LEGISLATIVE BUDGET REQUEST

Rick Scott

Agency for Persons with Disabilities

Governor

Tallahassee

編 Barbara Palmer

September 15, 2017

Director £

State Office

Cynthia Kelly, Director Office of Policy and Budget Executive Office of the Governor

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Suite 380

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Tallahassee Florida

JoAnne Leznoff, Staff Director House Appropriations Committee

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165

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(866) APD-CARES

Tallahassee, Florida 32399-1300

(866-273-2273)

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 2018-19 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 2018-2019

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

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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.



Legislative Budget Request Fiscal Year 2018-19

Department Level 6700000

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.

| ine Governor's website | • | | | | | |
|--|---|---|--|--|--|--|
| Agency: | Agency for | r Persons with Dis | abilities | | | |
| Contact Person: | | : Richard Tritschler, eral Counsel Phone Number: APD: (850) 414- | | | | |
| Names of the Case: no case name, list to names of the plaint; and defendant.) | he F.; a: | Brandy C., Andres M.; Karen L.; Robert G.; Richard T.; Chris O.; Jay F.; and Zachary I.: Through his Guardian Ken L.; Jerry H.; and Mary R. v. Barbara Palmer, in her Official capacity as Director of the Agency for Persons with Disabilities. | | | | |
| Court with Jurisdic | mon' | TED STATES DIS RIDA, TALLHASS | | NORTHERN DISTRICT OF | | |
| Case Number: | 4:17 | -cv-226-RH-CAS | | | | |
| Summary of the Complaint: | inclu 1. 2. 3. | Plaintiffs seek a declaration from the Court that the iBudget program, including its underlying state statute and administrative rules violates: 1. Title II of the Americans with Disabilities Act, 42 U.S.C. § 12132; 2. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794(b); 3. Procedural due process rights under the Fourteenth Amendment to the U.S. Constitution and 42 U.S.C. § 1983. | | | | |
| Amount of the Clai | | Unknown at this point. | | | | |
| Specific Statutes or Laws (including Ga Challenged: | (AA) 29 U | 42 U.S.C. § 12132 29 U.S.C. § 794(b) 42 U.S.C. § 1983 | | | | |
| Status of the Case: | Plair sche joint Plair Abat | ntiff has responded. duling order has been report. No final so ntiff has filed a Mo | The Court has not a en issued by the co- cheduling order has tion for Preliminar r Seeking Class C | been filed by Defendant and ruled on the Motion. An initial urt and the parties have filed a s been issued by the court yet. ry Injunction and a Motion to Certification. The Agency is enced. | | |
| Who is representing record) the state in | • | Agency Counsel | | | | |
| lawsuit? Check all | | Office of the Attor | rney General or Div | vision of Risk Management | | |
| apply. | X | X Outside Contract Counsel - David Yon and Brittany Adams L Radey Law Form, Tallahassee | | | | |
| If the lawsuit is a claction (whether the is certified or not), provide the name of firm or firms representing the plaintiff(s). | class Mess f the Plair | Rollini, Robert A. ser Caparello & Sel ntiff is seeking Classe court. | f PA | nnie R. Leitman ion but it has not been granted | | |

Schedule VII: Agency Litigation Inventory

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

| Agency: | Agency fo | ncy for Persons with Disabilities | | | | |
|--|--|--|---------------|-------------------------------|--|--|
| Contact Person: | APD: Ric General C | hard Tritschler, Counsel | Phone Number: | APD: (850) 414-8052 | | |
| Names of the Case: no case name, list th names of the plainting and defendant.) | ie | G.B. et al v. APD (iBudget Rule Challenge 2) | | | | |
| Court with Jurisdict | ion: FIR | ST DISTRICT COU | JRT OF APPEAL | | | |
| Case Number: | 1D0 | CA #1D16-3046 | | | | |
| Summary of the Complaint: | iBu autl arb: alge Age Age und | 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 Clair | n: Exp | Exposure to attorney fees estimated at up to \$50,000 if the DOAH decision is reversed by the 1st DCA. A reversal by the 1st DCA may result in further law changes. | | | | |
| Specific Statutes or Laws (including GA Challenged: | 1.0 | ne. Challenge to the 218, Florida Admini | | G-4.0213 through 65G- C.). | | |
| Status of the Case: | the resp Pet | 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. Briefing has begun. | | | | |
| Who is representing record) the state in the | | Agency Counsel | | | | |
| lawsuit? Check all t | | Office of the Attorney General or Division of Risk Management | | | | |
| apply. | X | X Outside Contract Counsel – David Yon, Radey Law Firm, Tallahassee, FL | | | | |

| If the lawsuit is a class | This is not a class action lawsuit. |
|---------------------------|-------------------------------------|
| action (whether the class | |
| is certified or not), | |
| provide the name of the | |
| firm or firms | |
| representing the | |
| plaintiff(s). | |

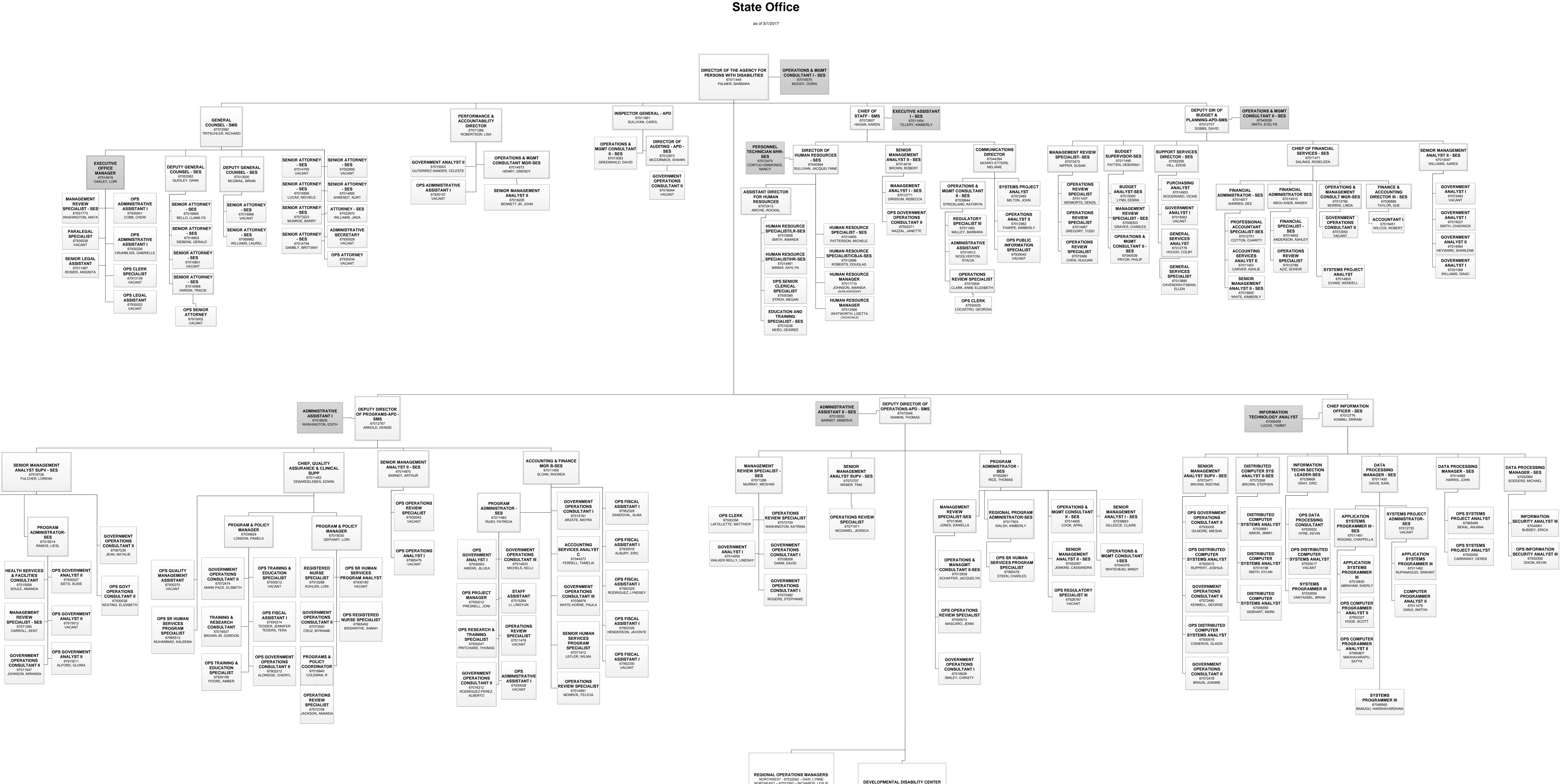
Schedule VII: Agency Litigation Inventory For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website. **Agency for Persons with Disabilities** Agency: APD: Richard Tritschler, APD: (850) 414-8052 General Counsel Phone Number: Contact Person: S.D.B. vs. Agency for Persons with Disabilities Names of the Case: (If no case name, list the names of the plaintiff and defendant.) THIRD DISTRICT COURT OF APPEAL Court with Jurisdiction: 3D16-1352 Case Number: On 6/26/2015, SDB submitted an application to APD for eligibility under Summary of the the HCBS Waiver under the category of intellectual disability. On Complaint: 8/10/2015, after reviewing all of the documents, APD denied eligibility because the Agency did not find evidence of a qualifying intellectual disability as defined under Fla. Stat. 393.063. SDB requested a hearing and the matter was heard on 11/4/2015 and 2/25/2016, after which the DCF Hearing Officer upheld APD's determination that SDB did not have a qualifying developmental disability. It is from this denial that SDB presents her appeal to the 3rd District Court of Appeal. Within her brief, SDB alleges that APD's interpretation of Fla. Statutes regarding the definition of intellectual disability is unconstitutional, per the US Supreme Court's ruling in Hall v. Florida, 134 S. Ct. 1986 (2014). In Hall, the US Supreme Court found that the Fla. Statute that required a showing of an IQ of 70 or below before being permitted to present additional intellectual disability evidence was an unconstitutional brightline test. SDB alleges that APD erroneously relied upon a sole IQ score of 71 without considering other available evidence, which she contends is unconstitutional. SDB also argues that the hearing officer's refusal to consider the Flynn effect was reversible error. Amount of the Claim:

| Specific Statutes or Laws (including GAA) Challenged: | Cha | pter 393 Florida Statutes |
|--|------|---|
| Status of the Case: | | ling ruling by the court. priefing has been concluded. |
| Who is representing (of record) the state in this | X | Agency Counsel |
| lawsuit? Check all that | | Office of the Attorney General or Division of Risk Management |
| apply. | | Outside Contract Counsel |
| If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s). | This | suit is not a class action lawsuit. |

| | Sc | hedule VII: Agency | Litigation Inve | ntory | | |
|--|--------------------|---|------------------------|---|--|--|
| For directions on comp the Governor's website | _ | his schedule, please see the "L | egislative Budget Requ | uest (LBR) Instructions" located on | | |
| Agency: | | ncy for Persons with Disa ncy for Health Care Adn | | | | |
| Contact Person: | APD Gene AHC | Richard Tritschler, ral Counsel A: Stuart Williams, ral Counsel | | APD: (850) 414-8052 AHCA: (850) 412-3669 | | |
| Names of the Case: no case name, list to names of the plaint; and defendant.) | he | Petitioners: AHCA & APD Respondent – Centers for Medicaid & Medicare Services (CMS) | | | | |
| Court with Jurisdiction: | | ADMINISTRATIVE APPEAL THROUGH THE DEPARTMENT OF HEALTH AND HUMAN SERVCES ("DHHS") HHS DEPARTMENTAL APPEALS BOARD. | | | | |
| Case Number: | | Appeal of the OIG Audit A-04-10-0076. HHS Departmental Appeal Board (DAB) Case No. A1729. | | | | |
| Summary of the Complaint: | | 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 & 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-04-10-00076), issued March 1, 2013. 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. | | | | |
|--|---|---|--|--|--|
| Amount of the Claim: | | 86,952 (\$2,193,476 federal share). Amended amount after CMS ew 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 an issue | | | | |
| Status of the Case: | The HHS departmental appeal board (DAB) sustained CMS's determination to disallow waived Medicaid FFP in the amount of \$1,774,798. On the recommendation of outside counsel AHCA and APD will not pursue further appeal or review. | | | | |
| Who is representing (of record) the state in this | | Agency Counsel | | | |
| lawsuit? Check all that | | Office of the Attorney General or Division of Risk Management | | | |
| apply. | X | Outside Contract Counsel – Caroline Brown, Covington, Burling, Washington | | | |
| 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. | | | |





NORTHEAST - 67021562 - RICHARDS, LESLIE

CENTRAL - 67021243 - LEWIS, CLARENCE SUNCOAST – 67016434 – SMITH, JEFFREY

SOUTHEAST - 67029069 - DRISCOLL, GERARD

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SOUTHERN – 67016144 – ALVAREZ, EVELYN

SUPERINTENDENTS:

SUNLAND/DDDP - 67011571 - WILLIAMS, GERALDINE

TACACHALE - 67012648 - MAYFIELD, MICHAEL

OPS HUMAN
SERVICES PROGRAM
SPECIALIST
67930367
KOMMU, RADHIKA

OPERATIONS CONSULTANT II 67966796 VACANT

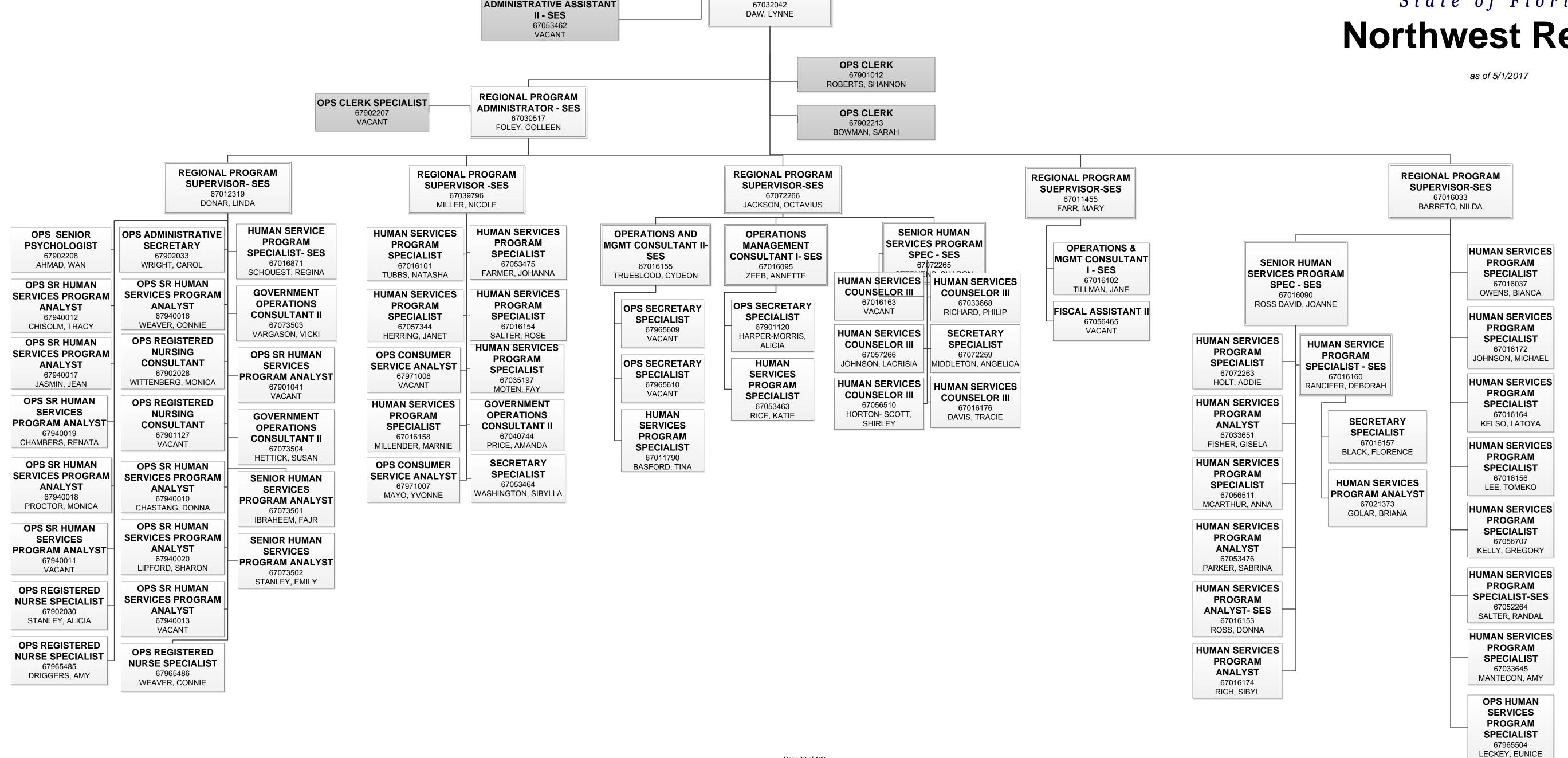
OPS GOVT OPERATIONS CONSULTANT II 67930024 STOREY, MARLON

OPERATIONS
CONSULTANT II
67011547
JOHNSON, MIRANDA

GOVERNMENT
OPERATIONS
CONSULTANT II
67012155
PRESSLEY, NATASHA

GOVERNMENT
OPERATIONS
CONSULTANT II
67040558
KIRKLEY, MEGHAN



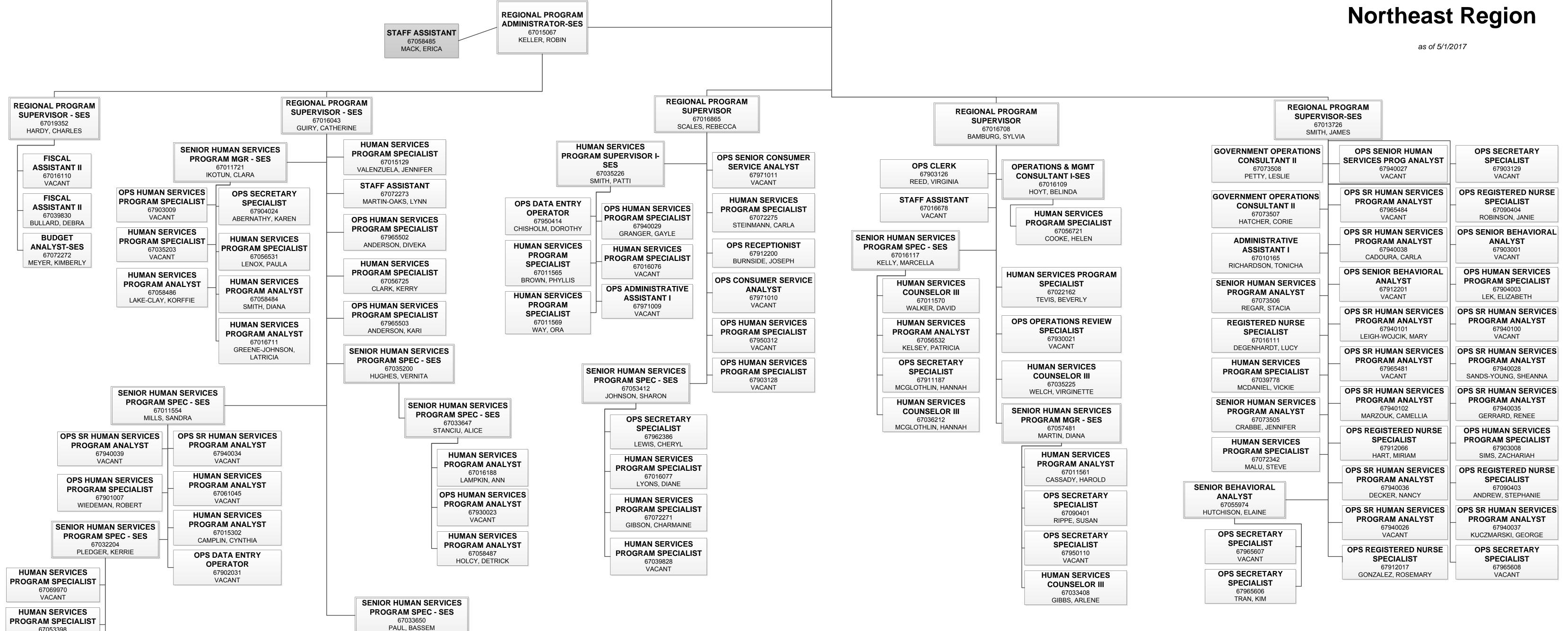


REGIONAL OPERATIONS MANAGER/NORTHWEST

ADMINISTRATIVE ASSISTANT







HUMAN SERVICES

PROGRAM ANALYST

67013784

GUERNSEY, DANA

HUMAN SERVICES PROGRAM ANALYST 67055975 BELLO, JACQUELINE

HUMAN SERVICES PROGRAM SPECIALIST 67040719 WALDRON, DEBRA

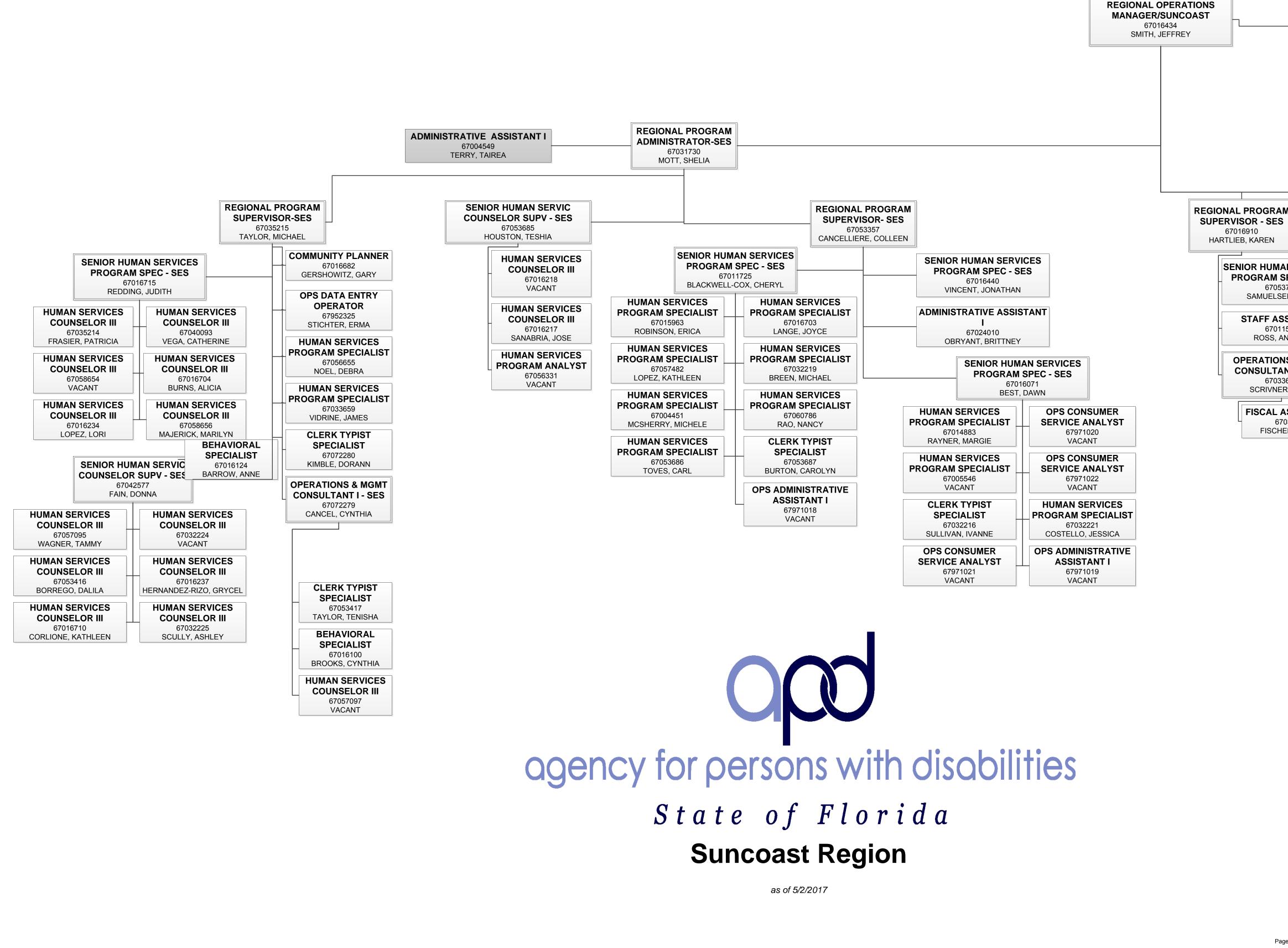
67053398 MOORE, TINA

HUMAN SERVICES

PROGRAM SPECIALIST

67036196

ROLLINS, SYNESTER



REGIONAL PROGRAM SUPERVISOR- SES 67016052 WILCHER, CYNTHIA

OPS SR HUMAN SERVICES

ADMINISTRATIVE

ASSISTANT II

67072286

DILLON, HEATHER

SENIOR HUMAN SERVICES PROGRAM SPECIALIS 67053707 SAMUELSEN, JOHN STAFF ASSISTANT 67011563 ROSS, ANDREA **OPERATIONS & MGMT CONSULTANT II - SES** 67033662 SCRIVNER, APRIL FISCAL ASSISTANT II 67032214 FISCHER, DOYCE

