, as applicable, to expend client funds for services (such as Adult Day Training) in addition to those covered by the Medicaid Waiver.</p>	<p><u>Planned corrective actions.</u> Florida Mentor is working with the day service provider to ensure that a summary explaining what consumers receive in exchange for payment of services is provided to all individuals that privately pay for additional service days not funded via APD funding. This will be included in the individuals file acknowledging the receipt of such.</p>	
			<p><b>Finding 3:</b> There were adequate receipts and supporting documentation for the majority of expenditures; however, the following exceptions were noted: (1) Monthly reconciliations were not always completed accurately; (2) For July 2015, at La Mirada, the former group home manager did not retain business receipts for client expenditures; and (3) For one client at La Mirada, the client did not sign for expenditures during the 12 months and staff did not sign for expenditures during six of the 12 months.</p> <p><b>Recommendation 3:</b> Florida Mentor Orlando should improve their processes to ensure: (1) The monthly reconciliations of clients' bank balance to the clients' fund balance are accurate; (2) Business receipts and supporting documentation are retained for all expenditures as required; and (3) Staff and clients sign for all instances where money has been withdrawn for the client to use at his or her discretion.</p>	<p><u>Planned corrective actions.</u> Florida Mentor is working with the day service provider to ensure that a summary explaining what consumers receive in exchange for payment of services is provided to all individuals that privately pay for additional service days not funded via APD funding. This will be included in the individuals file acknowledging the receipt of such.</p>	

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			<p><b>Finding 4:</b> During our testing at Capehart group home, we noted one client had a missed dose of medication that was not recorded on the MARS report. Additionally, during our testing at La Mirada group home, we noted one client was receiving the incorrect dose of one medication. Upon notification, the on-site nurse confirmed the error and notified the pharmacy to make the needed changes.</p> <p><b>Recommendation 4:</b> Florida Mentor Orlando should perform training as needed to staff disbursing medications to ensure staff is verifying the correct medications and doses are being disbursed to each client or recorded on the MARS reports as required.</p>	<p>Planned corrective actions. Audit findings and recommendations are incorporated into the Agency's Quality Improvement processes and are followed up by the appropriate region staff where the group home is located.</p>	
OIG #150803-01.2	FY 2014-15	Audit of Southeast Region FCCs – Area 10	<p><b>Finding 1:</b> While planning for the fiscal year 2014-2015, the Area 10 FCC Board budgeted to expend \$9,500, which is \$500 more than their allocated \$9,000. Because this was not detected and corrected at the beginning of the fiscal year, there was an increased risk that the Board could have expended up to their budgeted amount, thereby, over expending their allocation.</p> <p><b>Recommendation 1:</b> Region and State Office liaisons should review the FCC annual budgets to ensure the FCC Board stays within its allocated amount.</p>	<p><u>Corrective action completed.</u> FCC Liaison will review FCC meeting minutes to ensure that all expenditures are supported by the FCC meeting minutes, and the budget is calculated appropriately.</p>	
AG Report No. 2015-039	FY 2014-15	SWFFA	<p><b>Finding 1:</b> The FAPD did not always ensure that recertifications of need were conducted every 12 months for beneficiaries of Intermediate Care Facility Services for the Developmentally Disabled (ICF-DDs) or timely conduct continued stay reviews.</p> <p><b>Recommendation 1:</b> Recertifications and continued stay reviews of ICF-DD beneficiaries should be timely conducted in accordance with Federal regulations.</p>	<p><u>Planned corrective actions.</u> FAPD is working on an RFI (Request for Information) to ascertain if there are vendors interested in contracting to provide the UR/CSR function.</p> <p><u>Corrective action completed.</u> AHCA implemented revisions to the ICF Handbook, the State Plan and applicable Rules. Conference call with MCM Clinical Stream Leads regarding their supervision of the UR/CSR process and responsibilities. This is being done in conjunction with the face to face in-service training for all Regional staff involved with the UR/CSR process.</p>	