67016910

PROGRAM ANALYST PROGRAM ANALYST PROGRAM ANALYST PROGRAM ANALYST 67940126 67940128 67073517 67940131 TINSLEY, MICHELLE BUTLER, LEAU'RETTE BURDGE, CASSANDRA O'NEIL, MAUREEN OPS SR HUMAN SERVICES **OPS REGISTERED NURSE OPS SR HUMAN SERVICES** SENIOR HUMAN SERVICES **SPECIALIST** PROGRAM ANALYST PROGRAM ANALYST PROGRAM ANALYST 67965489 67923091 67940129 67073519 JOHNSON, WENDY VACANT VACANT DIAZ, NILSA **OPS REGISTERED NURS OPS SR HUMAN SERVICES** SENIOR HUMAN SERVICES OPS SR HUMAN SERVICES **SPECIALIST** PROGRAM ANALYST PROGRAM ANALYST PROGRAM ANALYST 67965488 67941126 67940130 RATH-SAMMY, CARLA KURLYCHEK, MARY VACANT VACANT OPS SR HUMAN SERVICES OPS REGISTERED NURSE OPS SR HUMAN SERVICES **GOVERNMENT OPERATIONS CONSULTANT II** PROGRAM ANALYST SPECIALIST PROGRAM ANALYST 67940135 67908001 67940132 67073520 PLAVNER, ELLEN CHAUVIN, SUSAN BROTHER, LINDA OLSON, ANITA **GOVERNMENT OPERATIONS** OPS SR HUMAN SERVICES OPS SR HUMAN SERVICES **OPS SR HUMAN SERVICES** PROGRAM ANALYST CONSULTANT II

OPS SR HUMAN SERVICES

OPS SR HUMAN SERVICES

PROGRAM ANALYST PROGRAM ANALYST 67940138 67940136 67940127 67073521 VACANT GOGUEN, DAVID CLARK, BRYAN ULLOA, CHRISTI **OPS CLERK TYPIST** OPS SR HUMAN SERVICES **OPS SR HUMAN SERVICES** SENIOR HUMAN SERVICES **SPECIALIST** PROGRAM ANALYST **PROGRAM ANALYST** PROGRAM ANALYST 67923314 67903127 67940134 67073518 WILLIAMS, DENISE VACANT VACANT WILSON, CHERITA OPS SR HUMAN SERVICES **OPS SR HUMAN SERVICES** ADMINISTRATIVE OPS SR HUMAN SERVICES ASSISTANT I PROGRAM ANALYST PROGRAM ANALYST PROGRAM ANALYST 67940059 67940133

OPS SR HUMAN SERVICES REGISTERED NURSE PROGRAM ANALYST **SPECIALIST** 67940137 67072278 GRANDE, FREDA VACANT **SENIOR BEHAVIORAL**

PAGAN, ANABELLE

OPS SENIOR LICENSED **ANALYST** PRACTICAL NURSE 67016136 67908100 NOWOTNIAK, PATRICIA VACANT **PSYCHOLOGICAL**

BEHAVIORAL ANALYST TAYLOR, TRACY

SPECIALIST

67908102

COPPOLA, DENNIS

WOODALL, RUBY

OPS SECRETARY SPECIALIST LAGUILLO FONTANEZ,

AMARILLYS

67940058 67011555 LOCKETT, BETTY VACANT **REGISTERED NURSE SENIOR BEHAVIORAL SPECIALIST ANALYST** 67016517 67053467 FREEMAN, KATHERINE SAGER, WAYNE REGISTERED NURSE **OPS CLERK TYPIST SPECIALIST** 67923338 67923303 VACANT VACANT **OPS REGISTERED BEHAVIORAL ANALYST** NURSE 67015090 67923339 HOWARD, COURTNEY GOSS, JENNIFER **OPS REGISTERED OPS SENIOR** BEHAVIORAL ANALYST NURSE 67965601 67923060 GELLER, DAVID MUENKS, SUSAN **OPS REGISTERED BEHAVIORAL ANALYST NURSE SPECIALIST** 67923307 VACANT 67923147 CLARK, CHERYL **OPS SECRETARY OPS REGISTERED SPECIALIST NURSE SPECIALIST** 67965612 67923040 HOCHHEISER, SHEREE SCHEELER, TANYA OPS BEHAVIOR ANLAYST 67923083 CRIPE, MICHAEL

OPS BEHAVIORAL ANALYST 67940060 VACANT

SENIOR HUMAN SERVICES

REGIONAL PROGRAM SUPERVISOR - SES 67016213 CRAVER-BRICKLEY, TRACY

SENIOR HUMAN SERVICES PROGRAM SPEC - SES 67014422 LEITOLD, MYRA **HUMAN SERVICE HUMAN SERVICES** PROGRAM SPECIALIST | PROGRAM SPECIALIST 67040011 67016099 ROHRS, REBECCA LILES, KATARZYNA **HUMAN SERVICES HUMAN SERVICES** PROGRAM SPECIALIST PROGRAM SPECIALIST 67015010 67053360 DELVALLE, JOSE TURNER, MITCHELL **OPS HUMAN SERVICES HUMAN SERVICES** PROGRAM SPECIALIST COUNSELOR III 67016121 67908103 GIORDANO, NINA KLEIN, JOYCE **HUMAN SERVICES HUMAN SERVICES** PROGRAM SPECIALIST PROGRAM SPECIALIST 67016582 67016238 PETRINI, MARC MCCALLION, DENISE **HUMAN SERVICES HUMAN SERVICES** PROGRAM SPECIALIST COUNSELOR III 67016236 67058655 TYNER, ALICIA BURNETT, JONI **HUMAN SERVICES CLERK TYPIST PROGRAM SPECIALIST SPECIALIST** 67016017 67032220 HONL, NANCY WILLIAMSON, JUDITH **HUMAN SERVICES** PROGRAM SPECIALIST 67056606 STEWART, MEISHA

PROGRAM ANALYST 67056437 MORMON, WHITNEY **HUMAN SERVICES** PROGRAM SPECIALIST 67015295 WATSON, LEAH **ADMINISTRATIVE ASSISTANT I** 67019011 ORTIZ CLAUSE, MICHELLE **OPS HUMAN SERVICES** PROGRAM SPECIALIST CAMPBELL, ERICA **OPS HUMAN SERVICES**

PROGRAM SPECIALIST

67965510

VON FOSSEN, SUSAN

OPS HUMAN SERVICES

PROGRAM SPECIALIST

PERRAULT, GEORGE

67965511

SENIOR HUMAN SERVICES

PROGRAM SPECIALIST

67036228

HENDERSON, LINDA

ADMINISTRATIVE

SECRETARY

67016122

VACANT

HUMAN SERVICES

HUMAN SERVICES

67039749

LEPERE, DAVID

HUMAN SERVICES

PROGRAM SPECIALIST

67072287

COOPER, STARR

HUMAN SERVICES

PROGRAM ANALYST

67016120

HENDON, ANNE

PROGRAM ANALYST

67005802

JONES, KAREN

HUMAN SERVICES

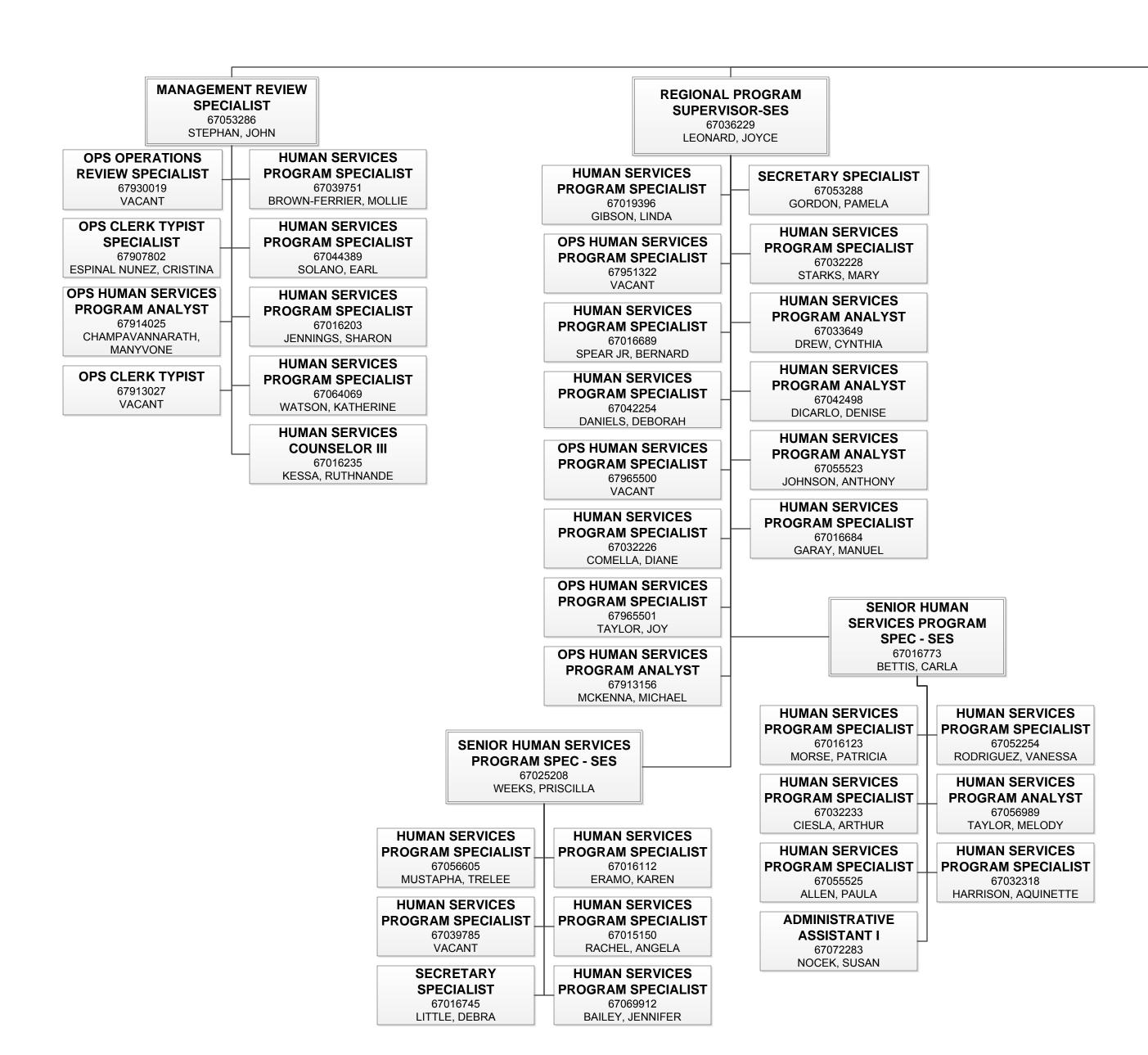
PROGRAM SPECIALIST

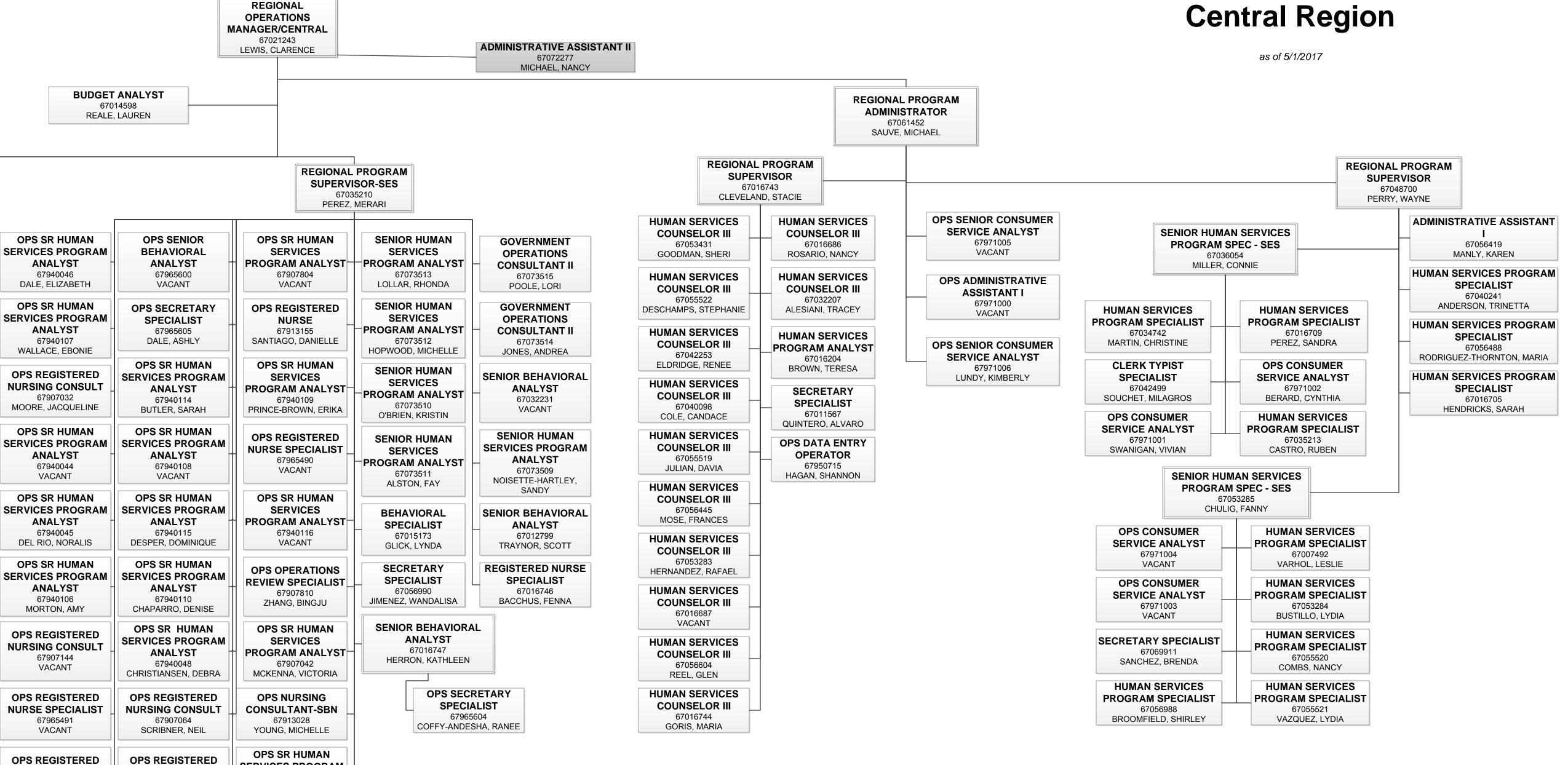
JONES, ALETHA

PROGRAM DIRECTOR - SES

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SERVICES PROGRAM

ANALYST

VACANT

OPS SR HUMAN

SERVICES PROGRAM

ANALYST

67940047

ANDERSON, KIMBERLY

OPS REGISTERED NURSING CONSULTANT 67914169 VACANT

67940049

NURSE

67913029

DAVIDSON, MICHELE

OPS SENIOR

REGISTERED NURSE

VON ANSBACH, PETRA

67913056

NURSING CONSULT

67914086

POOLE, SUSAN

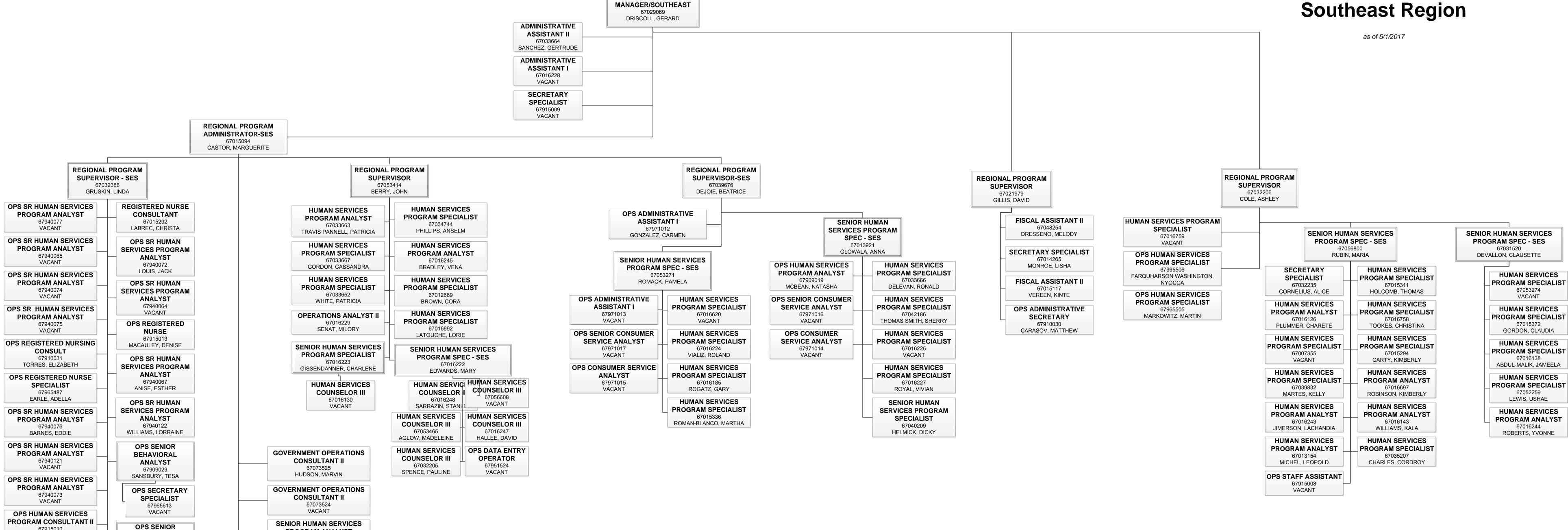
OPS REGISTERED

NURSING CONSULT

67914027

HAMMOND, SHIRLEY





REGIONAL OPERATIONS

67915010

VACANT

SENIOR BEHAVIORAL

ANALYST

67056614

VACANT

BEHAVIORAL

ANALYST

67965602

VACANT

OPS SECRETARY

SPECIALIST 67965617

VACANT

PROGRAM ANALYST

67073523

LOPEZ, WANDA

BEHAVIORAL SPECIALIST

67016142

CASHEN, CHERIE

BEHAVIORAL ANALYST

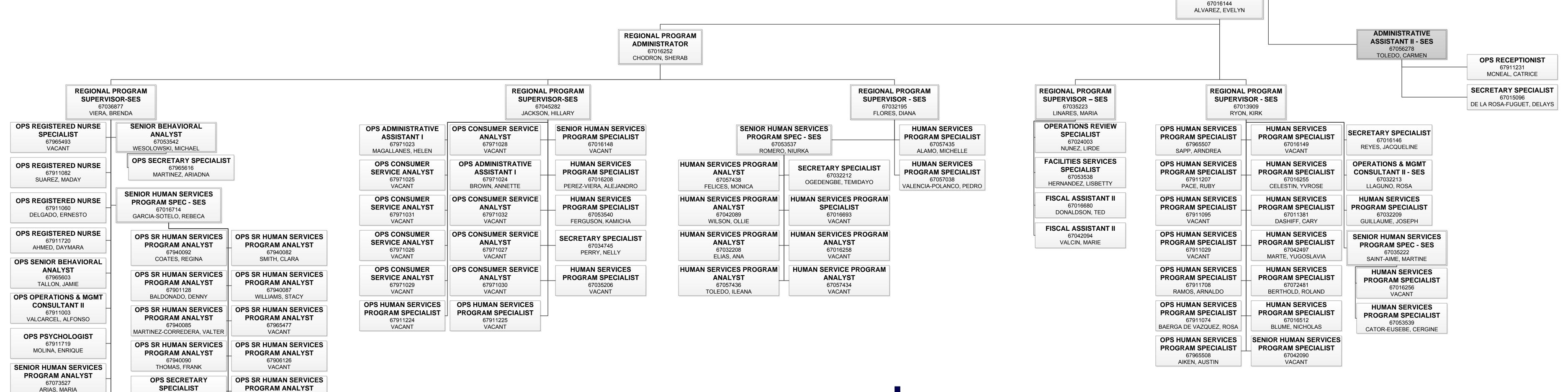
67052803 BATTISTA, HEATHER

SENIOR HUMAN SERVICES PROGRAM ANALYST 67073522 TRUBY, JACQUELINE

OPS BEHAVIORAL ANALYST 67910003 FLORES, MARIA

OPS SR HUMAN SERVICES PROGRAM ANALYST 67940120 DANIELE, ANNIE

OPS SR HUMAN SERVICES PROGRAM ANALYST 67940066 KILEY-TEIXEIRA, CHRISTINA



REGIONAL OPERATIONS MANAGER/SOUTHERN

agency for persons with disabilities

State of Florida

Southern Region

as of 5/2/2017

67940093

GRACIA, ALEJANDRO

OPS SECRETARY

SPECIALIST

67940091

GILL, MELINDA

67911215

VACANT

OPS SR HUMAN SERVICES

PROGRAM ANALYST

67940088

LEE, DALIANA

HUMAN SERVICES

PROGRAM ANALYST

67016253

PEDRAZA, NORMA

GOVERNMENT OPERATIONS

CONSULTANT II

67073528

HERNANDEZ, JOEL

SENIOR HUMAN SERVICES PROGRAM ANALYST

67073526

BUDNEY, PAUL

GOVERNMENT OPERATIONS

CONSULTANT II

ETIENNE, HENRY

| SENCY FOR PERSONS WITH DISABILITIES | | FISCAL YEAR 2016-17 | | |
|--|---------------|------------------------|----------------------------|------------------------|
| SECTION I: BUDGET | | OPERATI | NG | FIXED CAPITA OUTLAY |
| L ALL FUNDS GENERAL APPROPRIATIONS ACT | | | 1,303,290,977 | 6,85 |
| DJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.) BUDGET FOR AGENCY | | | 2,301,253 1,305,592,230 | -1,15 5,70 |
| | Number of | (1) Unit Cost | (2) Expenditures | (3) FCO |
| SECTION II: ACTIVITIES * MEASURES | Units | (1) Offit Cost | (Allocated) | |
| tive Direction, Administrative Support and Information Technology (2) me And Community Services Administration * | 34,150 | 145.34 | 4,963,469 | 5,7 |
| pport Coordination * Number of people receiving support coordination vate Intermediate Care Facilities For The Developmentally Disabled * Number of adults receiving services in Developmental Service Public Facilities | 33,724 626 | 2,475.74 139,595.21 | 83,491,827 87,386,601 | |
| ogram Management And Compliance * Based on Administrative Components of serving people in the Community and Institutional settings | 58,029 | 284.36 | 16,500,910 | |
| ult Daily Living * Number of persons with disabilities served in Adult Daily Living | 16,185 | 15,450.26 | 250,062,386 | |
| ult Day Service * Number of persons with disabilities served in Adult Day Training Service | 13,145 | 6,527.38 | 85,802,459 | |
| ult Medical/Dental * Number of persons with disabilities served in Adult Medical/Dental ult Respite Services * Number of persons with disabilities served in Adult Respite Services | 12,974 929 | 3,115.24 6,879.23 | 40,417,165 6,390,808 | |
| ult Residential Habilitation * Number of persons with disabilities served in Adult Residential Habilitation | 7,957 | 40,707.07 | 323,906,170 | |
| ull Specialized Therapies/ Assessments 'Number of persons with disabilities served in Adult Specialized Assessments, Therapies, Equipment and Supplies | 4,600 | 4,205.39 | 19,344,804 | |
| ult Supported Employment * Number of persons with disabilities served in Adult Supported Employment | 1,788 | 3,409.64 | 6,096,434 | |
| ult Supported Living * Number of persons with disabilities served in Adult Supported Living and In Home Subsidies | 13,744 | 19,485.78 | 267,812,548 | |
| ult Transportation * Number of persons with disabilities served in Adult Transportation ildren Daily Living * Number of persons with disabilities served in Children Daily Living | 9,902 | 3,113.43 43,829.39 | 30,829,189 2,673,593 | |
| Idren Day Services * Number of persons with disabilities served in Children Day Training Services Idren Day Services * Number of persons with disabilities served in Children Day Training Services | 14 | 5,049.07 | 70,687 | |
| ldren Medical/Dental * Number of persons with disabilities served in Children Medical/Dental | 71 | 3,713.34 | 263,647 | |
| ldren Respite Services * Number of persons with disabilities served in Children Respite Services | 1,433 | 7,633.39 | 10,938,647 | |
| ldren Residential Habilitation * Number of persons with disabilities served in Children Residential Habilitation | 271 | 47,097.61 | 12,763,452 | |
| Idren Specialized Therapies/ Assessments * Number of persons with disabilities served in Children Specialized Assessments, Therapies, Equipment and Supplies | 75 | 2,915.49 | 218,662 | |
| Idren Support Employment * Number of persons with disabilities served in Children Supported Employment Idren Supported Living * Number of persons with disabilities served in Children Supported Living and In Home Subsidies | 2 15 | 3,330.00 49,619.93 | 6,660 744,299 | |
| ildren Transportation * Number of persons with disabilities served in Children Transportation | 11 | 3,152.55 | 34,678 | |
| mmunily Support Services * Number of persons served | 34,819 | 284.74 | 9,914,208 | |
| ensic Care * | 300 | 90,772.51 | 27,231,753 | |
| | | | | |
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| | 1 | | 1,287,865,056 | 5, |
| SECTION III: RECONCILIATION TO BUDGET | | | .,, | |
| THROUGHS | | | | |
| ANSFER - STATE AGENCIES | | | | |
| D TO LOCAL GOVERNMENTS | | | | |
| NYMENT OF PENSIONS, BENEFITS AND CLAIMS | | | | |
| HER DELONG | | | 17,727,207 | |
| | | | 11,121,201 | |
| RSIONS | | | | |

⁽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 t | the lo | ng ra | nge finan | cial outlook | ok adopted by the Joint Legislative Budget Commission in September 2017 contain revenue or |
|------------|--------|--------|--------|-----------|--------------|--|
| | expen | diture | e esti | mates rel | ated to you | our agency? |
| | Yes | Х | | No | | |
| 2) | | | | | | |

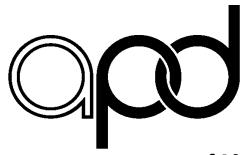
2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2018-2019 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request.

| | | | FY 2018-2019 Estimate/Request Amoun | | |
|----|--|------|---|-------------------------|--|
| | | | Long Range | Legislative Budget | |
| | Issue (Revenue or Budget Driver) | R/B* | Financial Outlook | Request | |
| | HCBS Waiver Waiting List reduction, Enhanced Employment | | | | |
| | Program (EEP), rate increase for Medicaid Waiver providers and | | \$35.1 Million GR | | |
| | United States Department of Labor (USDOL) Rule, and restore | | (\$17 million | \$63.1 Million GR | |
| a. | Nonrecurring Waiver funding | В | nonrecurring) | | |
| | | | Multiple Agency's, one amount, no detail by | | |
| b. | iConnect (formerly Client Data Management System (CDMS)) | В | Agency. | \$4.5 million all funds | |
| | | | Multiple Agency's, one amount, no detail by | | |
| C. | Fixed Capital Outlay (FCO) | В | Agency. | \$10.8 million. | |
| d. | | | | | |
| e. | | | | | |

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 restoring nonrecurring Waiver funding and increasing Waiver |
|---|
| behavior services rates to the level of Medicaid State Plan rates. The LBR requested amount is based on restoring nonrecurring Waiver |
| budget provided in the 2014 and 2015 GAA for increases in waiver costs and increasing the behavior service rates to the level of |
| Medicaid State Plan behavior services rates. |
| |

^{*} R/B = Revenue or Budget Driver



agency for persons with disabilities

State of Florida

Legislative Budget Request Fiscal Year 2018-19

Home and Community Services 67100100



agency for persons with disabilities

State of Florida

Legislative Budget Request Fiscal Year 2018-19

Home and Community Services 67100100 Schedule I Series

| D 4 4 TP41 | Administration Tent Fund | | | | | | |
|--|------------------------------------|-------------------|---------------------|--|--|--|--|
| Department Title: Trust Fund Title: | | | | | | | |
| | Administrative Trust Fund 67100100 | | | | | | |
| 9 • | 2021 | | | | | | |
| LAS/I DS Fund Number. | 2021 | | | | | | |
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance | | | | |
| Chief Financial Officer's (CFO) Cash Balance | 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 | | | | |
| Total Cash plus Accounts Receivable | 66,254 (F) | 0 | 66,254 | | | | |
| 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 | | | | |
| Unreserved Fund Balance, 07/01/17 | 0 (K) | 0 | 0 | | | | |

^{*}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:** Total Fund Balance Per FLAIR Trial Balance, 07/01/17 Total all GLC's 5XXXX for governmental funds; **66,254** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** 0 (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: SWFS Adjustment # and Description - Expenses - CF 0 (C) SWFS Adjustment # and Description 0 (C) **Add/Subtract Other Adjustment(s):** 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) ADJUSTED BEGINNING TRIAL BALANCE: **(0)** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **0** (F) **DIFFERENCE:** (0) (G)* *SHOULD EQUAL ZERO.

| Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number: | Agency for Persons with Disabilities Operations and Maintenance Trust Fund 67100100 2516 | | |
|--|---|-------------------|---------------------|
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 306,923 (A) | | 306,923 |
| ADD: Other Cash (See Instructions) | (B) | | 0 |
| ADD: Investments | (C) | | 0 |
| ADD: Outstanding Accounts Receivable | 0 (D) | | 0 |
| ADD: Transfer from 67100300 | 430,552 (E) | | 430,552 |
| Total Cash plus Accounts Receivable | 737,475 (F) | 0 | 737,475 |
| LESS Allowances for Uncollectibles | (G) | | 0 |
| LESS Approved "A" Certified Forwards | 670,149,527 (H) | (669,412,051) | 737,476 |
| Approved "B" Certified Forwards | (H) | | 0 |
| Approved "FCO" Certified Forwards | (H) | | 0 |
| LESS: Other Accounts Payable (Nonoperating) | (I) | | 0 |
| LESS: | (J) | | 0 |
| Unreserved Fund Balance, 07/01/17 | (669,412,051) (K) | 669,412,051 | (0) |

^{**} 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: 2018 - 19 **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, 07/01/2017** Total all GLC's 5XXXX for governmental funds; (669,893,792) (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: **SWFS** Adjustment (669,412,051) (C) Transfer from BE 67100300 430,552 (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 57,711 (D) Adjustment to AP 6,522 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **(0)** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **0** (F) **DIFFERENCE:** (0) (G)* *SHOULD EQUAL ZERO.

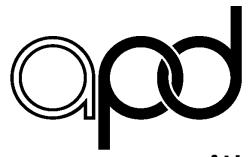
| Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number: | Agency for Persons with Disabilities Social Services Block Grant 67100100 2639 | | |
|--|--|-------------------|---------------------|
| LAS/FBS Fund Number: | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 8,485,300 (A) | | 8,485,300 |
| ADD: Other Cash (See Instructions) | (B) | | 0 |
| ADD: Investments | (C) | | 0 |
| ADD: Outstanding Accounts Receivable | (D) | | 0 |
| ADD: | (E) | | 0 |
| Total Cash plus Accounts Receivable | 8,485,300 (F) | 0 | 8,485,300 |
| LESS Allowances for Uncollectibles | (G) | | 0 |
| LESS Approved "A" Certified Forwards | 1,254,500 (H) | | 1,254,500 |
| Approved "B" Certified Forwards | (H) | | 0 |
| Approved "FCO" Certified Forwards | (H) | | 0 |
| LESS: Transfer to BE 67100200 | 148,959 (E) | | 148,959 |
| LESS: Transfer to BE 67100300 | 1,163,156 (E) | | 1,163,156 |
| LESS: Transfer to BE 67100400 | 1,500,000 (E) | | 1,500,000 |
| Unreserved Fund Balance, 07/01/17 | 4,418,684 (K) | 0 | 4,418,684 |

Office of Policy and Budget - June 2017

year and Line A for the following year.

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC Budget Period: 2018 - 19 **Department Title:** Agency for Persons with Disabilities Trust Fund Title: Social Services Block Grant - 67100100 LAS/PBS Fund Number: 2639 **BEGINNING TRIAL BALANCE:** Total Fund Balance Per FLAIR Trial Balance, 07/01/17 Total all GLC's 5XXXX for governmental funds; **7,230,799** (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 (C) Transfer to BE 67100200 (148,959) (D) Transfer to BE 67100300 (1,163,156) (D) Transfer to BE 67100400 (1,500,000) (D) SWFS Adjustment # and Description (C) **Add/Subtract Other Adjustment(s):** Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D) Accrual Not CF on Trial Balance (D) **Current Compensated Absences Liability** (D) ADJUSTED BEGINNING TRIAL BALANCE: **4,418,684** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **4,418,684** (F) **DIFFERENCE: 0** (G)* *SHOULD EQUAL ZERO.

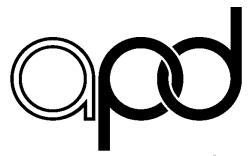


agency for persons with disabilities

State of Florida

Legislative Budget
Request Fiscal Year
2018-19

Program Management and Compliance 67100200



agency for persons with disabilities

State of Florida

Legislative Budget
Request Fiscal Year
2018-19

Program Management and Compliance
67100200
Schedule I Series

| Department Title: | Budget Period: 2018 -19 Agency for Persons with Disabilities | | |
|--|--|----------------------|---------------------|
| Trust Fund Title: | Administrative Trust Fund | | |
| Budget Entity: | 67100200 | | |
| LAS/PBS Fund Number: | 2021 | | |
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 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 |
| Total Cash plus Accounts Receivable | 158,963 (F) | 0 | 158,963 |
| 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 |
| Unreserved Fund Balance, 07/01/17 | 32,712 (K) | 0 | 32,712 ** |
| | | | |
| Notes: *SWFS = Statewide Financial Statement | nt | | |
| ** This amount should agree with Line year and Line A for the following ye | e I, Section IV of the Schedule | I for the most recen | t completed fiscal |

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, 07/01/17 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.

| Department Title: | Budget Period: 2018 -19 Agency for Persons with Disabilities | | |
|--|--|-----------------------|---------------------|
| Trust Fund Title: | Administrative Trust Fund | des | _ |
| Budget Entity: | 67100200 | | |
| LAS/PBS Fund Number: | 2261 | | |
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 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 |
| Total Cash plus Accounts Receivable | 39,804 (F) | 0 | 39,804 |
| LESS Allowances for Uncollectibles | (G) | | 0 |
| LESS Approved "A" Certified Forwards | (H) | | 0 |
| Approved "B" Certified Forwards | (H) | | 0 |
| Approved "FCO" Certified Forwards | (H) | | 0 |
| LESS: Other Accounts Payable (Nonoperating) | (I) | | 0 |
| LESS: | (J) | | 0 |
| Unreserved Fund Balance, 07/01/17 | 39,804 (K) | 0 | 39,804 ** |
| Notes: *SWFS = Statewide Financial Statemen | ut | | |
| ** This amount should agree with Line year and Line A for the following ye | | I for the most recent | completed fiscal |

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC Budget Period: 2018 - 19 **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, 07/01/17 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: Adjustment to Correct GL 31100 PY Payables **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.

| Department Title: Trust Fund Title: Budget Entity: 6 | Agency for Persons with Disabilities Operations and Maintenance Trust Fund 67100200 2516 | | |
|--|--|---------------------|----------------------|
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 6,788,775 (A) | | 6,788,775 |
| ADD: Other Cash (See Instructions) | (B) | | 0 |
| ADD: Investments | (C) | | 0 |
| ADD: Outstanding Accounts Receivable | 5,156,076 (D) | | 5,156,076 |
| ADD: | (E) | | 0 |
| Total Cash plus Accounts Receivable | 11,944,852 (F) | 0 | 11,944,852 |
| LESS Allowances for Uncollectibles | (G) | | 0 |
| LESS Approved "A" Certified Forwards | 505,997 (H) | | 505,997 |
| Approved "B" Certified Forwards | (H) | | 0 |
| Approved "FCO" Certified Forwards | (H) | | 0 |
| LESS: Nonoperating A/P-SWCAP & GR Srv Chg | 9,953 (I) | | 9,953 |
| LESS: | (J) | | 0 |
| Unreserved Fund Balance, 07/01/2017 | 11,428,902 (K) | 0 | 11,428,902 ** |
| Notes: *SWFS = Statewide Financial Statement ** This amount should agree with Line I year and Line A for the following yea | I, Section IV of the Schedule | I for the most rece | ent completed fiscal |

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC Budget Period: 2018 - 19 **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: Total Fund Balance Per FLAIR Trial Balance, 07/01/2017** Total all GLC's 5XXXX for governmental funds; **11,432,526** (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) Adjustment to AP 3,624 (D) (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **11,428,902** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **11,428,902** (F) **DIFFERENCE:** (0) (G)**SHOULD EQUAL ZERO.

| Department Title: | Budget Period: 2018 -19 Agency for Persons with Disabilities | | | |
|---|--|-----------------------|---------------------|--|
| Trust Fund Title: | Social Services Block Grant | | | |
| Budget Entity: | 67100200 | | | |
| LAS/PBS Fund Number: | 2639 | | | |
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance | |
| Chief Financial Officer's (CFO) Cash Balance | (148,959) (A) | | (148,959) | |
| ADD: Other Cash (See Instructions) | (B) | | 0 | |
| ADD: Investments | (C) | | 0 | |
| ADD: Outstanding Accounts Receivable | (D) | | 0 | |
| ADD: Transfer from BE 67100100 | 148,959 (E) | | 148,959 | |
| Total Cash plus Accounts Receivable | 0 (F) | 0 | 0 | |
| 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 | |
| Unreserved Fund Balance, 07/01/17 | 0 (K) | 0 | 0 ** | |
| Notes: *SWFS = Statewide Financial Statemen | nt | | | |
| ** This amount should agree with Line year and Line A for the following year | | I for the most recent | completed fiscal | |

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC Budget Period: 2018 - 19 **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, 07/01/17** Total all GLC's 5XXXX for governmental funds; (148,959) (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 148,959 (D) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **0** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **0** (F) **DIFFERENCE: 0** (G)* *SHOULD EQUAL ZERO.



agency for persons with disabilities

State of Florida

Legislative Budget Request Fiscal Year 2018-19

Developmental Disabilities Public Facilities
67100300



agency for persons with disabilities

State of Florida

Legislative Budget Request Fiscal Year 2018-19

Developmental Disabilities Public Facilities
67100300
Schedule I Series

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

| s | |
|----------------------|---------------------|
| | |
| | |
| SWFS* Adjustments | Adjusted Balance |
| | (192,505) |
| | 0 |
| | 0 |
| | 0 |
| | 66,254 |
| | 126,251 |
| 0 | 0 |
| | 0 |
| | 0 |
| | 0 |
| | 0 |
| | 0 |
| | 0 |
| 0 | 6 |
| | for the most recent |

year and Line A for the following year.

Office of Policy and Budget - June 2017

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2018-19 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, 07/01/17 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

| Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number: | Agency for Persons with Disal Operations and Maintenance T 67100300 2516 | | |
|---|---|---------------------------|---------------------|
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 5,297,157 (A) | | 5,297,157 |
| ADD: Other Cash (See Instructions) | (B) | | 0 |
| ADD: Investments | (C) | | 0 |
| ADD: Outstanding Accounts Receivable | 0 (D) | | 0 |
| ADD: | (E) | | 0 |
| Total Cash plus Accounts Receivable | 5,297,157 (F) | 0 | 5,297,157 |
| 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 67100100 | 430,552 (J) | | 430,552 |
| Unreserved Fund Balance, 07/01/17 | 4,866,605 (K) | 0 | 4,866,605 |
| Notes: *SWFS = Statewide Financial Statement ** This amount should agree with Line year and Line A for the following year | e I, Section IV of the Schedule | e I for the most recent o | completed fiscal |

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC Budget Period: 2018 - 19 **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, 07/01/2017** Total all GLC's 5XXXX for governmental funds; **5,297,157** (A) GLC 539XX for proprietary and fiduciary funds **Subtract Nonspendable Fund Balance (GLC 56XXX)** (B) Add/Subtract Statewide Financial Statement (SWFS)Adjustments: **SWFS** Adjustment (C) SWFS Adjustment # 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 (D) Transfer to BE 67100100 (430,552) (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **4,866,605** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **4,866,605** (F) **DIFFERENCE:** (0) (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

| Department Title: | Budget Period: 2018 - 19 Agency for Persons with Disabili | ities | |
|--|--|-------------------|---------------------|
| _ | Social Services Block Grant | | |
| | 67100300 | | |
| LAS/PBS Fund Number: | 2639 | | |
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | (640,208) (A) | | (640,208) |
| ADD: Other Cash (See Instructions) | (B) | | 0 |
| ADD: Investments | (C) | | 0 |
| ADD: Outstanding Accounts Receivable | (D) | | 0 |
| ADD: Transfer from BE 67100100 | 1,163,156 (E) | | 1,163,156 |
| Total Cash plus Accounts Receivable | 522,948 (F) | 0 | 522,948 |
| 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 |
| | 0 (K) | 0 | 0 *: |

^{**} 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: 2018 - 19 **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, 07/01/17 Total all GLC's 5XXXX for governmental funds; (**640,208.00**) (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 1,163,156.00 (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 2018-19

Developmental Disabilities Centers - Civil Program 67100400



agency for persons with disabilities

State of Florida

Legislative Budget Request Fiscal Year 2018-19

Developmental Disabilities Centers - Civil
Program
67100400
Schedule I Series

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** 67-Agency for Persons with Disabil **Budget Period: 2018-19** 67100400 - DDPF - PC 1303000000 **Program: Fund: Specific Authority:** Chapter 393, Florida Statutes Client Services and Care at Developmental Disabilities Institutions **Purpose of Fees Collected:** Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and X III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2016 - 17 FY 2017 - 18 FY 2018 - 19 Receipts: Reimbursement of Client Custodial Care 49,783,542 49,850,637 50,972,000 AHCA Transfers for Client Care 4,283,855 4,606,243 4,711,000 Total Fee Collection to Line (A) - Section III 54,067,397 54,456,880 55,683,000 **SECTION II - FULL COSTS** Direct Costs: Salaries and Benefits 37,296,418 42,235,843 44,246,652 Other Personal Services 698,356 882,973 882,973 3,308,049 3,017,223 3,017,223 Expenses Operating Capital Outlay Food Products 989,168 1,110,220 1,110,220 **Contracted Services** 770.462 1.176.248 1.176.248 G/A - Contracted Professional Services 2,711,770 2,455,670 2,711,770 Risk Management Insurance 2,515,459 2,158,113 2,158,113 TR/DMS/HR SVCS/STW Contract 377,801 377,801 386,987 Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 48,420,569 53,670,191 55,681,000 Full accrual was used for revenues and expenditures. This is consistent with the Basis Used: Agency's financial reporting. **SECTION III - SUMMARY** TOTAL SECTION I 54,067,397 54,456,880 55,683,000 (A) TOTAL SECTION II 48,420,569 53,670,191 55,681,000 (B) **TOTAL - Surplus/Deficit** (C) 5,646,828 786,689 2,000 **EXPLANATION of LINE C:**

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

| Department Title: | Budget Period: 2018 - 19 Agency for Persons with Disab | pilities | |
|---|---|-----------------------|---------------------|
| Frust Fund Title: Operations & Maintenance Trust Fund | | | |
| Budget Entity: | 67100400 | | |
| LAS/PBS Fund Number: | 2516 | | _ |
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 10,171,179 (A) | | 10,171,179 |
| ADD: Other Cash (See Instructions) | (B) | | 0 |
| ADD: Investments | (C) | | 0 |
| ADD: Outstanding Accounts Receivable | 4,063,085 (D) | | 4,063,085 |
| ADD: | (E) | | 0 |
| Total Cash plus Accounts Receivable | 14,234,264 (F) | 0 | 14,234,264 |
| LESS Allowances for Uncollectibles | (G) | | 0 |
| LESS Approved "A" Certified Forwards | 2,196,381 (H) | | 2,196,381 |
| Approved "B" Certified Forwards | (H) | | 0 |
| Approved "FCO" Certified Forwards | (H) | | 0 |
| LESS: Other Accounts Payable (Nonoperating) | (I) | | 0 |
| LESS: | (J) | | 0 |
| Unreserved Fund Balance, 07/01/17 | 12,037,883 (K) | 0 | 12,037,883 ** |
| Notes: *SWFS = Statewide Financial Statement | nt | | |
| ** This amount should agree with Line year and Line A for the following year. | | I for the most recent | completed fiscal |

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC Budget Period: 2018 - 19 **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, 07/01/2017** Total all GLC's 5XXXX for governmental funds; **12,037,883** (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: **12,037,883** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **12,037,883** (F) **DIFFERENCE: (0)** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

| Department Title: Trust Fund Title: | Agency for Persons with Disability Social Services Block Grant | ities | |
|--|--|-------------------|---------------------|
| Budget Entity: | 67100400 | | |
| LAS/PBS Fund Number: | 2639 | | |
| | Balance as of 6/30/2017 | SWFS* Adjustments | Adjusted Balance |
| Chief Financial Officer's (CFO) Cash Balance | 2,069,359 (A) | | 2,069,359 |
| ADD: Other Cash (See Instructions) | (B) | | 0 |
| ADD: Investments | (C) | | 0 |
| ADD: Outstanding Accounts Receivable | (D) | | 0 |
| ADD: Transfer from BE 67100100 | 1,500,000 (E) | | 1,500,000 |
| Total Cash plus Accounts Receivable | 3,569,359 (F) | 0 | 3,569,359 |
| LESS Allowances for Uncollectibles | (G) | | 0 |
| LESS Approved "A" Certified Forwards | (H) | | 0 |
| Approved "B" Certified Forwards | (H) | | 0 |
| Approved "FCO" Certified Forwards | 2,027,299 (H) | | 2,027,299 |
| LESS: Other Accounts Payable (Nonoperating) | (I) | | 0 |
| LESS: Transfer to BE 67100200 | (J) | | 0 |
| LESS: | (J) | | 0 |
| LESS: | (J) | | 0 |
| Unreserved Fund Balance, 07/01/17 | 1,542,060 (K) | 0 | 1,542,060 * |

Office of Policy and Budget - June 2017

year and Line A for the following year.

** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC Budget Period: 2018 - 19 **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, 07/01/17** Total all GLC's 5XXXX for governmental funds; **2,069,359** (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 (2,027,299) (D) A/P not C/F-Operating Categories (D) 1,500,000 (D) Transfer from BE 67100100 (D) (D) ADJUSTED BEGINNING TRIAL BALANCE: **1,542,060** (E) UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **1,542,060** (F) **DIFFERENCE: (0)** (G)* *SHOULD EQUAL ZERO.

SCHEDULE IV-B FOR CLIENT DATA MANAGEMENT SYSTEM – APD ICONNECT (FORMERLY CDMS)

For Fiscal Year 2018-19



September 15, 2017

AGENCY FOR PERSONS WITH DISABILITIES

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I. Schedule IV-B Cover Sheet

| Schedule IV-B Cove | er Sheet and Agency Proj | ect Approval |
|--|---|---|
| | | on Date: September 15, 2017 |
| | | |
| Project Name: | Is this project included in | the Agency's LRPP? |
| APD iConnect (formerly Client Data Management System- CDMS) | X Yes | No |
| FY 2018-19 LBR Issue Code: | FY 2018-19 LBR Issue 7 | Title: |
| 36204C0 (previously 036201C0) | iConnect System (Previo Electronic Visit Verificat | usly Client Data Management and tion Project) |
| Agency Contact for Schedule IV-B (Name, Pho | one #, and E-mail | |
| address): Rose Salinas, 850-922-2863, Rose.Sa | linas@apdcares.org | |
| AGENCY | APPROVAL SIGNATUR | RES |
| 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 delivere 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: Burbara Kelmer | | Date: 9/15/17 |
| Printed Name: Barbara Palmer | | |
| Agency Chief Information Officer (or equivaler | | Date: 9/15/17 |
| | | , |
| Printed Name: Sriram Kommu | | |
| Budget Officer: | | Date: 9/15/2017 |
| Printed Name: David Dobbs | | |
| Printed Name: Lisa Robertson | Day for | Date: //5//7 |
| Decidet Commons | 2 10 | Date: |
| Denise L | endel | 9/15/17 |
| Printed Name: Denise Arnold | | / / |
| Schedule IV-B Preparers (Name, Phone #, and I | E-mail address): | |
| Business Need: | Denise Arnold, 850-488-3 | 3673, Denise.Arnold@apdares.org |
| Cost Benefit Analysis: | Rose Salinas, 850-922-28 | 63, 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.or | | 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. 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.

1. Business Need

The Agency for Persons with Disabilities administers the Home and Community Based Services (HCBS) waiver program which is a federally matched program under the Centers for Medicare and Medicaid Services (CMS). The Agency engages thousands of providers to provide services for over 34,000 individuals on the waiver and over 20,000 individuals on the waiting list for the waiver.

There are 6 performance measures and 26 assurances for which the state must demonstrate compliance with the Centers for Medicare and Medicaid Services (CMS) regarding the Home and Community Based Services Waiver program. Each assurance requires data to be collected, tracked, analyzed, and action taken to remediate problems that are found. Failure to comply with these assurances will risk federal matching funding for the Home and Community Based Services (HCBS) Waiver. For FY 2017-18, the total federal match for the HCBS Waiver is \$660 million.

Additionally, In November 2016, the federal government amended H.R. 34, Section 12006, which requires all states that offer personal care and/or home health services through a waiver, to require the use of an electronic visit verification (EVV) system. Beginning January 1, 2019 for personal care services, the Federal medical assistance percentage shall be reduced proportionately for those states who do not fulfill this requirement. In FY 2016-17, the waiver provided \$319 million in such services, which equates to a potential loss of up to \$196 million in federal matching funds (using the FY 2017-18 FMAP rate) if APD does not comply within the required timeframe. EVV will also provide a better and electronic means of verifying when and where a service is being provided and the actual amount of time the provider spends with the consumer, thus, limiting the opportunity for fraudulent charges.

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

The strategic direction of APD for 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. To effectively meet these challenges APD considered options for addressing the line of business technology needs and in doing so strategically chose a Commercial Off the Shelf (COTS) solution that is offered as Software as a Service (SaaS).

The APD iConnect system will increase program efficiency, accountability, and oversight. The system will enable the Agency to collect data, analyze trends, evaluate service effectiveness, identify and reduce fraud and abuse, and report on measurable outcomes for the program and the clients that is serves.

2. Business Objectives

The following strategic objectives are sought for the Agency:

- Agency's compliance with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services Waiver 6 performance measures and 26 program assurances. APD must demonstrate compliance and each assurance requires data to be collected, tracked, analyzed, and action taken to remediate problems that are found.
- Agency compliance with newly implemented electronic visit verification (EVV) requirements. Beginning January 1, 2019 for personal care services, the Federal medical assistance percentage shall be reduced proportionately for those states who do not fulfill this requirement.
- Agency's ability 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 measurable program standards that are tracked, reported and used to improve the service delivery process.

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.

For Items 1 and 2 below, please see **Appendix C: APD Current Business Processes Assumptions and Constraints** which outlines the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services Waiver 6 performance measures and 26 program assurances and how the agency is currently capturing and reporting this information. The assumptions and constraints are that the proposed solution include all required information to meet these measures as included in the business requirements agreed to in the vendor contract with Harmony/Mediware.

- 1. Current Business Process(es)
- 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.

1. Proposed Business Process Requirements

As part of the ITN for this project, the agency developed a list of 190 business requirements. Please see **Appendix D: Business Requirements – APD iConnect** for specifics.

2. Business Solution Alternatives

The following alternatives were considered when seeking a solution for the agency's business need:

| Alternative | Reasons for Not Selecting Alternative |
|--|---|
| No Project (Status Quo) - Keep the current systems in place | Current systems and processes make it difficult to meet federal CMS assurances Agency is heavily dependent on inefficient manual processes Existing functionality of automated system does not meet Agency needs Disparate and antiquated technology Lacking automated controls to effectively reduce fraud and abuse Lack of electronic visit verification (EVV) solution as newly required by federal government |
| Increase APD staffing Contract for external assistance Place more requirements on providers and WSCs | Cost prohibitive Requires legislative funding for staff and contracted services High learning curve for new staff Risk of turnover and loss of institutional knowledge Places additional requirements on WSCs and providers |

3. Rationale for Selection

- Meets the majority of the Agency requirements without the need for risky and costly custom development
- Lower costs to meet Agency requirements
- Easier collaboration between providers, APD staff, WSCs and clients
- Reduces the amount of manual data entry and resulting errors
- Shortened implementation timeframes resulting in needed functionality being available sooner
- Implementation approach that allows for prioritization of implementation of those modules most critical to the Agency
- Easier administration

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.

The strategic direction of APD for 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. To effectively meet these challenges APD considered options for addressing the line of business technology needs and in doing so strategically chose a Commercial Off the Shelf (COTS) solution that is offered as Software as a Service (SaaS).

APD conducted an ITN process which resulted in a signed contract with Harmony Information Systems, Inc. (now Mediware) on July 1, 2015 for a Commercial Off the Shelf (COTS) solution that is offered as Software as a Service (SaaS). In August 2015, APD on boarded a full-time project manager via a staff augmentation contract.

Program functionality contracted for in the business solution includes:

- Electronic Visit Verification (EVV)
- Client Data and Records Management
- Quality Assurance / Incident Reporting
- Provider Management
- · Advanced Reporting
- Consumer / Caregiver Portal
- Web Access / High Availability

D. Functional and Technical Requirements

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

As part of the ITN for this project, the agency developed a list of 119 functional and technical requirements. Please see **Appendix E: Functional and Technical Requirements – APD iConnect** for specifics.

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.

| | SUCCESS CRITERIA TABLE | | | | | |
|---|--|--|--|-----------------------------|--|--|
| # | Description of Criteria | How will the Criteria be measured/assessed? | Who benefits? | Realization Date (MM/YY) | | |
| 1 | Compliance with CMS federal program to collect and report data on the 6 performance measures and 26 program assurances required for waiver federal matching funds. Compliance ensures state continues to receive federal matching funds for services under the federal waiver program. Federal match for FY 2017-18 is \$660M. | Submittal of Evidentiary Reports that are found to be in compliance. | Both internal agency staff and external customers and providers will benefit from the data collection and reporting capabilities that are currently unavailable. | March 2020 | | |
| 2 | Compliance with CMS federal program to require electronic visit verification (EVV) for home services. In FY 2016-17, the waiver provided \$319 million in such services, which equates to a potential loss of up to \$196 million in federal matching funds (using the FY 2017-18 FMAP rate) if APD does not comply within the required timeframe. | Claims for in-home services will be verified and billed using electronic visit verification (EVV) technology. | Clients and Agency | July 2019 | | |

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.

| | 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 | Compliance with CMS federal program which is required for waiver federal matching funds. | Client Agency | State continues to receive federal matching funds for services under the federal waiver program. Federal match for FY 2017-18 is \$660M. | Submittal of Evidentiary Reports that are found to be in compliance. | March 2020 |
| 2 | Compliance with CMS federal program to require electronic visit verification (EVV) for home services which is required for waiver federal matching funds. Fraud reduction and service delivery verification. | Client Agency | State continues to receive federal matching funds for services under the federal waiver program. Statewide expenditures over the past five fiscal years show an average of 16,719 clients and \$255.5 million in expenditures for in-home services. An estimated 2% reduction from elimination of fraud and billing abuses is \$5.1 million a year. | Claims for in-home services will be verified and billed using electronic visit verification (EVV) technology. Comparisons over time between provider claims billing and client service delivery will be analyzed for decline in billing discrepancies. | July 2019 |
| 3 | More efficient transactions for client service needs. | Client | Faster Decisions regarding service needs. | Reduced time needed to respond to client requests | October 2019 |
| 4 | 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; accuracy and timely response to client progress and needs. | October 2019 |

| | BENEFITS REALIZATION TABLE | | | | |
|----|---|---------------------------------------|--|--|-----------------|
| 5 | Provider access to service authorizations promptly. | Client Provider Region staff | Reduction of time lapse from date of service approval to service delivery. | Shorter response times from date of service approval to date of service delivery in APD iConnect as compared to current process. | January 2020 |
| 6 | Ability to track client incidents and follow up needed to address the issue. | Client | Better analysis and trending of incident reports so that necessary corrective action can be implemented timely. | Reduction in type of incidents through more timely response and better tracking of corrective actions. | January 2020 |
| 7 | Review of Service outcomes through utilization review to ensure client services are meeting the need and to ensure cost containment is maximized | Client | More accurate and timely review of services delivered, client progress made, adjustment of authorized services. | Number of services that are reduced over time as client progress is made. | January 2020 |
| 8 | Secure maintenance of client central record | Client Agency | Confidential information is stored securely in electronic format. | Number of records stored electronically versus paper. | January 2020 |
| 9 | Improve accuracy of monitoring of licensed residential facilities and corrective action needed | Client | More timely and accurate access to Licensed facility monitoring data so that if can be analyzed and trended to strengthen quality assurance system | Number of licenses resulting in administrative action (as a result of quicker response time to corrective actions.) | January 2020 |
| 10 | Improved tracking and monitoring of client behavioral and medical interventions to ensure client health and safety is protected | Client | More timely and accurate reporting of medication errors and use of reactive strategies for behavior issues can be tracked, trended and remediated | Reduction in the number of medication errors and reactive strategies used through more timely response and better tracking. | January 2020 |

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.

As a strategic part of the funding process, an enhanced funding plan was submitted to CMS by the agency via the Florida Agency for Health Care Administration. The Planning and Implementation Advance Planning Document (IAPD) for Florida Medicaid and subsequent updates (UIAPDs) have been approved by CMS and have provided enhanced funding rates as follows for the APD iConnect system:

| Description | Enhanced Funding Rate |
|--|-----------------------|
| Deliverables and Contracted Staff Required for | 90% |
| Implementation | |
| Help Desk | 75% |
| Training | 50% |
| SaaS Licensing Fees | 75% |

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.

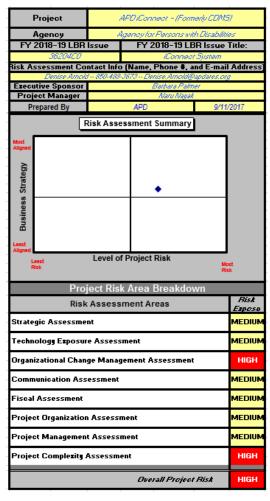
| | Cost Benefit Analysis | | | | | |
|--|--|--|--|--|--|--|
| Form | Description of Data Captured | | | | | |
| CBA Form 1 - Net Tangible Benefits | The required CBA forms are included as part of Appendix A. Statewide expenditures over the past five fiscal years show an average of 16,719 clients and \$255.5 million in expenditures for in-home services. National averages for fraud and billing abuses are as high as 10%. The tangible benefits from the use of electronic visit verification (EVV) for in-home services using a conservative 2% reduction from elimination of fraud and billing abuses equates to a savings of \$5.1 million a year. | | | | | |
| | As a result, beginning in FY 2019-20, the net tangible benefit for the property is \$2,562,850. | | | | | |
| | Please see Appendix A: APD iConnect Cost Benefit Analysis for specifics. | | | | | |
| CBA Form 2 - Project Cost Analysis | The required CBA forms are included as Appendix A. Cumulative project costs to date including projected costs for FY 2017-18 are \$2.5 million. Remaining one-time project costs are \$1.88 million. As stated at the beginning of this section, enhanced funding of 90% for project implementation costs has been approved by CMS. Please see Appendix A: APD iConnect Cost Benefit Analysis for specifics. | | | | | |
| CBA Form 3 - Project Investment Summary | The required CBA forms are included as Appendix A. The resulting information indicates the payback period for the project is 3 ½ years and the five (5) year internal rate of return (IRR) is 22.11%. Please see Appendix A: APD iConnect Cost Benefit Analysis for specifics. | | | | | |

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.

Please see attached **Appendix B – Project Risk Assessment Tool** for the completed Risk Assessment Tool workbook. The table below provides a summary of the required risk assessment conducted for APD iConnect:



The completion of the Risk Assessment Tool (Appendix B) determined the overall project risk to be "High" with the areas of concern being found in the following areas:

- Organizational Change Management
- Project Complexity.

A full-time Project Manager has been contracted for the APD iConnect project who is dedicated to the project and is responsible for providing guidance so that risks encountered are addressed and resolved to prevent escalation.

As part of the PMBOK model of Project Management, the agency also completed an internal Risks Assessment and identified the following items as the top project risks. Also shown is the plan to mitigate these risks in order to avoid escalation to the project executive steering committee chaired by the Agency Director:

| Risk | Mitigation Strategy |
|--|---|
| The APD IConnect project need will draw APD resources away from their normal duties and this could adversely affect the agency operations. | The agency has taken the following steps to mitigate this risk: Identify the requirements for backfilling key lead roles Identify and assign backups for key lead roles. Careful time management of key roles to make sure they are appropriately utilized |
| Barriers to collaboration on integrations with external entities (e.g., FMMIS, Providers). Required integrations with external entities may not be completed on time delaying go-live or full use of the system. | The agency has taken the following steps to mitigate this risk: • Proactively engage integration related state agencies (AHCA, DFS). • Consistently track related state agencies' progress of their integration activities. • Initiate and maintain progressive communication with the related Provider community (solo and agencies). |

VI. Schedule IV-B Technology Planning

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

A. Current Information Technology Environment

1. Current System

The agency does not have a single solution system from which necessary information is gathered and reported. The following table lists the current systems and provides information for items a-c below:

- a. Description of Current System
- b. Current System Resource Requirements
- c. Current System Performance

| | | b. | Current System | |
|---------------------|--|----|---------------------|------------------------------|
| Name of Current | | | Resource | c. Current System |
| System | a. Description of Current System | | Requirements | Performance |
| ABC (Allocation | The Allocation, Budget and Contract | • | Load Balanced Web / | |
| Budget and Contract | Control (ABC) system is an automated | | Application Server | Total Number of Current |
| Control System) | and integrated client/budget | • | MS ASP.NET | Users: 1,270 |
| | information system designed to | | Framework 3.5 | |
| | support planning and service provision | • | AMT Framework | Max Number of Concurrent |
| | to individuals with developmental | • | Failover SQL Server | User Sessions Supported: 250 |
| | disabilities who are clients of the | | Cluster | |
| | Agency Persons with Disabilities. | • | SQL Server 2005 | |
| | Invoices for State funded services and | | Databases | |
| | Cost plans for Medicaid Waiver | • | Reporting Server | |
| | funded services are entered into the | • | SQL Server | |
| | system and expenditure information | | Reporting Services | |
| | can be tracked and identified for | | | |

| Name of Current System | a. Description of Current System | b. | Current System Resource Requirements | c. Current System Performance |
|---|--|----|---|---|
| | includes the consumer and vendor/provider demographic information. | • | 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: 1,623 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: 1,418 Max Number of Concurrent User Sessions Supported: 150 |

2. Information Technology Standards

The table below outlines the agency's Information Technology standards:

| Component | Standard |
|----------------------|--|
| Primary Platform | Client/Server web applications |
| Software Environment | Microsoft ASP.Net (most current release) |
| Language | Microsoft C# |
| Database | SQL Server |
| Data Access Standard | Microsoft Entity Framework |
| Source Control | Microsoft Team Foundation Server |

The table below outlines specifics for related applications:

| Application Name | Platform Software | Environment | Language | Data Store |
|--|-------------------|---------------------------------------|----------|-----------------|
| Allocation Budget and Contract Control System (ABC) | Web Application | .NET Framework 3.5, and AMT Framework | C# | SQL Server 2005 |
| iBudget | Web Application | CRM 4.0, .NET Framework 3.5 | C# | SQL Server 2005 |
| Supported Employment Tracking System (SETS) | Web Application | .NET Framework 1.1 | C# | SQL Server 2005 |
| Questionnaire for Situational Information (QSI) | Web Application | .NET Framework 2.0 | C# | SQL Server 2005 |

B. Current Hardware and/or Software Inventory

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

Since the APD iConnect system is a commercial-off-the-shelf (COTS) software as a service (SaaS) solution, no additional hardware or software will be needed by the agency. While some components of existing systems will be included in APD iConnect, CMS requirements governing retention of records and access to information will require continued support of existing systems for a timeframe to be determined after the APD iConnect system implementation.

C. Proposed Technical Solution

1. Technical Solution Alternatives

The following alternative options were considered to address the Agency challenges identified in the business case for this project. The reasons for not selecting these alternatives are also explained below.

| Alternative | Reasons for Not Selecting Alternative |
|---|---|
| No Project (Status Quo) - Keep the current systems in place | Current systems do not meet federal CMS assurances Agency is heavily dependent on inefficient manual processes Existing functionality of automated system does not meet Agency needs Disparate and antiquated technology Lacking automated controls to effectively reduce fraud and abuse |
| Provide Services In-House | Cost prohibitive Long implementation lifecycle Lack of resources Lack of expertise Custom development projects are very high risk |

2. Rationale for Selection

- Meets the majority of the Agency requirements without the need for risky and costly custom development
- Lower costs to meet Agency requirements
- Fixed price deliverable contract
- Shortened implementation timeframes resulting in needed functionality being available sooner
- Implementation approach that allows for prioritization of implementation of those modules most critical to the Agency
- Easier administration
- Automatic updates and patch management
- Compatibility: All users will have the same version of software.
- Easier collaboration between providers, APD staff, WSCs and clients
- Accessibility (can be accessed from an internet connect web browser without VPN access)
- HIPAA and HITECH compliant

3. Recommended Technical Solution

The strategic direction of APD for 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. To effectively meet these challenges APD strategically chose a Commercial Off the Shelf (COTS) solution that is offered as Software as a Service (SaaS).

APD conducted an ITN process which resulted in a signed contract with Harmony Information Systems, Inc. (now Mediware) on July 1, 2015 for a Commercial Off the Shelf (COTS) solution that is offered as Software as a Service (SaaS). In August 2015, APD on boarded a full-time project manager via a staff augmentation contract.

Since the contract execution, the Initiation and Planning phase of the project has been completed and the project is currently in the Project Execution phase. Solution Mapping sessions have been conducted and the agency is currently working with the vendor on finalizing the business analysis (BA) documents and completing configuration workbooks for each major program function. Please see **Appendix F: APD iConnect Project Schedule** for specifics.

D. Proposed Solution Description

1. Summary Description of Proposed System

APD conducted an ITN process which resulted in a signed contract with Harmony Information Systems, Inc. (now Mediware) on July 1, 2015 for a Commercial Off the Shelf (COTS) solution that is offered as Software as a Service (SaaS).

Program functionality contracted for in the business solution includes:

- Electronic Visit Verification (EVV)
- Client Data and Records Management
- Quality Assurance / Incident Reporting
- Provider Management
- Advanced Reporting
- Consumer / Caregiver Portal
- Web Access / High Availability

2. Resource and Summary Level Funding Requirements for Proposed Solution (if known)

The strategic direction of the Agency was to select a vendor that utilizes a COTS software solution and is hosted in a Software as a Service (SaaS) model. The hardware, software and parts of the operations and maintenance of the solution are 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.) has been funded as part of the APD iConnect LBR issue request. Staff augmentation needs after project closeout have also been identified and included as part of continued operational support.

The following chart outlines the vendor's systems requirements for users of the APD iConnect system:

| Harmony C | ertified System Requirements |
|---|---|
| Operating System: Browser: Processor: RAM: Screen Resolution Internet Access:* | Windows 7 / Windows 8.1 / Windows 10 Certified: Internet Explorer 9, Internet Explorer 10, and Internet Explorer 11 Note: If using Harmony versions 8.1.1 or later, Internet Explorer Compatibility View settings should be disabled. For versions prior to 8.1.1, Internet Explorer Compatibility View is required. |
| Processor: | 2.0 GHZ processor or better |
| RAM: | 4 GB (minimum) 8 GB (recommended) |
| Screen Resolution Internet Access:* | Minimum: 1024x768 (1280x1024 is ideal) 40-45 Kbps (kilobytes per second recommended for each concurrent user) |
| Maximum Latency Microsoft | 100ms or less Certified Microsoft Office 2007, 2010, and 2013, InfoPath |

The vendor is providing and configuring the software to the Agency's specifications. Agency staff are working closely with the vendor to ensure the software is configured to meet the needs of the Agency and its clients. In addition, the Agency will provide a helpdesk, training and system security administration for the users of the new system. The Agency is using contracted staff augmentation to address this additional workload.