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AG Report No. 2016-071	1/5/2016	iBudget System	<p><b>Finding 1:</b> The Agency did not have business process controls in place to ensure that valid Florida Developmental Disabilities Individual Budgeting Waiver program (iBudget Waiver) paid claims data was appropriately interfaced with the iBudget System and that the paid claims data recorded in the Florida Medicaid Management Information System (FMMIS); the Allocation, Budget, and Contract Control (ABC) System; and the iBudget System was reconciled to ensure the completeness, accuracy, and availability of iBudget Waiver paid claims data in the iBudget System.</p> <p><b>Recommendation 1:</b> Agency management should establish business process controls to ensure that valid iBudget Waiver paid claims data is appropriately interfaced with the iBudget System and that the paid claims data recorded in FMMIS, the ABC System, and the iBudget System is reconciled to help ensure the completeness, accuracy, and availability of the iBudget Waiver paid claims data in the iBudget System.</p>	<p><u>Corrective actions completed.</u> Agency staff has worked on a process for reviewing the data received and have identified reports that can assist in reconciling data between FMMIS, ABC, and iBudget. Program staff were identified and assigned the task of reviewing the data and approving items for reconciliation. The Agency is in the early stages of implementing the review and reconciliation process. Staff resources and turnover have had an impact on implementation.</p>	
			<p><b>Finding 2:</b> Some access privileges defined for the network and IT resources used to support the iBudget System did not promote an appropriate separation of duties and did not restrict users to only those functions appropriate and necessary for their assigned job duties.</p> <p><b>Recommendation 2:</b> Agency management should restrict user access privileges to the network and IT resources used to support the iBudget System to only those access privileges that promote an appropriate separation of duties and are appropriate and necessary for users to perform their assigned job duties.</p>	<p><u>Corrective actions completed.</u> The Agency has reviewed user access privileges for all IT staff that support the iBudget system. Access privileges have been corrected to ensure staff has the appropriate access for their assigned job duties. The Agency has also made sure that no development staff has access to production servers, which could allow them to promote software changes.</p>	

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			<p><b>Finding 3:</b> Agency program change management controls for the iBudget System needed improvement to ensure that all program changes moved into the production environment were properly authorized, tested, and approved and that a post-implementation mechanism was in place to provide reasonable assurance that all program changes moved into the production environment were appropriately authorized, tested, and approved.</p> <p><b>Recommendation 3:</b> Agency management should improve iBudget System program change management controls to ensure that all program changes moved into the production environment are properly authorized, tested, and approved. Agency management should also ensure that a post-implementation mechanism is in place that provides reasonable assurance that all program changes moved into the production environment were appropriately authorized, tested, and approved.</p>	<p>Corrective actions completed. The IT department is ensuring all changes to production systems are following the processes in APD OP 02-005, "Information Technology - Change Management Process" to ensure all production system changes have been authorized, tested, and approved through the Change Management process.</p>	
			<p><b>Finding 4:</b> The Agency's Continuity of Operations Plan and related iBudget System disaster recovery procedures needed improvement to provide greater assurance that critical Agency operations would continue in the event of a disaster.</p> <p><b>Recommendation 4:</b> Agency management should ensure that the Continuity of Operations Plan and related iBudget System disaster recovery procedures are approved by Agency management and kept current.</p>	<p><u>Planned corrective actions.</u> IT is currently reviewing the disaster recovery procedures for the iBudget system to determine any necessary additions and/or changes. When complete the final draft will be submitted to management for approval.</p>	
			<p><b>Finding 5:</b> Certain security controls related to user authentication needed improvement to ensure the continued confidentiality, integrity, and availability of iBudget System data and related IT resources.</p> <p><b>Recommendation 5:</b> Agency management should improve certain security controls related to user authentication for the iBudget System and related IT resources to ensure the continued confidentiality, integrity, and availability of iBudget System data and related IT resources.</p>	<p><u>Corrective action completed.</u> The Agency has mitigated the threat detailed in the confidential findings report.</p>	

## Fiscal Year 2017-18 LBR Technical Review Checklist

Department/Budget Entity (Service): <b>Agency for Persons with Disabilities</b>					
Agency Budget Officer/OPB Analyst Name: <b>Debbie Patten/Leah Holt</b>					
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.					
	Program or Service (Budget Entity Codes)				
Action	67100100	67100200	67100400	67100500	
<b>1. GENERAL</b>					
1.1	Are Columns A01, A02, A04, A05, A23, A24, A25, A36, A93, IA1, IA5, IA6, 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 (no trust fund files for narrative columns)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? <b>(CSDI)</b>	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? <b>(CSDI)</b>	Y	Y	Y	Y
<b>AUDITS:</b>					
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. <b>(EXBR, EXBA)</b>	Y	Y	Y	Y
1.4	Has security been set correctly to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status? <b>(CSDR, CSA)</b>	Y	Y	Y	Y
<b>TIP</b>	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. <b>A security control feature has been added to the LAS/PBS Web upload process that will require columns to be in the proper status before uploading.</b>				
<b>2. EXHIBIT A (EADR, EXA)</b>					
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 59 of the LBR Instructions?	Y	Y	Y	Y
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 29)? Do they clearly describe the issue?	Y	Y	Y	Y
<b>3. EXHIBIT B (EXBR, EXB)</b>					
3.1	Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y	Y	Y	Y
<b>AUDITS:</b>					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? <b>(NACR, NAC - Report should print "No Negative Appropriation Categories Found")</b>	Y	Y	Y	Y
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? <b>(EXBR, EXBC - Report should print "Records Selected Net To Zero")</b>	Y	Y	Y	Y
<b>TIP</b>	Generally look for and be able to fully explain significant differences between A02 and A03.				
<b>TIP</b>	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.				

Action	Program or Service (Budget Entity Codes)			
	67100100	67100200	67100400	67100500
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, a Special Categories appropriation category (10XXXX) should be used.				
<b>4. EXHIBIT D (EADR, EXD)</b>				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 62 of the LBR Instructions?	Y	Y	Y	Y
4.2 Is the program component code and title used correct?	Y	Y	Y	Y
TIP Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.				
<b>5. EXHIBIT D-1 (ED1R, EXD1)</b>				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? ( <b>ED1R, XD1A - Report should print "No Differences Found For This Report"</b> )	Y	Y	Y	Y
5.3 FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? ( <b>EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.</b> )	Y	Y	Y	Y
5.4 A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? ( <b>EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.</b> )	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 2015-16 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.				
<b>6. EXHIBIT D-3 (ED3R, ED3) (Not required to be submitted in the LBR - for analytical purposes only.)</b>				
6.1 Are issues appropriately aligned with appropriation categories?	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.				
<b>7. EXHIBIT D-3A (EADR, ED3A)</b>				
7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 of the LBR Instructions.)	Y	Y	Y	Y
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 67 through 69 of the LBR Instructions.)	Y	Y	Y	Y
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 69 through 72 of the LBR Instructions?	Y	Y	Y	Y
7.4 Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)			
	67100100	67100200	67100400	67100500
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 through E.6 of the LBR Instructions.)	Y	Y	Y	Y
7.6 Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y	Y	Y	Y
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y	Y	Y	Y
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y	Y	Y	Y
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Y	Y	Y	Y
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #17-001?	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/J No Issues	N/J No Issues	N/J No Issues	N/J No Issues
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y	Y	Y	Y
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	No/J No Lump Sum	No/J No Lump Sum	No/J No Lump Sum	No/J No Lump Sum
7.14 Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y
7.15 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	Y	Y	Y
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 28 and 90 of the LBR Instructions.)	N/J No Issues	N/J No Issues	N/J No Issues	N/J No Issues
7.17 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, 30010C0, 33011C0, 160E470, 160E480 or 55C01C0)?	Y	Y	Y	Y
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/J No Issues	N/J No Issues	N/J No Issues	N/J No Issues
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y
<b>AUDIT:</b>				
7.20 Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. (EADR, FSIA - Report should print "No Records Selected For Reporting")	Y	Y	Y	Y
7.21 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	Y	Y	Y	Y
7.22 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	Y	Y	Y	Y
7.23 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y	Y	Y	Y

Action		Program or Service (Budget Entity Codes)			
		67100100	67100200	67100400	67100500
7.24	Have FCO appropriations been entered into the nonrecurring column (A04)? <b>(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))</b>	Y	Y	Y	Y
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run <b>OADA/OADR</b> 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 67 through 71 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If a state agency needs to include in its LBR a realignment or workload request issue to align its data processing services category with its projected FY 2017-18 data center costs, this can be completed by using the State Data Center data processing services category (210001).				
TIP	If an appropriation made in the FY 2016-17 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

Action		Program or Service (Budget Entity Codes)			
		67100100	67100200	67100300	67100400

<b>8. SCHEDULE I &amp; RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)</b>					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	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
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
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	N/A	N/A	N/A	N/A
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	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
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A	N/A	N/A	N/A
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A	N/A	N/A	N/A



Action		Program or Service (Budget Entity Codes)			
		67100100	67100200	67100300	67100400
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y	Y	Y	Y
8.10	Are the statutory authority references correct?	Y	Y	Y	Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to section 215.20, Florida Statutes, for appropriate General Revenue Service Charge percentage rates.)	Y	Y	Y	Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/A	N/A	N/A	N/A
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	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
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	N/A	N/A	N/A	N/A
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	Y	Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y	Y	Y	Y
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y	Y	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
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	N/A	Y	N/A	N/A
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	N/A	Y	N/A	N/A
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
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y	Y	Y	Y
8.25	Are current year September operating reversions appropriately shown in column A02?	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
8.27	Has the agency properly accounted for continuing appropriations (category 13XXXX) in column A01, Section III?	Y	Y	Y	Y
8.28	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
8.29	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y
<b>AUDITS:</b>					
8.30	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	Y	Y	Y
8.31	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? ( <b>SC1R, SC1A - Report should print "No Discrepancies Exist For This Report"</b> )	Y	Y	Y	Y