Once implemented, the Agency will pay an on-going maintenance of the system on a software-as-a-service basis. The annual ongoing fee will be \$1,750,000. CMS will provide a seventy-five percent match on the annual fee. The estimated annual ongoing cost of maintaining technology support, a helpdesk, training and security administration will be \$897,832. CMS will provide a fifty percent match on these annual costs.

E. Capacity Planning (historical and current trends versus projected requirements)

- 1. The estimated capacity for the APD iConnect system is based on the number of state staff, providers, and clients who may access the new system and the associated record storage needs for data to be captured, much of which is currently retained in paper form. This information was incorporated into the functional and technical requirements provided in the ITN and subsequent vendor contract.
- 2. Since APD iConnect is a commercial off the shelf SaaS platform, the assumption is that the vendor will can provide sufficient capacity both now and in the future to meet agency needs. To ensure this, the following provisions were agreed to in the agency contract with the vendor:
 - The system must provide sufficient capacity to accommodate all existing legacy data that supports the iBudget and related components of the ABC system as of the deployment date as well as the following anticipating future workload and the associated office workers.
 - Specifically:
 - a) The system must provide the capacity to store 75,000 records including all associated records plus a 200% reserve.
 - b) The system must have sufficient capacity to retain all data available from any of the data import sources and data exports, including all the data received or sent at the frequencies (daily, weekly, monthly) of the interface transactions, listed in the external interface table plus a 200% reserve.
 - The system must allow for 20% annual growth for five years.
- 3. The APD iConnect system will enable the Agency to maintain compliance with the Centers for Medicare and Medicaid Services (CMS) regarding the Home and Community Based Services Waiver program assurances. There are 6 performance measures and 26 program assurances for which the state must demonstrate compliance and each assurance requires data to be collected, tracked, analyzed, and action taken to remediate problems that are found. Failure to comply with these assurances will risk federal matching funding for the Home and Community Based Services (HCBS) Waiver.

Additionally, In November 2016, the federal government amended H.R. 34, Section 12006, which requires all states that offer personal care and/or home health services through a waiver, to require the use of an electronic visit verification (EVV) system. Beginning January 1, 2019 for personal care services, the Federal medical assistance percentage shall be reduced proportionately for those states who do not fulfill this requirement. In FY 2016-17, the waiver provided \$319 million in such services, which equates to a potential loss of up to \$196 million in federal matching funds (using the FY 2017-18 FMAP rate) if APD does not comply within the required timeframe. EVV will also provide a better and electronic means of verifying when and where a service is being provided and the actual amount of time the provider spends with the consumer, thus, limiting the opportunity for fraudulent charges.

- 4. Please see Section VI-C.1 and Section VI-C.3 for options and alternatives considered.
- 5. The recommendation for this effort is to continue the implementation of the APD iConnect system. Without this system, the Agency will not be able to continue to manually meet CMS reporting assurances and will not be able to meet the electronic visit verification requirement by the January 2019 deadline, both

of which could jeopardize federal match funding.

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.

Since the contract execution, the Initiation and Planning phase of the project has been completed and the project is currently in the Project Execution phase. Solution Mapping sessions have been conducted and the agency is currently working with the vendor on finalizing the business analysis (BA) documents and completing configuration workbooks for each major program function. Please see Appendix F: APD iConnect WBS and Project Schedule for project management plan specifics.

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.

VIII. Appendices

Appendix A: APD iConnect Cost Benefit Analysis

Appendix B: APD iConnect Project Risk Assessment

Appendix C: APD Current Business Processes Assumptions and Constraints

Appendix D: Business Requirements - APD iConnect

Appendix E: Functional and Technical Requirements – APD iConnect

Appendix F: APD iConnect WBS and Project Schedule

CBAForm 1 - Net Tangible Benefits

| Agency | Agency for Persons | Project APD iConnect |
|--------|--------------------|--------------------------------------|
| | With Disabilities | Client Data Management System (CDMS) |

| Net Tangible Benefits - Operational Cost Changes (Co. | sts of Current C | perations vers | us Proposed Opera | tions as a Resu | It of the Project, |) and Additional Tai | ngible Benefits | CBAForm 1A | | | | | | | | |
|---|---|------------------------|-------------------|-----------------|----------------------------|----------------------|-----------------|----------------------------|-----------------|------------|--|-----------------|------------|--|-----------------|--|
| Agency | FY 2018-19 FY 2019-20 FY 2020-21 FY 2021-22 | | | | | | | | | | | | FY 2022-23 | | | |
| (Recurring Costs Only No Project Costs) | (a) | (b) | (c) = (a)+(b) | (a) | (b) | (c) = (a) + (b) | (a) | (b) | (c) = (a) + (b) | (a) | (b) | (c) = (a) + (b) | (a) | (b) | (c) = (a) + (b) | |
| | | | New Program | | | New Program | | | New Program | | | New Program | | | New Program | |
| | Existing | | Costs resulting | Existing | | Costs resulting | Existing | | Costs resulting | Existing | Cost Change | Costs resulting | Existing | | Costs resulting | |
| | Program | Operational | from Proposed | Program | Operational | from Proposed | Program | Operational | from Proposed | Program | Operational | from Proposed | Program | Operational | from Proposed | |
| | Costs | Cost Change | Project | Costs | Cost Change | Project | Costs | Cost Change | Project | Costs | Cost Change | Project | Costs | Cost Change | Project | |
| A. Personnel Costs Agency-Managed Staff | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | |
| A.b Total Staff | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | |
| 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 | Ψ0 | \$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 | |
| A-3.a. Staff Augmentation (Contract Cost) | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | \$0 | \$842,000 | \$842,000 | |
| A-3.b. Staff Augmentation (# of Contractors) | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | 0.00 | 14.00 | 14.00 | |
| B. Application Maintenance Costs | \$0 | \$1,239,583 | \$1,239,583 | \$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 | ΨΟ | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | +5 | \$0 | \$0 | \$0 | |
| B-3. Software | \$0 | | ΨΟ | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | ΨΟ | \$0 | \$0 | \$0 | |
| B-4. Other Harmony/Mediware SaaS Software | \$0 | \$1,239,583 | \$1,239,583 | \$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 | |
| 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 | ΨΟ | \$0 | \$0 | + - | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| C-3. Network / Hosting Services | \$0 | \$0 | ΨΟ | \$0 | \$0 | 40 | \$0 | \$0 | \$0 | \$0 | \$0 | Ψ0 | \$0 | \$0 | \$0 | |
| C-4. Disaster Recovery | \$0 | \$0 | ΨΟ | \$0 | \$0 | ΨΟ | \$0 | \$0 | \$0 | \$0 | \$0 | ΨΟ | \$0 | \$0 | \$0 | |
| C-5. Other Specify | \$0 | \$0 | ΨΟ | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | ΨΟ | \$0 | \$0 | \$0 | |
| D. Plant & Facility Costs | \$0 | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | 7 - | \$0 | \$0 | \$0 | |
| E. Other Costs | \$0 | \$55,832 | \$55,832 | \$0 | \$55,832 | \$55,832 | \$0 | \$55,832 | \$55,832 | \$0 | \$55,832 | | \$0 | \$55,832 | \$55,832 | |
| E-1. Training E-2. Travel | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | +0 | \$0 \$0 | <u>\$0</u> | \$0 \$0 | |
| | ** | 40 | ΨΟ | ** | Ψ0 | ΨΟ | *** | ΨΟ | ΨΟ | ** | ΨΟ | ΨΟ | ** | Ψ0 | ΨΟ | |
| E-3. Other Equipment/Ongoing Staff Expenses | \$0 | \$55,832 | \$55,832 | \$0 | \$55,832 | \$55,832 | \$0 | \$55,832 | \$55,832 | \$0 | \$55,832 | \$55,832 | \$0 | \$55,832 | \$55,832 | |
| Total of Recurring Operational Costs | \$0 | \$2,137,415 | \$2,137,415 | \$0 | \$2,647,832 | \$2,647,832 | \$0 | \$2,647,832 | \$2,647,832 | \$0 | \$2,647,832 | \$2,647,832 | \$0 | \$2,647,832 | \$2,647,832 | |
| F. Additional Tangible Benefits: | | ¢42F 000 | | | фГ 110 / 02 | | | фГ 110 /00 | | | ¢F 110 (00 | | | фГ 110 / 00 | | |
| F-1. EVV | | \$425,890 \$425,890 | | | \$5,110,682 \$5,110,682 | | | \$5,110,682 \$5,110,682 | | | \$5,110,682 \$5,110,682 | | | \$5,110,682 \$5,110,682 | | |
| F-1. EVV F-2. Specify | | \$425,890 \$0 | | | \$5,110,082 | | | \$5,110,082 | | | \$5,110,082 | | | \$5,110,082 | | |
| F-3. Specify | | \$0 \$0 | | | \$0 \$0 | | | \$0 \$0 | | | \$0 \$0 | | | \$U \$0 | | |
| Total Net Tangible Benefits: | | (\$1.711.525) | | | \$2,462,850 | | | \$2,462,850 | | | \$2,462,850 | | | \$2,462,850 | | |
| Total Net Tallywie Dellellis. | | (\$1,711,525) | | | \$2,402,850 | | | \$2,402,850 | | | \$2,402,850 | | | \$2,402,850 | | |

| CHARAC | CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE CBAForm 1B | | | | | | | | | | | |
|--------------------|---|---------------------|---------------|--|--|--|--|--|--|--|--|--|
| Choo | ose Type | Estimate Confidence | Enter % (+/-) | | | | | | | | | |
| Detailed/Rigorous | | Confidence Level | | | | | | | | | | |
| Order of Magnitude | ✓ | Confidence Level | 90% | | | | | | | | | |
| Placeholder | | Confidence Level | | | | | | | | | | |

| | A | В | С | D | E | F | G | Н | I | J | K | L | М | N | 0 | Р | Q | R | S | | Т |
|----|---|---------------------------|------------------------|------------------|----------|---------------------|----------------|---------|-----------|------------|-----------|-----------|------------------|--|----------|------------|----------|-----------|----------------|-------|-----------|
| | Agency for Persons | APD iConnect | | . 1 | | | | | | | _ | CBAForm 2 | A Baseline Proje | ct Budget | | | _ | | | _ | |
| | 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. | | | | | FY2018-19 FY2019-20 | | | | | FY2020-21 | | | FY2021 | -22 | | FY2022-2 | 23 | | TOTAL | |
| 3 | | | | \$ 2,534,885 | \$ | 1,882,066 | | \$ | - | | \$ | - | | \$ | - | | \$ | - | | \$ | 4,416,951 |
| | Item Description | Desired Over Flowers | Appropriation | | VD 4 # | VD 4 1 DD | YR 1 Base | VD 0.4 | VD 0 L DD | YR 2 Base | VD 0.4 | VD 0 L DD | YR 3 Base | VD 4.# | VD 41.00 | YR 4 Base | | VD 5 1 DD | YR 5 Base | | TOTAL |
| 4 | (remove guidelines and annotate entries here) | Project Cost Element | Category | Related Cost | YR 1 # | TRILBR | Budget | YR 2# | YR 2 LBR | Budget | YR 3 # | YK 3 LBK | Budget | 1K 4# | YR 4 LBR | Budget | YR 5# | YK 5 LBK | 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 | Chaffing and for a second union. Time 0 Figure 1 | Contraction | Contracted Services | \$ 833.487 | 7.00 \$ | 400.000 | · C | 0.00 \$ | - | r. | 0.00 € | - | • | 0.00.0 | | Φ. | 0.00 € | | • | s | 1,233,487 |
| / | Staffing costs for personnel using Time & Expense. Project management personnel and related | Staff Augmentation | Contracted | \$ 033,401 | 7.00 \$ | 400,000 | ъ - | 0.00 \$ | | Ъ - | 0.00 \$ | | 5 - | 0.00 \$ | - | 5 - | 0.00 \$ | - | Ф - | - P | 1,233,467 |
| 8 | deliverables. | Project Management | Services | \$ 670,329 | 1.00 \$ | 239,904 | \$ - | 0.00 \$ | | \$ - | 0.00 \$ | - | \$ - | 0.00 \$ | - | \$ - | 0.00 \$ | - | \$ - | \$ | 910,233 |
| | Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables. | Project Oversight | Contracted Services | ¢ _ | 0.00 \$ | | ٠ - | 0.00 \$ | | \$ - | 0.00 \$ | - | s - | 0.00 \$ | | \$ - | 0.00 \$ | | ¢ . | ę | , _ |
| | Staffing costs for all professional services not included | 1 Toject Oversight | Contracted | Ψ - | 0.00 ψ | | Ψ - | 0.00 ψ | | Ψ - | 0.00 \$ | | Ψ - | υ.υυ ψ | , - | Ψ - | 0.00 ψ | | Ψ - | - | |
| | in other categories. | Consultants/Contractors | Services | \$ - | 0.00 \$ | - | \$ - | 0.00 \$ | - | \$ - | 0.00 \$ | _ | \$ - | 0.00 \$ | - | \$ - | 0.00 \$ | - | \$ - | \$ | - |
| | Separate requirements analysis and feasibility study procurements. | Project Planning/Analysis | Contracted Services | s - | \$ | - | s - | s | - | \$ - | s | - | \$ - | s | | \$ - | s | _ | s - | s | _ |
| | Hardware purchases not included in data center services. | Hardware | 000 | s - | \$ | _ | \$ - | s | _ | \$ - | \$ | _ | \$ - | \$ | | \$ - | s | _ | \$ - | s | |
| | Commercial software purchases and licensing costs. | Commercial Software | Contracted Services | \$ - | \$ | | * | \$ | | * | \$ | | * | \$ | | ф Ф | \$ | _ | • | s | |
| 13 | Commercial software purchases and licensing costs. | Commercial Software | Services | ъ - | <u> </u> | | <u></u> | • | | Ъ - | 2 | <u> </u> | Ф - | <u> </u> | - | Ъ - | <u> </u> | | ъ - | - | |
| | Professional services with fixed-price costs (i.e. software development, installation, project documentation) | Project Deliverables | Contracted Services | \$ 901.744 | s | 1.210.257 | s - | \$ | | \$ - | 9 | | \$ - | • | | \$ - | \$ | _ | s - | , | 2,112,001 |
| | ,, | i reject Benteralise | Contracted | V 001,111 | | .,,_, | <u> </u> | Ť | | <u> </u> | Ť | | Ψ | | , | Ψ | Ť | | Ψ | Ť | |
| | All first-time training costs associated with the project. | Training | Services | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - |
| | 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. | | Data Center | | | | | | | | | | | | | | | | | | |
| 16 | data solitor socio dio inoladea in objetto illi TA. | Costs | Category | s - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | S | - | \$ - | \$ | - | \$ - | s | _ |
| | Other contracted services not included in other | | Contracted | | | | | | | | | | • | | | | | | | | |
| 17 | categories. | Other Services | Services | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - |
| | Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for detail) | t Equipment | Expense | \$ - | \$ | _ | \$ - | \$ | _ | \$ - | \$ | | \$ - | \$ | · - | \$ - | \$ | | \$ - | \$ | _ |
| | Include costs associated with leasing space for project personnel. | Leased Space | Expense | \$ - | \$ | - | \$ - | \$ | - | \$ - | \$ | - | \$ - | s | · - | \$ - | \$ | - | \$ - | \$ | |
| | Other project expenses not included in other categories. | | Expense | \$ 129,325 | \$ | 31.905 | \$ - | \$ | _ | \$ - | \$ | _ | \$ - | \$ | · - | \$ - | s | _ | \$ - | s | 161,230 |
| 21 | , | Total | | | 8.00 \$ | 1,882,066 | \$ - | 0.00 \$ | - | \$ - | 0.00 \$ | • | \$ - | 0.00 \$ | - | \$ - | 0.00 \$ | • | \$ - | \$ | 4,416,951 |

CBAForm 2 - Project Cost Analysis

| Agency | Agency for Persons | Project | APD iConnect | |
|--------|--------------------|---------|--------------|--|
| | | | | |

| | PROJECT COST SUMMARY (from CBAForm 2A) | | | | | |
|---|--|-------------|-------------|-------------|-------------|-------------|
| PROJECT COST SUMMARY | FY | FY | FY | FY | FY | TOTAL |
| PROJECT COST SOMMART | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | |
| TOTAL PROJECT COSTS (*) | \$1,882,066 | \$0 | \$0 | \$0 | \$0 | \$4,416,951 |
| CUMULATIVE PROJECT COSTS | | | | | | |
| (includes Current & Previous Years' Project-Related Costs) | \$4,416,951 | \$4,416,951 | \$4,416,951 | \$4,416,951 | \$4,416,951 | |
| Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet. | | | | | | |

| | PROJECT FUNDING SOURCES - CBAForm 2B | | | | | |
|-------------------------|--------------------------------------|-------------|-------------|--------------|--------------|--------------|
| PROJECT FUNDING SOURCES | FY | FY | FY | FY | FY | TOTAL |
| | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | |
| General Revenue | \$843,076 | \$886,416 | \$886,416 | \$886,416 | \$886,416 | \$4,388,740 |
| Trust Fund | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Federal Match 🔽 | \$3,176,405 | \$1,761,416 | \$1,761,416 | \$1,761,416 | \$1,761,416 | \$10,222,069 |
| Grants | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Specify | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TOTAL INVESTMENT | \$4,019,481 | \$2,647,832 | \$2,647,832 | \$2,647,832 | \$2,647,832 | \$14,610,809 |
| CUMULATIVE INVESTMENT | \$4,019,481 | \$6,667,313 | \$9,315,145 | \$11,962,977 | \$14,610,809 | |

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

CBAForm 3 - Project Investment Summary

| Agency | Agency for Persons | Project | APD iConnect |
|--------|--------------------|---------|--------------|
| | | | |

| | | COST BENEFIT ANALYSIS CBAForm 3A | | | | |
|--|---------------|----------------------------------|---------------|---------------|---------------|------------------------|
| | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | FY 2022-23 | TOTAL FOR ALL YEARS |
| Project Cost | \$1,882,066 | \$0 | \$0 | \$0 | \$0 | \$4,416,951 |
| Net Tangible Benefits | (\$1,711,525) | \$2,462,850 | \$2,462,850 | \$2,462,850 | \$2,462,850 | \$8,139,876 |
| Return on Investment | (\$6,128,476) | \$2,462,850 | \$2,462,850 | \$2,462,850 | \$2,462,850 | \$3,722,925 |
| Year to Year Change in Program Staffing | 14 | 14 | 14 | 14 | 14 | |

| RETURN ON INVESTMENT ANALYSIS CBAForm 3B | | | | |
|--|-------------|---|--|--|
| Payback Period (years) | 3 1/2 | Payback Period is the time required to recover the investment costs of the project. | | |
| Breakeven Fiscal Year | 2021-22 | Fiscal Year during which the project's investment costs are recovered. | | |
| Net Present Value (NPV) | \$2,617,297 | NPV is the present-day value of the project's benefits less costs over the project's lifecycle. | | |
| Internal Rate of Return (IRR) | 22.11% | IRR is the project's rate of return. | | |
| | | | | |

| Investment Interest Earning Yield CBAForm 3C | | | | | | | |
|---|--------------------|---------|---------|---------|---------|--|--|
| Fiscal | Fiscal FY FY FY FY | | | | | | |
| Year | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | | |
| Cost of Capital 1.94% 2.07% 3.18% 4.32% 4.85% | | | | | | | |

IT Project Risk Assessment Tool

Schedule IV-B

FY2018-19

| | В | С | D | E | F | G | Н |
|----------|-------------------|----------------------------|------------|-------------|------------------------------|--------------|----------|
| 3 | Pro | ject | | APD iCon | nect - (Form | |) |
| 5 | | ency | | Agency fo | or Persons with | Disabilities | , |
| 6 | | 19 LBR Issu | e Code: | | ′ 2018-19 LE | | tle: |
| 7 | | 36204C0 | | | iConnec | t System | |
| 8 | | Assessment | | | | | ess): |
| 9 | | Denise Arnolo e Sponsor | 1 850-488 | | nise.Arnold@ Barbara Palm | , | |
| 11 | | Manager | | | Naru Nayak | | |
| 12 | | red By | | APD | | 9/11/ | /2017 |
| 14 15 | | F | Risk Asse | essment S | Summary | | |
| 16 | Most | _ | | Т | | | |
| 17 18 | Aligned | | | | | | |
| 19 | ≥ | | | | | | |
| 20 | ateç | | | | | | |
| 22 | Stra | | | | • | | |
| 23 24 | SSS | | | | | | |
| 25 | Business Strategy | | | | | | |
| 26 27 | Bus | | | | | | |
| 28 | Least | | | | | | |
| 29 30 | Aligned | | Level of | f Project F | Risk | | |
| 31 | Least Risk | | 2010.0 | | | Mo Ris | |
| 32 | | D., | ' (D'- | 1 Anna | | | |
| 34 | | | | | Breakdov | /n | Risk |
| 35 | | Ris | k Assess | ment Are | eas | | Exposure |
| 36 37 | Strategic As | ssessment | | | | | MEDIUM |
| 38 39 | Technology | Exposure A | ssessment | | | | MEDIUM |
| 40 41 | Organizatio | nal Change N | /lanagemer | nt Assessm | nent | | HIGH |
| 42 43 | Communica | ation Assessr | ment | | | | MEDIUM |
| 44 45 | Fiscal Asses | ssment | | | | | MEDIUM |
| 46 | Project Orga | anization Ass | sessment | | | | MEDIUM |
| 48 | Project Man | agement Ass | sessment | | | | MEDIUM |
| 50 51 | Project Con | nplexity Asse | ssment | | | | HIGH |
| 53 | | | | | Overall Proje | ect Risk | HIGH |

| | В | С | D | Е |
|----|-------|---|---|--|
| 1 | Agenc | y: Agency for Persons with Disabilities | s Project: APD iConn | ect - (Formerly CDMS) |
| 3 | | | Section 1 Strategic Area | |
| 4 | # | Criteria | Values | Answer |
| 5 | 1.01 | Are project objectives clearly aligned with the | 0% to 40% Few or no objectives aligned | 81% to 100% All or |
| 6 | | agency's legal mission? | 41% to 80% Some objectives aligned | nearly all objectives |
| 7 | | | 81% to 100% All or nearly all objectives aligned | aligned |
| 8 | 1.02 | Are project objectives clearly documented | Not documented or agreed to by stakeholders | Informal agreement by |
| 9 | | and understood by all stakeholder groups? | Informal agreement by stakeholders | Informal agreement by stakeholders |
| 10 | | | Documented with sign-off by stakeholders | |
| 11 | 1.03 | Are the project sponsor, senior management, | Not or rarely involved | Project charter signed by |
| 12 | | and other executive stakeholders actively | Most regularly attend executive steering committee meetings | executive sponsor and executive team actively |
| | | involved in meetings for the review and | Project charter signed by executive sponsor and executive | engaged in steering |
| 13 | | success of the project? | team actively engaged in steering committee meetings | committee meetings |
| 14 | 1.04 | Has the agency documented its vision for | Vision is not documented | Vision is partially |
| 15 | | how changes to the proposed technology will improve its business processes? | Vision is partially documented | documented |
| 16 | 1.05 | | Vision is completely documented | |
| 17 | 1.05 | Have all project business/program area | 0% to 40% Few or none defined and documented | 81% to 100% All or |
| 18 | | requirements, assumptions, constraints, and priorities been defined and documented? | 41% to 80% Some defined and documented | nearly all defined and |
| 19 | 1.0/ | | 81% to 100% All or nearly all defined and documented | documented |
| 20 | 1.06 | Are all needed changes in law, rule, or policy identified and documented? | No changes needed | |
| 21 | | identified and documented: | Changes unknown | Changes are identified in |
| 22 | | | Changes are identified in concept only | concept only |
| 23 | | | Changes are identified and documented | |
| 24 | 1.07 | Are any project phase or milestone | Legislation or proposed rule change is drafted | |
| 25 | 1.07 | completion dates fixed by outside factors, | Few or none | |
| 26 | | e.g., state or federal law or funding | Some | Few or none |
| 27 | | restrictions? | All or nearly all | |
| 28 | 1.08 | What is the external (e.g. public) visibility of | Minimal or no external use or visibility | Fishers has a stample of the |
| 29 | | the proposed system or project? | Moderate external use or visibility | Extensive external use or visibility |
| 30 | | | Extensive external use or visibility | Visibility |
| 31 | 1.09 | What is the internal (e.g. state agency) | Multiple agency or state enterprise visibility | A III I |
| 32 | | visibility of the proposed system or project? | Single agency-wide use or visibility | Multiple agency or state enterprise visibility |
| 33 | | | Use or visibility at division and/or bureau level only | enterprise visibility |
| 34 | 1.10 | Is this a multi-year project? | Greater than 5 years | |
| 35 | | | Between 3 and 5 years | Dahwa an 1 |
| 36 | | | Between 1 and 3 years | Between 1 and 3 years |
| 37 | | | 1 year or less | |
| | | | J | |

| | В | С | D | Е |
|----|--------|--|--|---|
| 1 | Agency | : Agency for Persons with Disabilities | Project: APD iConn | ect - (Formerly CDMS) |
| 3 | | | Section 2 Technology Area | |
| 4 | # | Criteria | Values | Answer |
| 5 | 2.01 | Does the agency have experience working with, operating, and supporting the proposed | Read about only or attended conference and/or vendor presentation | |
| 6 | | technical solution in a production environment? | Supported prototype or production system less than 6 months | Read about only or attended conference |
| 7 | | | Supported production system 6 months to 12 months | and/or vendor |
| 8 | | | Supported production system 1 year to 3 years | presentation |
| 9 | | | Installed and supported production system more than 3 years | |
| 10 | 2.02 | Does the agency's internal staff have sufficient knowledge of the proposed technical solution to implement and operate | External technical resources will be needed for implementation and operations | External technical |
| 11 | | the new system? | External technical resources will be needed through implementation only | resources will be needed for implementation and |
| 12 | | | Internal resources have sufficient knowledge for implementation and operations | operations |
| 13 | 2.03 | Have all relevant technical alternatives/ | No technology alternatives researched | All or nearly all |
| 14 | | solution options been researched, documented and considered? | Some alternatives documented and considered | alternatives documented |
| 15 | | documented and considered. | All or nearly all alternatives documented and considered | and considered |
| 16 | 2.04 | Does the proposed technical solution comply with all relevant agency, statewide, or | No relevant standards have been identified or incorporated into proposed technology | Proposed technology solution is fully compliant |
| 17 | | industry technology standards? | Some relevant standards have been incorporated into the proposed technology | with all relevant agency, statewide, or industry |
| 18 | | | Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards | standards |
| 19 | 2.05 | Does the proposed technical solution require | Minor or no infrastructure change required | |
| 20 | | significant change to the agency's existing | Moderate infrastructure change required | Minor or no infrastructure |
| 21 | | technology infrastructure? | Extensive infrastructure change required | change required |
| 22 | | | Complete infrastructure replacement | |
| 23 | 2.06 | Are detailed hardware and software capacity | Capacity requirements are not understood or defined | |
| 24 | | requirements defined and documented? | Capacity requirements are defined only at a conceptual level | Capacity requirements are defined only at a |
| 25 | | | Capacity requirements are based on historical data and new system design specifications and performance requirements | conceptual level |

| | В | С | D D | E |
|----------------|------|--|--|---|
| 1 | | : Agency for Persons with Disabilities | Project: APD iConn | ect - (Formerly CDMS) |
| 3 | | Section 3 | Organizational Change Management Area | |
| 4 | # | Criteria | Values | Answer |
| 5 | 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 | Extensive changes to organization structure, staff or business processes |
| 7 | | | processes structure | ļ |
| 8 | 3.02 | Will this project impact essential business processes? | Yes No | Yes |
| 10 11 12 | 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 81% to 100% All or nearly all processes defined and documented | 41% to 80% Some process changes defined and documented |
| 13 14 | 3.04 | Has an Organizational Change Management Plan been approved for this project? | Yes No | No |
| 15 16 17 | 3.05 | Will the agency's anticipated FTE count change as a result of implementing the project? | Over 10% FTE count change 1% to 10% FTE count change Less than 1% FTE count change | Less than 1% FTE count change |
| 18 19 20 | 3.06 | Will the number of contractors change as a result of implementing the project? | Over 10% contractor count change 1 to 10% contractor count change Less than 1% contractor count change | Over 10% contractor count change |
| 21 22 23 | 3.07 | What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented? | Extensive change or new way of providing/receiving services or information) Moderate changes Minor or no changes | Extensive change or new way of providing/receiving services or information) |
| 24 25 26 | 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 Moderate changes Minor or no changes | Minor or no changes |
| 27 28 | 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 |
| 29 | | | Recently completed project with similar change requirements | project with fewer change requirements |
| 30 | | | Recently completed project with greater change requirements | |

| | В | С | D | E |
|-----|------|---|--|-----------------------------------|
| 1 | | y: Agency Name | - | Project: Project Name |
| 3 | | | Section 4 Communication Area | , |
| 4 | # | Criteria | Value Options | Answer |
| 5 | 4.01 | Has a documented Communication Plan | Yes | Yes |
| 6 | | been approved for this project? | No | 103 |
| 7 | 4.02 | Does the project Communication Plan promote the collection and use of feedback | Negligible or no feedback in Plan | |
| 8 | | from management, project team, and business stakeholders (including end users)? | Routine feedback in Plan | Proactive use of feedback in Plan |
| 9 | | | Proactive use of feedback in Plan | |
| 10 | 4.03 | Have all required communication channels been identified and documented in the | Yes | Yes |
| 11 | | Communication Plan? | No | |
| 12 | 4.04 | Are all affected stakeholders included in the | Yes | Yes |
| 13 | | | No | 163 |
| 14 | 4.05 | Have all key messages been developed and | Plan does not include key messages | Some key messages |
| 15 | | documented in the Communication Plan? | Some key messages have been developed | have been developed |
| 16 | | | All or nearly all messages are documented | |
| 17 | 4.06 | Have desired message outcomes and success measures been identified in the | Plan does not include desired messages outcomes and success measures | Plan does not include |
| - ' | | Communication Plan? | Success measures have been developed for some | desired messages |
| 18 | | | messages | outcomes and success |
| 19 | | | All or nearly all messages have success measures | measures |
| 20 | 4.07 | Does the project Communication Plan identify | | No |
| 21 | | and assign needed staff and resources? | No | INU |

| | | | | • |
|----|-------|---|---|---|
| | В | С | D | <u>E</u> |
| | Agenc | y: Agency for Persons with Disabilities | • | ect - (Formerly CDMS) |
| 3 | | | Section 5 Fiscal Area | |
| 4 | # | Criteria | Values | Answer |
| 5 | 5.01 | Has a documented Spending Plan been | Yes | Yes |
| 6 | | approved for the entire project lifecycle? | No | |
| 7 | 5.02 | Have all project expenditures been identified | 0% to 40% None or few defined and documented | 81% to 100% All or |
| 8 | | in the Spending Plan? | 41% to 80% Some defined and documented | nearly all defined and |
| 9 | | | 81% to 100% All or nearly all defined and documented | documented |
| 10 | 5.03 | | Unknown | |
| 11 | | over its entire lifecycle? | Greater than \$10 M | |
| 12 | | | Between \$2 M and \$10 M | Between \$2 M and \$10 M |
| 13 | | | Between \$500K and \$1,999,999 | |
| 14 | | | Less than \$500 K | |
| 15 | 5.04 | Is the cost estimate for this project based on | Yes | |
| | | quantitative analysis using a standards- based estimation model? | No | No |
| 16 | | | Detailed and discourse (account on this section) | |
| 17 | 5.05 | What is the character of the cost estimates for this project? | Detailed and rigorous (accurate within ±10%) | Datailad and rinanassa |
| 18 | | ioi tilis project? | Order of magnitude – estimate could vary between 10-100% | Detailed and rigorous (accurate within ±10%) |
| 19 | | | Placeholder – actual cost may exceed estimate by more than 100% | (accurate within ±10%) |
| 20 | 5.06 | Are funds available within existing agency | Yes | No |
| 21 | | resources to complete this project? | No | NO |
| 22 | 5.07 | Will/should multiple state or local agencies | Funding from single agency | Funding from cingle |
| 23 | | help fund this project or system? | Funding from local government agencies | Funding from single agency |
| 24 | | | Funding from other state agencies | agency |
| 25 | | If federal financial participation is anticipated | Neither requested nor received | |
| 26 | | as a source of funding, has federal approval | Requested but not received | Requested and received |
| 27 | | been requested and received? | Requested and received | Requested and received |
| 28 | | | Not applicable | |
| 29 | 5.09 | Have all tangible and intangible benefits | Project benefits have not been identified or validated | |
| 30 | | been identified and validated as reliable and | Some project benefits have been identified but not validated | Most project benefits |
| 31 | | achievable? | Most project benefits have been identified but not validated | have been identified but |
| | | | All or nearly all project benefits have been identified and | not validated |
| 32 | | | validated | |
| 33 | 5.10 | What is the benefit payback period that is | Within 1 year | |
| 34 | | defined and documented? | Within 3 years | |
| 35 | | | Within 5 years | Within 5 years |
| 36 | | | More than 5 years | |
| 37 | | | No payback | |
| 38 | 5.11 | Has the project procurement strategy been | Procurement strategy has not been identified and documented | Stakeholders have |
| 39 | | clearly determined and agreed to by affected stakeholders? | Stakeholders have not been consulted re: procurement strategy | reviewed and approved |
| | | | Stakeholders have reviewed and approved the proposed | the proposed procurement strategy |
| 40 | | | procurement strategy | procurement strategy |
| 41 | 5.12 | What is the planned approach for acquiring | Time and Expense (T&E) | |
| 42 | | necessary products and solution services to | Firm Fixed Price (FFP) | Firm Fixed Price (FFP) |
| 43 | | successfully complete the project? | Combination FFP and T&E | |
| | 5.13 | What is the planned approach for procuring | Timing of major hardware and software purchases has not yet | |
| 44 | | hardware and software for the project? | been determined | Just-in-time purchasing of |

| | В | С | D | Е |
|----------|-------|--|---|---|
| 1 | Agenc | y: Agency for Persons with Disabilities | s Project: APD iConn | ect - (Formerly CDMS) |
| 3 | | | Section 5 Fiscal Area | |
| 4 | # | Criteria | Values | Answer |
| 45 | | | 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 | hardware and software is documented in the project schedule |
| 46 | Г 1 / | lles a santurest management have accioused to | documented in the project schedule | |
| 47 48 | 5.14 | | No contract manager assigned Contract manager is the procurement manager | Contract manager assigned is not the |
| 49 50 | | | Contract manager is the project manager Contract manager assigned is not the procurement manager or | procurement manager or the project manager |
| 50 | 5.15 | Has equipment leasing been considered for | the project manager Yes | |
| 51 | 5.15 | the project's large-scale computing | No No | Yes |
| 52 | | purchases? | | |
| 53 | 5.16 | Have all procurement selection criteria and | No selection criteria or outcomes have been identified | All or nearly all selection |
| 54 | | outcomes been clearly identified? | Some selection criteria and outcomes have been defined and documented | criteria and expected outcomes have been |
| 55 | | | All or nearly all selection criteria and expected outcomes have been defined and documented | defined and documented |
| 56 | 5.17 | Does the procurement strategy use a multi- | Procurement strategy has not been developed | Multi-stage evaluation |
| 57 | | stage evaluation process to progressively narrow the field of prospective vendors to the | Multi-stage evaluation not planned/used for procurement | and proof of concept or prototype planned/used |
| 58 | | single, best qualified candidate? | Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor | to select best qualified vendor |
| 59 | 5.18 | For projects with total cost exceeding \$10 | Procurement strategy has not been developed | |
| 60 | | million, did/will the procurement strategy require a proof of concept or prototype as | No, bid response did/will not require proof of concept or prototype | |
| | | part of the bid response? | Yes, bid response did/will include proof of concept or prototype | Not applicable |
| 61 62 | | | Not applicable | |
| 63 | | | | |
| 64 | | | | |
| 65 | | | | |
| 00 | | | | |
| 66 | | | | |

| | В | С | D | E |
|----|-------|---|--|--|
| 1 | Agenc | y: Agency for Persons with Disabilities | Project: APD iConn | ect - (Formerly CDMS) |
| 3 | , | | ction 6 Project Organization Area | , |
| 4 | # | Criteria | Values | Answer |
| _ | 6.01 | Is the project organization and governance | Yes | |
| 5 | | structure clearly defined and documented | | Yes |
| 6 | | within an approved project plan? | No | |
| 7 | 6.02 | Have all roles and responsibilities for the | None or few have been defined and documented | All or nearly all have been |
| 8 | | executive steering committee been clearly | Some have been defined and documented | defined and documented |
| 9 | | identified? | All or nearly all have been defined and documented | deliniod dira decamented |
| 10 | 6.03 | Who is responsible for integrating project | Not yet determined | System Integrator |
| 11 | | deliverables into the final solution? | Agency | (contractor) |
| 12 | | | System Integrator (contractor) | (deriti deter) |
| 13 | 6.04 | How many project managers and project | 3 or more | |
| 14 | | directors will be responsible for managing the | 2 | 3 or more |
| 15 | | project? | 1 | |
| 16 | 6.05 | Has a project staffing plan specifying the | Needed staff and skills have not been identified | |
| | | number of required resources (including | Some or most staff roles and responsibilities and needed | Some or most staff roles |
| 17 | | project team, program staff, and contractors) | skills have been identified | and responsibilities and needed skills have been |
| | | and their corresponding roles, responsibilities and needed skill levels been developed? | Staffing plan identifying all staff roles, responsibilities, and | identified |
| 18 | | and needed skill levels been developed: | skill levels have been documented | identified |
| 19 | 6.06 | Is an experienced project manager dedicated | No experienced project manager assigned | |
| 20 | | fulltime to the project? | No, project manager is assigned 50% or less to project | Yes, experienced project |
| | | | No, project manager assigned more than half-time, but less | manager dedicated full- |
| 21 | | | than full-time to project | time, 100% to project |
| 00 | | | Yes, experienced project manager dedicated full-time, 100% | |
| 22 | 4.07 | Are qualified project management team | to project | |
| 23 | 6.07 | Are qualified project management team members dedicated full-time to the project | None | |
| 24 | | members dedicated full-time to the project | No, business, functional or technical experts dedicated 50% or less to project | Yes, business, functional |
| 27 | | | No, business, functional or technical experts dedicated more | or technical experts |
| 25 | | | than half-time but less than full-time to project | dedicated full-time, 100% |
| | | | Yes, business, functional or technical experts dedicated full- | to project |
| 26 | | | time, 100% to project | |
| 27 | 6.08 | Does the agency have the necessary | Few or no staff from in-house resources | |
| 28 | | knowledge, skills, and abilities to staff the | Half of staff from in-house resources | Mostly staffed from in- |
| 29 | | project team with in-house resources? | Mostly staffed from in-house resources | house resources |
| 30 | | | Completely staffed from in-house resources | |
| 31 | 6.09 | Is agency IT personnel turnover expected to | Minimal or no impact | |
| 32 | | significantly impact this project? | Moderate impact | Moderate impact |
| 33 | | | Extensive impact | |
| | 6.10 | Does the project governance structure | Yes | |
| 34 | | establish a formal change review and control | | Yes |
| 35 | | board to address proposed changes in project scope, schedule, or cost? | No | |
| 36 | 6.11 | Are all affected stakeholders represented by | No board has been established | |
| 37 | | functional manager on the change review and | No, only IT staff are on change review and control board | Yes, all stakeholders are |
| 38 | | control board? | No, all stakeholders are not represented on the board | represented by functional |
| 30 | | | Yes, all stakeholders are represented by functional manager | manager |
| 39 | | | , in a second property of the second property | |
| | | | | |

| | В | С | D | E | |
|----------|--------|---|---|---|--|
| 1 | | y: Agency for Persons with Disabilities | | ect - (Formerly CDMS) | |
| 3 | rigene | | ction 7 Project Management Area | cet (Formerly obins) | |
| 4 | # | Criteria | Values | Answer | |
| 5 | 7.01 | Does the project management team use a | No | | |
| 6 | | standard commercially available project management methodology to plan, implement, and control the project? | Project Management team will use the methodology selected by the systems integrator Yes | Yes | |
| \vdash | | For how many projects has the agency | None | | |
| 8 | 7.02 | successfully used the selected project | 1-3 | 1.0 | |
| 9 | | management methodology? | | 1-3 | |
| 10 | 7.00 | Ll | More than 3 | | |
| 11 | | How many members of the project team are proficient in the use of the selected project | None | | |
| 12 | | management methodology? | Some | Some | |
| 13 | | | All or nearly all | | |
| 14 | | Have all requirements specifications been unambiguously defined and documented? | 0% to 40% None or few have been defined and documented | 81% to 100% All or | |
| 15 | | | 41 to 80% Some have been defined and documented | nearly all have been | |
| 16 | | | 81% to 100% All or nearly all have been defined and documented | defined and documented | |
| 47 | 7.05 | Have all design specifications been | 0% to 40% None or few have been defined and | | |
| 17 | | unambiguously defined and documented? | documented | 41 to 80% Some have | |
| 18 | | | 41 to 80% Some have been defined and documented | been defined and documented | |
| 19 | | | 81% to 100% All or nearly all have been defined and documented | documented | |
| 20 | 7.06 | Are all requirements and design | 0% to 40% None or few are traceable | | |
| 21 | | specifications traceable to specific business | 41 to 80% Some are traceable | 41 to 80% Some are | |
| | | rules? | 81% to 100% All or nearly all requirements and | traceable | |
| 22 | | | specifications are traceable | | |
| 23 | 7.07 | Have all project deliverables/services and | None or few have been defined and documented | Some deliverables and | |
| 0.4 | | acceptance criteria been clearly defined and documented? | Some deliverables and acceptance criteria have been defined and documented | acceptance criteria have | |
| 24 | | | All or nearly all deliverables and acceptance criteria have | been defined and | |
| 25 | | | been defined and documented | documented | |
| 26 | 7.08 | Is written approval required from executive | No sign-off required | Review and sign-off from | |
| 27 | | sponsor, business stakeholders, and project | Only project manager signs-off | the executive sponsor, | |
| | | manager for review and sign-off of major project deliverables? | Review and sign-off from the executive sponsor, business | business stakeholder, and project manager are | |
| | | hiolect agiiseranies : | stakeholder, and project manager are required on all major | required on all major | |
| 28 | | | project deliverables | proiect deliverables | |
| | 7.09 | Has the Work Breakdown Structure (WBS) been defined to the work package level for all | 0% to 40% None or few have been defined to the work | 010/ += 1000/ - All - | |
| 29 | | project activities? | | 81% to 100% All or nearly all have been | |
| 30 | | project delivition. | 41 to 80% Some have been defined to the work package level | defined to the work | |
| | | | 81% to 100% All or nearly all have been defined to the | package level | |
| 31 | | | work package level | | |
| 32 | 7.10 | Has a documented project schedule been | Yes | Voc | |
| 33 | | approved for the entire project lifecycle? | No | Yes | |
| | | Does the project schedule specify all project | Yes | | |
| 34 | | tasks, go/no-go decision points (checkpoints), | 165 | Voc | |

| | В | С | D | Е | |
|----|-------|---|---|----------------------------|--|
| 1 | Agend | y: Agency for Persons with Disabilities | s Project: APD iConn | ect - (Formerly CDMS) | |
| 3 | | Se | ction 7 Project Management Area | | |
| 4 | # | Criteria | Values | Answer | |
| 35 | | critical milestones, and resources? | No | । ড১ | |
| 36 | 7.12 | Are formal project status reporting processes | No or informal processes are used for status reporting | executive steering | |
| 37 | | documented and in place to manage and | Project team uses formal processes | committee use formal | |
| 38 | | control this project? | Project team and executive steering committee use formal status reporting processes | status reporting | |
| 39 | 7.13 | Are all necessary planning and reporting | No templates are available | All planning and reporting | |
| 40 | | templates, e.g., work plans, status reports, | Some templates are available | templates are available | |
| 41 | | issues and risk management, available? | All planning and reporting templates are available | tomplatos aro avallablo | |
| 42 | 7.14 | Has a documented Risk Management Plan | Yes | Yes | |
| 43 | | been approved for this project? | No | 103 | |
| 44 | 7.15 | Have all known project risks and | None or few have been defined and documented | | |
| 45 | | corresponding mitigation strategies been | Some have been defined and documented | Some have been defined | |
| 46 | | identified? | All known risks and mitigation strategies have been defined | and documented | |
| 47 | 7.16 | Are standard change request, review and approval processes documented and in place | Yes | Yes | |
| 48 | | for this project? | No | | |
| 49 | 7.17 | Are issue reporting and management processes documented and in place for this | Yes | Yes | |
| 50 | | | No | 100 | |

| | В | С | D | T E |
|----|-------|--|--|--------------------------|
| 1 | Agenc | y: Agency for Persons with Disabilities | Project: APD iCor | nect - (Formerly CDMS) |
| 2 | 3 | , , | • | . , , |
| 3 | | Se | ection 8 Project Complexity Area | |
| 4 | # | Criteria | Values | Answer |
| 5 | 8.01 | How complex is the proposed solution | Unknown at this time | |
| 6 | | compared to the current agency systems? | More complex | More complex |
| 7 | | | Similar complexity | |
| 8 | | | Less complex | |
| 9 | 8.02 | Are the business users or end users | Single location | |
| 10 | | dispersed across multiple cities, counties, districts, or regions? | 3 sites or fewer | More than 3 sites |
| 11 | | , and the second | More than 3 sites | |
| 12 | 8.03 | Are the project team members dispersed | Single location | |
| 13 | | across multiple cities, counties, districts, or | 3 sites or fewer | More than 3 sites |
| 14 | | regions? | More than 3 sites | |
| 15 | 8.04 | How many external contracting or consulting | No external organizations | 1 to 3 external |
| 16 | | organizations will this project require? | 1 to 3 external organizations | organizations |
| 17 | | | More than 3 external organizations | 6. ga2a676 |
| 18 | 8.05 | What is the expected project team size? | Greater than 15 | |
| 19 | | | 9 to 15 | Greater than 15 |
| 20 | | | 5 to 8 | |
| 21 | | | Less than 5 | |
| 22 | 8.06 | How many external entities (e.g., other | More than 4 | |
| 23 | | agencies, community service providers, or local government entities) will be impacted by | 2 to 4 | More than 4 |
| 24 | | this project or system? | 1 | |
| 25 | | | None | |
| 26 | 8.07 | What is the impact of the project on state | Business process change in single division or bureau | Agency-wide business |
| 27 | | operations? | Agency-wide business process change | process change |
| 28 | | | Statewide or multiple agency business process change | process snamge |
| 29 | 8.08 | Has the agency successfully completed a similarly-sized project when acting as | Yes | No |
| 30 | | Systems Integrator? | No | INO |
| 31 | 8.09 | What type of project is this? | Infrastructure upgrade | |
| 32 | | | Implementation requiring software development or purchasing commercial off the shelf (COTS) software | Combination of the above |
| 33 | | | Business Process Reengineering | |
| 34 | | | Combination of the above | |
| 35 | 8.10 | Has the project manager successfully | No recent experience | |
| 36 | | managed similar projects to completion? | Lesser size and complexity | Greater size and |
| 37 | | | Similar size and complexity | complexity |
| 38 | | | Greater size and complexity | |
| 39 | 8.11 | Does the agency management have | No recent experience | |
| 40 | | experience governing projects of equal or | Lesser size and complexity | Lesser size and |
| 41 | | similar size and complexity to successful | Similar size and complexity | complexity |
| 42 | | completion? | Greater size and complexity | d |
| | | | | l . |

Appendix C

Current Business Processes

Assumptions and Constraints

The following document lists the 6 performance measures and 26 program assurances the agency must meet to be in compliance with CMS. For each of these, the current business process is given and the assumptions and constraints are provided for the proposed solution.