Action		Program or Service (Budget Entity Codes)			
		67100100	67100200	67100300	67100400
8.32	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. <b>(SC1R, DEPT)</b>	Y	Y	Y	Y
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with Line B?	Y	Y	Y	Y
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	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 130 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				

Action		Program or Service (Budget Entity Codes)			
		67100100	67100200	67100400	67100500

**9. SCHEDULE II (PSCR, SC2)**

**AUDIT:**

9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? <b>(BRAR, BRAA - Report should print "No Records Selected For This Request")</b> 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 161 of the LBR Instructions.)	Y	Y	Y	Y
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**10. SCHEDULE III (PSCR, SC3)**

10.1	Is the appropriate lapse amount applied? (See page 92 of the LBR Instructions.)	Y	Y	Y	Y
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 99 of the LBR Instructions for appropriate use of the OAD transaction.) Use <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	Y	Y	Y	Y

**11. SCHEDULE IV (EADR, SC4)**

11.1	Are the correct Information Technology (IT) issue codes used?	Y	Y	Y	Y
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), 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? Note: FCO issues can now be included in the priority listing.	Y	Y	Y	Y
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**13. SCHEDULE VIIIB-1 (EADR, S8B1)**

13.1	<b>NOT REQUIRED FOR THIS YEAR</b>				
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**14. SCHEDULE VIIIB-2 (EADR, S8B2)**

14.1	Do the reductions comply with the instructions provided on pages 104 through 106 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used?	Y	Y	Y	Y
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**15. SCHEDULE VIIIC (EADR, S8C)**

**(LAS/PBS Web - see page 107-109 of the LBR Instructions for detailed instructions)**

15.1	Agencies are required to generate this schedule via the LAS/PBS Web.	Y	Y	Y	Y
15.2	Does the schedule include at least three and no more than 10 unique reprioritization issues, in priority order? Manual Check.	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)			
	67100100	67100200	67100400	67100500
15.3 Does the schedule display reprioritization issues that are each comprised of two unique issues - a deduct component and an add-back component which net to zero at the department level?	Y	Y	Y	Y
15.4 Are the priority narrative explanations adequate and do they follow the guidelines on pages 107-109 of the LBR instructions?	Y	Y	Y	Y
15.5 Does the issue narrative in A6 address the following: Does the state have the authority to implement the reprioritization issues independent of other entities (federal and local governments, private donors, etc.)? Are the reprioritization issues an allowable use of the recommended funding source?	Y	Y	Y	Y
<b>AUDIT:</b>				
15.6 Do the issues net to zero at the department level? ( <b>GENR, LBR5</b> )	Y	Y	Y	Y
<b>16. SCHEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 110-114 of the LBR Instructions for detailed instructions)</b>				
16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. <b>The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website.</b> (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y	Y	Y	Y
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR	Y	Y	Y	Y
<b>AUDITS INCLUDED IN THE SCHEDULE XI REPORT:</b>				
16.3 Does the FY 2015-16 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	Y	Y	Y	Y
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? ( <b>Audit #1 should print "No Activities Found"</b> )	Y	Y	Y	Y
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? ( <b>Audit #2 should print "No Operating Categories Found"</b> )	Y	Y	Y	Y
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: <b>Audit #3</b> will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y	Y	Y	Y
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? ( <b>Audit #4 should print "No Discrepancies Found"</b> )	Y	Y	Y	Y
<b>TIP</b> If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
<b>17. MANUALLY PREPARED EXHIBITS &amp; SCHEDULES</b>				
17.1 Do exhibits and schedules comply with LBR Instructions (pages 115 through 158 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 134 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: <b>IT@LASPBS.STATE.FL.US?</b>	Y	Y	Y	Y
17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y	Y	Y	Y
<b>AUDITS - GENERAL INFORMATION</b>				
<b>TIP</b> Review <i>Section 6: Audits</i> of the LBR Instructions (pages 160-162) for a list of audits and their descriptions.				

Action	Program or Service (Budget Entity Codes)			
	67100100	67100200	67100400	67100500
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				
<b>18. CAPITAL IMPROVEMENTS PROGRAM (CIP)</b>				
18.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y
18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y	Y	Y	Y
18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP	Y	Y	Y	Y
18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y	Y	Y	Y
18.5 Are the appropriate counties identified in the narrative?	Y	Y	Y	Y
18.6 Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y	Y	Y	Y
TIP Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
<b>19. FLORIDA FISCAL PORTAL</b>				
19.1 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