Note: For all subsidiary systems used by the agency, ABC provides client demographics, provider information, and residential licensing information and is the system of record for these items.

| | A. Administrative Authority | | | | | |
|------|---|---|--|--|--|--|
| # | Measure | Current Business Process/Baseline | Assumptions and Constraints | | | |
| A(1) | Number and percent of new operating agency drafted policies and procedures approved by AHCA prior to implementation. | This currently is a manual process accomplished through Excel spreadsheets. | This performance measure and program assurance relates to agency operating procedures. While procedures will not be tracked in APD iConnect, changes in such procedures could impact business logic within the system. | | | |
| A(2) | Number and percent of required Person- Centered Reviews (PCRs) conducted by the contracted QIO vendor annually. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include al required information to meet this measure. | | | |
| A(3) | Number and percent of Provider Discovery Reviews (PDRs) conducted by the contracted QIO vendor annually. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| | | B. Level of Care | | | | |
| # | Measure | Current Business Process/Baseline | Assumptions and Constraints | | | |
| B(1) | Number and percent of new waiver participants who have a level of care evaluation prior to receiving services. | This originates as a manual paper driven process. Once completed, data is entered in the ABC system and associated paperwork is physically stored in the client central record. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| B(2) | Number and percent of initial level of care determinations that were accurately completed and documented on the worksheet in accordance with state policies and procedures. | This originates as a manual paper driven process. Once completed, data is entered in the ABC system and associated paperwork is physically stored in the client central record. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |

| | C. Qualified Providers | | | | | |
|------|---|---|---|--|--|--|
| # | Measure | Current Business Process/Baseline | Assumptions and Constraints | | | |
| C(1) | Number and percent of clinical provider applicants initially determined to meet or exceed minimum licensure and/or certification requirements as detailed in the Florida Administrative Code (FAC). | Data is entered into ABC system. The application document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involves email. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| C(2) | Number and percent of clinical providers who continue to meet or exceed minimum licensure and/or certification requirements as detailed in the FAC. | Data is entered into ABC system. The application document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involves email. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| C(3) | Number and percent of non-licensed and non-certified providers determined initially to meet state enrollment requirements as detailed in the FAC. | Data is entered into ABC system. The application document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involves email. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| C(4) | Number and percent of providers who meet validation requirements as required for medication administration per the FAC. | Medication errors are tracked in an Excel spreadsheet. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in an Excel remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| C(5) | Number and percent of providers whose staff are trained in APD approved crisis management curriculum consistent with state requirements. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| C(6) | Number and percent of providers with service specific staff training requirements met. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |

| | D. Service Plan | | | | | |
|------|---|---|---|--|--|--|
| # | Measure | Current Business Process/Baseline | Assumptions and Constraints | | | |
| D(1) | Number and percent of recipients whose service plans include supports and services consistent with assessed needs. | Data is entered into ABC, iBudget, and QSI systems as required. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in an Excel remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| D(2) | Number and percent of recipients whose service plans reflect supports and services necessary to address assessed risks. | Data is entered into ABC, iBudget, and QSI systems as required. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in an Excel remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| D(3) | Number and percent of recipients whose service plans address the recipient's personal goals. | Data is entered into ABC, iBudget, and QSI systems as required. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in an Excel remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| D(4) | Number and percent of recipients whose service plans were updated within 12 months of their last service plan. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in a remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |

| # | Measure | Current Business Process/Baseline | Assumptions and Constraints |
|------|--|---|---|
| D(5) | Number and percent of recipients whose needs have changed and service plans were reviewed and updated as warranted to address those changed needs. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in a remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. |
| D(6) | Number and percent of recipients who receive the services by type, scope, amount, duration, and frequency identified in their plan. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in a remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. |
| D(7) | Number and percent of recipients afforded choice of services and supports. | The contracted QIO vendor, Delmarva, supplies data from their PDR reports, then it is manually entered and tracked through an Excel manual remediation tracking spreadsheet. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in a remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. |

| | G. Health and Welfare | | | | | |
|------|--|---|---|--|--|--|
| # | Measure | Current Business Process/Baseline | Assumptions and Constraints | | | |
| G(1) | Number and percent of critical incidents reported to APD within required time frames. | Provider completes incident report and submits to APD. This information is then entered into the Incident Management System. If notices of non-compliance or plan remediation need to occur as the result of the incident, agency staff must manually create and route these items. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| G(2) | Number and percent of medication errors where appropriate follow-up was completed when required. | This data is currently tracked through multiple spreadsheets from APD regions and providers. Data is difficult to collect and requires a time consuming manual process to compile and analyze. If notices of non-compliance or plan remediation need to occur as the result of the incident, agency staff must manually create and route these items. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| G(3) | Number and percent of critical incident reports requiring a Plan of Remediation (POR) where APD follow-up was completed within required timelines. | Provider completes incident report and submits to APD. This information is then entered into the Incident Management System. If notices of non-compliance or plan remediation need to occur as the result of the incident, agency staff must manually create and route these items. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| G(4) | Number and percent of reactive strategies reported by providers with adverse outcomes or excessive duration where appropriate follow-up was completed as required. | Provider completes Reactive Strategies form and submits to APD regional office. Data is manually entered into an Excel spreadsheet by the Regional office and then sent to the APD state office where it is reviewed for accuracy and analyzed. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| G(5) | Number and percent of recipients whose identified health and/or safety needs are addressed. | The contracted QIO vendor, Delmarva, supplies data from their reviews. If remediation is needed, a Plan of Remediation (POR) form is created in Word. This document is shared between APD and the Provider and undergoes several back and forth exchanges, many of which involve email. Once the POR is agreed upon, APD must enter and track the information in an Excel remediation tracking spreadsheet. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |

| | I. Financial Accountability | | | | | |
|------|--|--|---|--|--|--|
| # | Measure | Current Business Process/Baseline | Assumptions and Constraints | | | |
| I(1) | Number and percent of providers billing for services in accordance with the recipient's service authorization. | The contracted QIO vendor, Delmarva, identifies billing discrepancies between iBudget service authorizations and FMMIS claims data. Since Delmarva does not have VPN access into the iBudget and ABC systems, data is downloaded from FMMIS on a monthly basis. Claims data is collected from Delmarva once a month. Delmarva cross reference the claims to the service authorizations at the provider location. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| I(2) | Number and percent of providers billing for waiver services at the correct rate. | The contracted QIO vendor, Delmarva, identifies billing discrepancies between iBudget service authorizations and FMMIS claims data. Since Delmarva does not have VPN access into the iBudget and ABC systems, data is downloaded from FMMIS on a monthly basis. Claims data is collected from Delmarva once a month. Delmarva cross reference the claims to the service authorizations at the provider location. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |
| I(3) | Number and percent of claims paid at the correct rate, as published in the fee schedule submitted in the waiver application. | The contracted QIO vendor, Delmarva, identifies billing discrepancies between iBudget service authorizations and FMMIS claims data. Since Delmarva does not have VPN access into the iBudget and ABC systems, data is downloaded from FMMIS on a monthly basis. Claims data is collected from Delmarva once a month. | Business requirements agreed to in the vendor contract with Harmony/Mediware require the proposed solution include all required information to meet this measure. | | | |



Appendix D: Business Requirements – APD iConnect

Note: This excerpt is taken from the ITN for this project and reflects the values submitted by the selected vendor Harmony/Mediware in their BAFO

SECTION 1. Requirements

2.1 Functional Requirements

A functional requirement is a statement that expresses a capability of a system or the necessary task, action, or activity that must be accomplished by the system.

Functional requirements are geared towards addressing the business needs that the system must satisfy, but does not address how the system should accomplish them.

2.2 Non-functional Requirements

Non-Functional Requirements for a business system address those aspects of the system that, while not directly affecting the functionality of the system as seen by the users, can have a profound effect on how that business system is accepted by both the users and the people responsible for supporting that system.

The Non-Functional aspects of a business system cover a broad range of themes. The major non-functional themes are included in the requirements matrix under the column heading of System Area.

The requirements of the system to be delivered must be understood in each of these areas. All of these requirements are presented in a way that facilitates the design and development of the operational model, that is, the computers, networks, and other platforms on which the application will execute and by which it is managed. They also feed into the design of technical and application components. For example, service level requirements may imply component performance requirements. Functional and Non-functional Requirements together define the baseline against which the business system is designed. Just like a functional requirement, a Non-functional Requirement must be testable, quantitatively or qualitatively, in order to complete the acceptance testing process. Qualitative tests cannot be directly measured or inspected. Consider the requirement "the system must be available 24x7 with the exception of scheduled down time." Testing this requirement quantitatively would take too long and be very inspection intensive. Instead, this requirement could be tested by inspecting the system architecture and forming a conclusion as to whether there is any design impediment to satisfying the requirement.

The requirements matrix provided below must be updated for each individual requirement to indicate how each is planned to be met by the vendor's proposed solution. Columns to be completed and submitted with Section 4.3 of the vendor's response include:

Extent Met by Proposed Solution:

- Doesn't Meet/Not Proposed
- 2. Custom Development
- Meets with Modification of COTS
- 4. Currently proposed for future release of COTS
- 5. Fully Meets (includes configuration changes), installed and operational, can be demonstrated

SECTION 4. Business Unit Functional Requirements

This section specifies the requirements/capabilities required of the Client Data Management System by the Agency business units (Programs, Operations, & Program Integrity).

The requirements specified in this section may overlap or extend supporting requirements. In the event a requirement specified in this section or its subsections overlaps or extends a supporting requirement in a way that violates the supporting requirement, the requirement in this section supersedes.

As used in this section and its subsections:

- The words "must" and "shall" denote mandatory requirements
- The word "should" denotes a desired but not mandatory requirement
- The phrase "including but not limited to" denotes a list of items that is required but is not all-inclusive
- The term "etc." denotes a list of items that is required but is not all-inclusive

APD envisions a modular CDMS solution that uses a logical rules-based decision making engine, a logical workflow engine, and logical functional building blocks to support APD's business processes. The term 'logical' in this vision is specifically intended to differentiate the overall system vision from its physical implementation, and recognizes that system components, even those supplied by a COTS vendor may not support rules-based decision making, workflow, and functional building blocks in a consistent manner.

The Agency's vision is that the selected contractor will bridge any gaps or inconsistencies between COTS system components, and bring consistency to the CDMS solution in these areas so that consistent training of both end users and users responsible for configuring business processes is made possible. The system requirements expressed in this section, as well as those expressed in other sections of this Statement of Need, include not only functional requirements, but also workflow and business rule requirements. This affords prospective contractors insight into the richness of the capabilities the CDMS solution must provide. Because of the Agency's modular vision for, the context in which an ITN requirement appears does not limit the applicability of functional capability expressed in that requirement to that context. Similarly, use of phrases similar to "in accordance with configurable business rules" does not limit the use of configurable business rules to the context of the ITN requirements that include such phrases. The Agency expects the contractor, with substantial Agency participation, to translate and expand ITN requirements into complete and specific functional, workflow, and technical requirements, and business rules, during requirements validation and design. The contractor must provide a solution that satisfies these derived functional, workflow, and technical requirements with derived business rules, supports all APD business process needs effectively.

The table below specifies the confirmed CDMS functional requirements. For requirements management and change control purposes, the following attributes of each requirement have been specified:

Requirement Identifier (Req ID): is the unique identifier assigned to each requirement that will be maintained throughout the
life of the system implementation effort. Design specifications and test cases must specify the requirements that they satisfy

- using the Requirement ID.
- Requirement Type: represents a general classification of each requirement. (F) Indicates a functional requirement and (NF) indicates a non-functional requirement.
- **Business Process:** represents the process applicable to the requirement.
- System Area: is a cross reference providing forward traceability into the design phase.
- Requirement Description: provides a definition of each requirement in terms of a statement of system capability or performance (i.e. the system shall perform x).
- **Extent Met by Proposed Solution:** provides an area for proposer's to indicate to which extent their proposed solution meets APD's requirement.
- Comments: provides an area for proposer's to clarify their response.

| REQ ID# | REQ Type | Business Process | System Area | Requirements Description | Extent Met by Proposed Solution (1-5) | Comments |
|------------|-------------|-----------------------------|---|---|---|----------|
| 1 | F | Application/ Eligibility | Client general demographic data/information | The system shall provide the ability online for agency staff to track waiver eligibility requirements criteria for waiver applicants that includes checklists and allows APD staff to record the eligibility determination, designate the client as waitlist, ICF or waiver and generate the Eligibility Determination Notice. See forms for data elements #28, 29, 118, 123 | 5 | |
| 2 | F | Application/ Eligibility | Client general demographic data/information | The system shall provide the ability online for providers and agency staff to select a client and enter employment data including, but not limited to employment history, salary, performance and goals. See attached screenshot #117, 27b, 150, input screen for data elements | 5 | |
| 3 | F | Application/ Eligibility | Client general demographic data/information | The system shall provide the ability online for agency staff and Waiver Support Coordinators to select a client and enter information pertaining to client Level of Care. See attached forms for data elements #28, 29 | 5 | |
| 4 | F | Application/ Eligibility | Client general demographic data/information | The system shall provide the ability online for Level of Care to be signed electronically by client or legal representative. Page 95 of 169 | 4 | |

| 5 | Application/ Eligibility | Client general demographic data/information | The system shall provide the ability online for client/legal representatives, Support Coordinator's, and agency staff to enter and maintain client central demographic information. See forms #156, 157 | 5 | Harmony for Advanced Waiver Management includes functionality to allow users to perform this action. The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |
|---|-----------------------------|---|---|---|--|
| 6 | Application/ Eligibility | Client general demographic data/information | The system shall provide the ability online to notify agency staff and Waiver Support Coordinators when a client's Level of Care is coming due for annual review (every 364 days). See attached form for data elements #28 | 5 | |
| 7 | Application/ Eligibility | Core Client Central Record | The system shall provide the ability online for a potential client, legal representative, or agency staff to enter and submit the Referral Form for agency staff review. See form #3d for data elements | 5 | Harmony for Advanced Waiver Management includes functionality to allow users to perform this action. The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |

| 8 | | Application/ Eligibility | Core Client Central Record | The system shall provide the ability online for a potential client, legal representative, or agency staff to enter and submit the Application For Services for agency staff review. See Form 3c for data elements | 5 | Harmony for Advanced Waiver Management includes functionality to allow users to perform this action. The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |
|----|---|-----------------------------|-------------------------------|---|---|--|
| 9 | | Application/ Eligibility | Core Client Central Record | The system shall provide the ability online for client, legal representative, and agency staff to select a client and electronically attach supporting documentation for the Application For Services. | 5 | Harmony for Advanced Waiver Management includes functionality to allow users to perform this action. The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |
| 10 | F | Application/ Eligibility | Waitlist | The system shall provide the ability online for agency staff to complete a checklist to prioritize waitlist clients based on predefined criteria. See waitlist prioritization checklist see forms # 92 and 128 for data elements | 5 | |
| 11 | F | Application/ Eligibility | Waitlist | The system should provide the ability online for agency staff to track and monitor General Revenue expenditures for people on the waitlist | 5 | |

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|----|-----------------------------|---------------------------------------|--|---|
| 12 | Application/ Eligibility | Waitlist | The system should provide the ability online for agency staff to enter provider Non-Contractual Authorization information and grant the provider access to that providers approved service authorizations for General Revenue funded services. See form #131 for data elements(ABC invoicing Screenshot 3031) | 5 |
| 13 | Application/ Eligibility | Waitlist | The system should provide the ability online to automatically update the status of a General Revenue service authorization when General Revenue vendor payments for that service authorization are made. See form #131 | 5 |
| 14 | Application/ Eligibility | Waitlist | The system should provide the ability online for agency staff to enter General Revenue Support Plans (short) for a waitlist client. See form #41b | 5 |
| 15 | Application/ Eligibility | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for agency staff to select a client and verify that all client pre-CDC+ requirements have been met before the CDC+ application can be initiated as indicated in rule. See form #159 | 5 |
| 16 | Application/ Eligibility | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for the Support Coordinator/consultant or agency staff to select a client and enter and submit the CDC+ client application information. See Forms 13, 14, 15, 18, 19, 21, 22, analysis 99 forestate elements. | 5 |

| 17 | Application/ Eligibility | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for client/representative and consultant to enter and submit the CDC+ client application information. See Forms 13, 15, 16, 18, 19, 20, 21, and 22 for data elements. | 5 | The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |
|----|-----------------------------|---------------------------------------|---|---|---|
| 18 | Behavioral Services | Behavioral Services | The system shall provide the ability online for Support Coordinator to select a client assigned to them and enter a request for new service(s) for the client, track the date the submission was made and notify the appropriate agency staff the request was submitted | 5 | - |
| 19 | Behavioral Services | Behavioral Services | The system shall provide the ability online for providers to select a client with an existing service authorization and enter Behavioral Assessment data for the client. See form for data elements #63 | 5 | |
| 20 | Behavioral Services | Behavioral Services | The system shall provide the ability online for providers to select a client with an existing service authorization and enter and update Behavioral Analysis Services Plan (BASP) data for the client. See form for data elements #61 | 5 | |
| 21 | Behavioral Services | Behavioral Services | The system shall provide the ability online for providers to select a client with an existing service authorization and enter and update Behavior Analysis Quarterly Summary data for the client. See form for data elements #60 | 5 | |

| 22 | Behavioral Services | Behavioral Services | The system shall provide the ability online for providers to select a client with an existing service authorization and enter and update Provider Request for Behavior Focused and Intensive Behavioral Residential Habilitation Designation data for the client. See form for data elements #54, 45, 45a | 5 | |
|----|------------------------|---------------------|--|---|--|
| 23 | Behavioral Services | Behavioral Services | The system shall provide the ability online for agency staff and providers to select a client and enter and update the data that comprises the Behavior Focused Recipient Characteristics. See form for data elements #48 | 5 | |
| 24 | Behavioral Services | Behavioral Services | The system shall provide the ability online for agency staff and providers to select a client (in the area or with an existing service authorization) and enter and update the data that comprises Intensive Behavioral Recipient Characteristics for the client. See form for data elements #50, 52 | 5 | |
| 25 | Behavioral Services | Behavioral Services | The system shall provide the ability online for agency staff to select a client in their Region and enter and update Behavioral Analysis Eligibility Form (BASE) data for the client. See form #158 | 5 | |

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|----|------------------------|---------------------|--|---|---|
| 26 | Behavioral Services | Behavioral Services | The system shall provide the ability online for agency staff to select a client in their Region and enter/update data that comprises client eligibility for Behavioral-Medical Residential Habilitation for the client. See forms for data elements #51, 55 | 5 | |
| 27 | General | General | The system shall provide the ability online for agency staff to select a client in their Region and to generate agency correspondence (notices) including but not limited to Notices of Agency Action (NOAA). See forms for data elements #53,53a | 5 | |
| 28 | Behavioral Services | Behavioral Services | The system should provide the ability online for providers to generate graphical representations of the data that comprises reactive strategies for clients for whom they have service authorizations. See form for data elements #57, 59, | 5 | |
| 29 | Behavioral Services | Behavioral Services | The system shall provide the ability online to notify agency staff and providers of approaching deadlines for their clients for behavioral process requirements (workflow) including but not limited to BASP, Assessment, Eligibilities, IB Matrices, LRC Reviews, Quarterly reports, Reactive Strategies etc. prior to being out of compliance and provide a report on the items that have exceeded timeframe parameters. See form for data elements #46, 47, 50, 53, 56, 57, 60, 61, 63, 100, 110 | 5 | |

| 30 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online to automate the rules, coverage and limitations of the current promulgated CDC+ handbook for all CDC+ processes including but not limited to the CDC+ Purchasing Plan Form and Quick Update form. See Forms #13 - #23, #87, #88 for data elements. | 5 | |
|----|--|---------------------------------------|---|---|--|
| 31 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for agency staff, Support Coordinators/consultants, clients and CDC+ Representatives to input and update the CDC+ Purchasing Plan Form and Quick Update form See attached forms for data elements #20 and #21 | 5 | Harmony for Advanced Waiver Management includes functionality to allow users to perform this action. The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |
| 32 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for Support Coordinators/consultants to submit the CDC+ Purchasing Plan and Quick Update form to agency staff for review and approve consistent with the approval requirements. See attached forms for data elements #20 and #21 | 5 | |
| 33 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for agency staff to designate a timeline (workflow) for tasks within CDC+ processes. | 5 | |

| 34 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for the Support Coordinator/consultant to select a CDC+ client and enter monthly case notes for the client as required in rule. See form #17 | 5 | |
|----|--|---------------------------------------|---|---|---|
| 35 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for the appropriate staff to create and track checklists for required documentation in each CDC+ process. See attached forms for data elements #13 - #23 | 5 | |
| 36 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online to interface with the current CDC+ systems including but not limited to CDCFEA, Secure Web-Based Payroll Systems, and the Interactive Voice Response system (IVR). See forms for data elements #20, 21 | 2 | This interface is included in Harmony's proposal and will leverage Harmony's integration architecture which allows interfaces to any third party system. As would be the case for any vendor, the specific interface will be developed as part of the implementation. |
| 37 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The systems shall provide the ability online for Support Coordinator/consultant or agency staff to select a CDC + representative and enter and track corrective action plans. See spreadsheet for data elements #167 | 5 | |
| 38 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for clients/representatives and consultants to select a client and update applicable CDC+ information See Forms #16, 18, 22 for data elements | 5 | |

| 39 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for clients/representatives and consultants to select a client and submit a request for voluntary disenrollment from CDC+. See forms #16 and #23 | 5 | |
|----|--|---------------------------------------|---|---|--|
| 40 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for agency staff to select a client and generate a due process notice for involuntary disenrollment from CDC+ See form #88 | 5 | |
| 41 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability online for agency staff to select a client and generate due process notices as required including but not limited to reduction of allocation and change in services. See Forms #87, 88 for data elements | 5 | |
| 42 | Consumer Directed Care Plus (CDC+) | Consumer Directed Care Plus (CDC+) | The system shall provide the ability for clients and CDC+ Representatives to enter online the CDC+ Purchasing Plan and Quick Update form to Support Coordinators/consultants for review and approval consistent with the approval requirements. See attached forms for data elements #20 and #21 | 5 | Harmony for Advanced Waiver Management includes functionality to allow users to perform this action. The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |

| 43 | F | Crisis | Client general demographic data/information | The system shall provide the ability online for agency staff to select a client and enter data related to client crisis enrollment. See Forms # 26, 26a, 38, 96, 97, 98, 101, 65 for data elements | 5 |
|----|---|-----------|---|---|---|
| 44 | | Crisis | Crisis Enrollment | The system shall provide the ability online for agency staff to select a client and enter all data required for Crisis reviews including attaching supporting documentation. See Forms # 15, 26, 26a, 38, 65, 95, 96, 97, 98, 101, 157 for data elements | 5 |
| 45 | | Crisis | Crisis Enrollment | The system shall provide the ability online for agency staff to select a client and enter crisis review checklist data including attachments and track timelines with appropriate notifications (workflow). See Forms # 26, 26a, 38, 65, 96, 97, 98, 101 for data elements | 5 |
| 46 | - | Discovery | Quality Assurance | The system shall provide the ability online to interface with the QIO provider to receive and upload QIO service provider and client data to track provider deficiencies and client health and safety alerts requiring remediation See forms 7, 7b | 2 |
| 47 | F | Discovery | Quality Assurance | The system shall provide the ability online for APD staff to input service provider remediation tracking data. See attached forms for data elements # 7, 7b | 5 |

| 48 | F | Discovery | Quality Assurance | The system should provide the ability online to interface with DCF FSFN system to receive and upload APD Provider deficiencies requiring remediation. | 2 | This interface is included in Harmony's proposal and will leverage Harmony's integration architecture which allows interfaces to any third party system. As would be the case for any vendor, the specific interface will be developed as part of the implementation. |
|----|---|-----------|---|---|---|--|
| 49 | F | Discovery | Quality Assurance | The system should provide the ability online to interface with DCF FSFN system to receive and upload APD client data and to associate it with the client's record. | 2 | This interface is included in Harmony's proposal and will leverage Harmony's integration architecture which allows interfaces to any third party system. As would be the case for any vendor, the specific interface will be developed as part of the implementation. |
| 50 | F | General | Client general demographic data/information | The system shall provide the ability online for legal representatives/clients to select and view their client central record in accordance with HIPAA requirements. | 5 | Harmony for Advanced Waiver Management includes functionality to allow users to perform this action. The Consumer/Caregiver Portal, successfully deployed for the Massachusetts Executive Office on Elder Affairs, will allow clients and legal representatives to perform this action with product enhancements already underway. |
| 51 | | General | Core Client Central Record | The system shall provide the ability online to accept electronic signatures including from handheld and portable devices. | 4 | |
| 52 | | General | Core Client Central Record | The system shall provide the ability online for agency staff to generate a report on all client denials of service by field office/region. | 5 | |

| 53 | | General | Core Client Central Record, Provider | The system shall provide the ability online for support coordinators and | 5 | |
|----|---|--------------------|---|--|-----|--|
| | | | management directory | agency staff to select a client and | | |
| | | | and Provider enrollment | attach documents, images, or | | |
| | | | and Frovider emoninent | relevant information that link to | | |
| | | | | items in all the client's checklists; | | |
| | | | | including the ability to retrieve, view, | | |
| | | | | send, and print such material on | | |
| | | | | demand. | | |
| 54 | | General | Forensic | The system should provide the ability | 5 | |
| | | | | online for agency staff to track client | | |
| | | | | forensic information including but | | |
| | | | | not limited to court dates and facility | | |
| | | | | placement and provide alerts related | | |
| | | | | to this information. | | |
| 55 | | General | General | The system shall provide the ability | 5 | |
| | | Gerieran | General | online to link to the User Manuals | | |
| | | | | and FAQ's for user self help | | |
| 56 | | General | General | The system shall provide the ability | 5 | |
| | | 3 5.15.4. | 36.16.4. | online to notify specific users when a | | |
| | | | | task is ready for their | | |
| | | | | review/approval. | | |
| 57 | | General | General | The system should provide the ability | 5 - | |
| | | | | online for agency staff to flag clients | | |
| | | | | as having hearing or legal cases and | | |
| | | | | the type of hearing/case. | | |
| 58 | F | Incident Reporting | Incident Reporting | The system shall provide the ability | 5 | |
| | | | | online for providers and agency staff | | |
| | | | | including Developmental Disability | | |
| | | | | Centers to enter incident data. | | |
| | | | | See Forms #93, 93a, 90 | | |
| 59 | F | Incident Reporting | Incident Reporting | The system shall provide the ability | 5 | |
| | | | | online to send notifications to | | |
| | | | | appropriate agency staff based on | | |
| | | | | the type of incident when an incident | | |
| | | | | is entered. | | |
| | | | | Page 107 of 169 | | |

| 60 | F | Incident Reporting | Incident Reporting | The system shall provide the ability online to link incident reports to multiple APD clients but only allow providers and their employees to view the clients involved in the incident that they have service authorizations for (compliance with HIPAA). | 5 | |
|----|---|--------------------|--------------------|---|---|--|
| 61 | | Provider | Cost Plan | The system shall provide the ability online for agency staff to associate negotiated rates with provider services. These rates will be associated with client service plans when the waiver service is selected for the service plan. | 5 | |
| 62 | | Waiver | Cost Plan | The system shall provide the ability online for agency staff to associate standard rates with waiver services in accordance with the rate rule. These rates will be associated with client service plans when the waiver service is selected for the service plan. See the rate table for elements #152, 153, 154 | 5 | |
| 63 | | Waiver | Cost Plan | The system shall provide the ability online to require Support Coordinator and/or agency staff to enter a manual rate on a service plan for a waiver service designated as a manual rate service when the service is selected for a service plan. The manual rate entered may not exceed the maximum allowable rate for the waiver service. | 5 | |

| 64 | Waiver | Cost Plan | The system shall provide the ability online for agency staff to designate a waiver service that does not have a standard rate as being a manual rate service. | 5 |
|----|-------------------------|-----------|--|---|
| 65 | Provider | General | The system shall provide the ability online to produce a report on providers who have not entered service logs on a client more than 30 days after the end date on the providers' service authorization for that client. | 5 |
| 66 | Provider | General | The system shall provide the ability online to notify providers who have not entered service logs on a client more than 30 days after the end date on the providers' service authorization for that client. | 5 |
| 67 | Provider Application | Provider | The system shall provide the ability online for providers to enter and submit to APD the provider enrollment application and attach necessary supporting documentation. The system shall not accept the application submission until specified criteria for submittal (checklist) has been met. See form #1, 2, 3, 135, 147 | 4 |
| 68 | Provider Application | Provider | The system shall provide the ability online for agency staff to delete incomplete provider applications within a specific time period. | 5 |

| 69 | Provider Application | Provider | The system shall provide the ability online for agency staff to review and edit submitted provider enrollment application, enter comments and update the status to one of the following: Initial Review, Further Documentation Required, Application Eligible, Application Denied, Final Review, and Application Approved. | 5 | |
|----|-------------------------|----------|--|---|---|
| 70 | Provider Application | Provider | The system shall provide the ability online for agency staff to generate a provider enrollment denial notification email to provider. See form outline #160 for data elements | 5 | |
| 71 | Provider Application | Provider | The system shall provide the ability online for agency staff to generate an initial provider enrollment eligibility email upon approval of the enrollment application. | 5 | |
| 72 | Provider Application | Provider | The system shall provide the ability online to notify agency staff when new provider Medicaid Waiver information is received from AHCA as part of the nightly provider/vendor FMMIS synchronization. | 2 | This interface is included in Harmony's proposal and will leverage Harmony's integration architecture which allows interfaces to any third party system. As would be the case for any vendor, the specific interface will be developed as part of the implementation. |
| 73 | Provider Application | Provider | The system should provide the ability online to notify providers of status updates regarding their enrollment application. This notification will include agency staff notes. | 5 | |

| 74 | | Provider Application | Provider | The system shall provide the ability online for agency staff to generate the final provider enrollment approval correspondence including the Medicaid Waiver Services Agreement See Form #4 | 5 | |
|----|---|-------------------------|----------|--|---|---|
| 75 | | Provider Application | Provider | The system shall provide the ability online to notify providers and agency staff 60 days prior to impending expiration of the providers Medicaid Waiver Services Agreement with APD. | 5 | |
| 76 | F | Provider Application | Provider | The system shall provide the ability online for providers to renew Medicaid Waiver Agreements. See Form #4 | 5 | |
| 77 | F | Provider Application | Provider | The system shall provide the ability online for agency staff to select a provider and enter Medicaid Waiver Services Agreement information including begin and end date for the agreement. See Form #4, 5 for data elements | 5 | |
| 78 | F | Provider Billing | Provider | The system shall provide the ability online to view the paid claims from FMMIS for a specific client, specific provider, by Field Office/region or statewide. | 5 | |
| 79 | F | Provider Billing | Provider | The system shall provide online access to providers for service authorizations. | 5 | - |

| 80 | | Provider Services | Provider | The system shall provide the ability online for providers to add/update service log progress/case notes, comments and units for Visit Verification entries for their service authorization clients. Date and time are not editable. See form #133 | 5 | |
|----|---|-------------------|----------|---|---|--|
| 81 | | Provider Services | Provider | The system shall provide the ability online for agency staff to deactivate a provider, while maintaining the providers account and the provider's ability to continue billing for up to one year after deactivation but restricting the provider from being associated with any new service plans/service authorizations. | 5 | |
| 82 | F | Provider Services | Provider | The system shall provide the ability online for providers to select a client with an existing service authorization and enter data for Reactive Strategies, Medication Errors, Incident reports and Deaths, as required in rule and for CMS and Quality Assurances for the client. See Forms #6, 6a, 6b, 7, 7b, 64, 64a, 66, 66a, 90, 91, 93, 93a, 94, 105, 106, 142 | 5 | |
| 83 | | Provider Services | Provider | The system shall provide the ability online for agency staff to associate approved services with the provider by field office/region to indicate what services the provider can provide in which field office/regions. | 5 | |

| 84 | F | Provider Services | Provider | The system shall provide the ability online for providers to create implementation plans for a client that include but are not limited to activities and tasks based on handbook rules. | 5 | |
|----|---|-------------------|----------|---|---|--|
| 85 | F | Provider Services | Provider | The system shall provide the ability online for agency staff and providers to produce reports based on client progress on implementation plan goals. | 5 | |
| 86 | F | Provider Services | Provider | The system should provide the ability online for providers to enter client progress on Support Plan goals and objectives. See form #41 and #42a | 4 | |
| 87 | F | Provider Services | Provider | The system should provide the ability online to notify providers and APD staff regarding implementation plan due dates. | 5 | |
| 88 | | Provider Services | Provider | The system shall provide the ability online to automatically notify agency staff and Waiver Support Coordinators of a provider termination if there are clients that have active service authorizations with that provider and therefore need to find a new provider for that/those service(s). | 5 | |
| 89 | F | Provider Services | Provider | The system should provide the ability online for providers to associate client service logs to implementation plan goals. | 4 | |

| 90 | | Remediation | Quality Assurance | The system shall provide the ability online to notify the provider of the individual deficiencies requiring remediation. Also see form 6, 6a, 108 | 5 | |
|----|---|-------------|--------------------|---|---|--|
| 91 | | Remediation | Quality Assurance | The system shall provide the ability online for providers to enter the plan of remediation for each individual deficiency and allow agency staff to review and approve the plan of remediation for each deficiency. See Form # 6, 6a | 5 | |
| 92 | | Remediation | Quality Assurance | The system shall provide the ability online to track the remediation due date for provider deficiencies and notify APD Staff if dates are not met. See Form # 6 | 5 | |
| 93 | | Remediation | Quality Assurance | The system shall provide the ability online to notify APD Staff of Request for Provider Termination. See form #160 | 5 | |
| 94 | | Remediation | Quality Assurance | The system shall provide the ability online for agency staff to update provider deficiencies to indicate that the deficiency has been corrected, description of evidence of completion and the date it was corrected. See Form # 6 | 5 | |
| 95 | F | Residential | Facility Licensure | The system shall provide the ability online to enable prospective facilities and licensed facilities to apply for licensure and renew licenses. See form #78 | 4 | |

| 96 | F | Residential | Facility Licensure | The system shall provide the ability online for APD staff to enter the monthly group home monitoring tool/checklist for each group home provider. See form #85, 47 | 5 |
|-----|---|-------------|--------------------|--|---|
| 97 | F | Residential | Facility Licensure | The system shall provide the ability online for APD staff to enter the licensure monitoring checklists. See Forms #80, 80a, 81, 81a, 82 | 5 |
| 98 | F | Residential | Facility Licensure | The system shall provide the ability online to report on monitoring deficiencies noted on the monitoring tools. See form #85 for data elements | 5 |
| 99 | | Residential | Facility Licensure | The system shall provide the ability online for agency staff to generate correspondence (Notice of Noncompliance) to providers based on results from the monitoring tools. See form 108 | 5 |
| 100 | F | Residential | Facility Licensure | The system shall provide the ability online for agency staff to enter expected timeframes for deficiency corrections and the date the deficiency was corrected | 5 |
| 101 | F | Residential | Facility Licensure | The system shall provide the ability online for agency staff to collect data related to licensing disciplinary actions. See Form #102 | 5 |
| 102 | F | Residential | Facility Licensure | The system shall provide the ability online to track license expiration dates. | 5 |

| 103 | | Residential Planning | ICF | The system shall provide the ability online for agency staff to select a client and enter the Central Admissions Cover Sheet and the Document of Choice See form # 137, 141 | 5 | |
|-----|---|-------------------------|----------------------|--|---|---|
| 104 | | Residential Planning | ICF | The system shall provide the ability online for agency staff to select a client, review the Central Admissions Cover Sheet and create multiple Authorization for Admissions simultaneously to different ICF providers for the client. See form #10 | 5 | |
| 105 | | Residential Planning | ICF | The system shall provide the ability online for agency staff to document the ICF acceptance or denial of the Authorization for Admission for a client and enter the anticipated admission date or reason for denial. See form #10 | 5 | |
| 106 | F | Residential Planning | Residential Planning | The system shall provide the ability online for agency staff or providers to maintain bed availability data by provider and provider characteristics, (for example providers that serve clients with medically complex needs or clients with significant behavioral issues.) See form # 8, 107, 146 | 5 | |
| 107 | - | Residential Planning | Residential Planning | The system shall provide the ability online for agency staff, providers and clients/legal rep to enter the residential Planning Referral form. See Residential Planning Referral form #155 | 5 | - |

| 108 | | Residential Planning | Residential Planning | The system shall provide the ability online for support coordinators and agency staff to complete a checklist of required documents for clients seeking residential planning. See form #109 | 5 | |
|-----|---|-------------------------|----------------------------------|--|---|---|
| 109 | F | Service | QSIVerification | The system shall provide the ability online for providers to use Visit Verification technology (geodata) to enter service logs for client services provided for a service authorization using provider GPS enabled devices. This technology must be used for inhome, community, facility and provider office locations and must track service logs, attendance logs, and Daily Progress Notes. | 4 | |
| 110 | | Service | Electronic Visit Verification | The system shall provide the ability online for agency staff to use Visit Verification technology (geodata) to document monitoring visits to providers. | 4 | |
| 111 | F | Service | Electronic Visit Verification | The system shall provide the ability online to reconcile provider client geodata service/attendance logs against client services billed and FMMIS claims paid to reduce mistakes and fraud | 4 | - |
| 112 | F | Service | Electronic Visit Verification | The system shall provide the ability online to associate a unique login identifier to each employee/subcontractor of each provider in order to track individual direct care providers. | 4 | |

| 113 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for support coordinators to enter a client Supplemental Funding Request and submit to agency staff for review and approval or denial. See forms #156, 157 | 5 | |
|-----|---------------------------------|---------------------------------|--|---|--|
| 114 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for support coordinators and agency staff to attach scanned justification documentation for a client Supplemental Funding Request (person needing services (PNS)). | 5 | |
| 115 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for support coordinators and agency staff to complete Supplemental Funding Request checklists appropriate to their roles. The checklists should include a brief description of the required documentation. See forms #156, 157 | 5 | |
| 116 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for submission of Supplemental Funding Request and a notification by agency staff to support coordinator that additional documentation is needed (support coordinator checklist is complete). | 5 | |
| 117 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for agency staff to select the reason for Supplemental Funding Request denial from a dropdown list and provide a text box for other reasons not on the list. see forms #25, 26, 156, 157 | 5 | |

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| 118 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for agency staff to generate the standard Notice of Denial and Due Process Letter for a denied Supplemental Funding Request. | 5 | |
|-----|---------------------------------|---------------------------------|--|---|--|
| 119 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online to send reminder notifications to the appropriate agency staff for follow-up to revisit Supplemental Funding Request approved Cost Plan changes. | 5 | |
| 120 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for agency staff to enter text for missing information for a Supplemental Funding Request (SFR) and generate the standard Notice of Missing Information notification that includes the text entered by the agency staff. | 5 | |
| 121 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability online for agency staff to generate the standard approval notification for an approved Supplemental Funding Request. | 5 | |
| 122 | Supplemental Funding Request | Supplemental Funding Request | The system shall provide the ability to capture the dates associated with each submission and review of the supplemental funding request process. | 5 | |
| 123 | Supplemental Funding Request | Reports | The system shall provide the ability for agency staff to generate a report on the dates associated with each submission and review of the supplemental funding request. | 5 | |

| 124 | Technical | Interface | The system shall provide the ability online for batch interfaces to exchange data with current APD systems including but not limited to ABC, CDC+, iBudget, QSI etc. These interfaces will remain in place until the functionality of the current APD systems is incorporated into the CDMS solution. | 2 | These interfaces are included in Harmony's proposal and will leverage Harmony's integration architecture which allows interfaces to any third party system. As would be the case for any vendor, these specific interfaces will be developed as part of the implementation. |
|-----|-----------|-----------|---|---|---|
| 125 | Waiver | Cost Plan | The system shall provide the ability online for agency staff to select a client and enter an annual cost plan budget information for the client. | 4 | |
| 126 | Waiver | Cost Plan | The system shall provide the ability online for agency staff to select a client and generate a Due Process Notification Letter for the client that lists: (A) the pre-approved service families and (B) the iBudget yearly allocation amount. This notification will be sent to clients/legal representative and Support Coordinator. | 4 | |
| 127 | Waiver | Cost Plan | The system shall provide the ability online for the waiver support coordinator and agency staff to only be able to create an annual cost plan for a client that has an annual budget | 4 | |
| 128 | Waiver | Cost Plan | The system shall provide the ability online to create a generic CDC provider and allow this provider to be associated with CDC client service plans until all the CDC+ functionality has been integrated into the CDMS system. | 5 | |

| 129 | Waiver | Cost Plan | The system shall provide the ability online for Support Coordinator and agency staff to enter service specific notes (at least 10,000 characters) on the client service plan which will appear on the provider service authorization for that service. | 4 | |
|-----|--------|-----------|--|---|--|
| 130 | Waiver | Cost Plan | The system shall provide the ability online for waiver support coordinator and agency staff to select a client cost plan and create service plans from the list of pre-approved client services. | 4 | |
| 131 | Waiver | Cost Plan | The system shall provide the ability online to only allow selection of providers for client service plans who have been approved to provide the selected service in the clients' geographic location. | 4 | |
| 132 | Waiver | Cost Plan | The system shall provide the ability online to not allow a cost plan to be approved if the total service plan amounts exceed the clients' annual budget. | 4 | |
| 133 | Waiver | Cost Plan | The system shall provide the ability online to not allow a service plan to be saved if adding the service plan will cause the clients total service plan amount to exceed the clients' annual budget. | 4 | |

| 134 | Waiver | Cost Plan | The system shall provide the ability online to automatically send a cost plan for field office/regional review if a service plan for a critical service exists and the critical service has not been scheduled according to the critical service/group rules. | 4 |
|-----|--------|-----------|---|---|
| 135 | Waiver | Cost Plan | The system shall provide the ability online for Support Coordinator and agency staff to modify the cost plan at any time for funds that have not been spent. | 5 |
| 136 | Waiver | Cost Plan | The system shall provide the ability online to display the service name (not service code) for all service plan and service authorization lists, information pages and reports. | 5 |
| 137 | Waiver | Cost Plan | The system shall provide the ability online to have a flag for Support Coordinator to indicate that client or authorized representative agrees with cost plan changes that Support Coordinator has made. | 5 |
| 138 | Waiver | Cost Plan | The system shall provide the ability online to track the service authorization prior authorization (PA) number and date the PA number is returned by FMMIS. | 5 |
| 139 | Waiver | Cost Plan | The system shall provide the ability online to create and send new and modified service authorization requests directly to FMMIS See form #133 for data elements | 4 |

| 140 | Waiver | Cost Plan | The system shall provide the ability online to notify providers of service authorizations approved by FMMIS (with a PA number). | 5 | |
|-----|--------|-----------|---|---|--|
| 141 | Waiver | Cost Plan | The system shall provide the ability online to notify clients regarding any approved changes to service authorizations. | 5 | |
| 142 | Waiver | Cost Plan | The system shall provide the ability online for Support Coordinators and agency staff to copy the approved cost plan, make changes and maintain a history of changes. | 5 | |
| 143 | Waiver | Cost Plan | The system shall provide the ability online to notify clients and Support Coordinators when services plans are changed. | 5 | |
| 144 | Waiver | Cost Plan | The system shall provide the ability online for Support Coordinator and agency staff to approve a cost plan based on medical necessity and flexibility of services found in APD Rules and in AHCA iBudget Handbook rules. | 5 | |
| 145 | Waiver | Cost Plan | The system shall provide the ability online for agency staff to approve a cost plan that has been sent for area or central office review. | 5 | |

| 146 | Waiver | Cost Plan | The system shall provide the ability online to notify agency staff when a cost plan is manually sent for review by the Support Coordinator or includes a service plan for critical service that has not been scheduled according to critical service rules. | 5 | |
|-----|--------|-----------|---|---|---|
| 147 | Waiver | Cost Plan | The system shall provide the ability to maintain a history of annual budget changes for each client. | 5 | |
| 148 | Waiver | Cost Plan | The system shall provide the ability online to associate paid claims with current approved cost plans for each client. | 5 | |
| 149 | Waiver | Cost Plan | The system shall provide the ability online to allow cost plans and service authorizations to be exported to a PDF or Excel formats for printing. See form #133 for data elements | 5 | |
| 150 | Waiver | Cost Plan | The system shall provide the ability online to issue provider service authorizations at a minimum on a quarterly basis or when modified (not to exceed the current quarter). | 5 | |
| 151 | Waiver | Cost Plan | The system will automatically create and send service authorization requests to FMMIS for all service plans. | 2 | This interface is included in Harmony's proposal and will leverage Harmony's integration architecture which allows interfaces to any third party system. As would be the case for any vendor, the specific interface will be developed as part of the implementation. |
| 152 | Waiver | Reports | The system shall provide the ability online for agency staff to produce a report for Encumbered Funds by client. | 5 | |

| 153 | - | Waiver | Reports | The system shall provide the ability online for agency staff to produce reports for the CMS quality assurance points. See Forms #103,104 | 5 | |
|-----|---|--------|-------------------|---|---|--|
| 154 | | Waiver | Waiver Enrollment | The system shall provide the ability online for agency staff to select a client and generate client waiver eligibility enrollment or denial decision correspondence based on the review of the Application for Services. See form #115, 123, 125, 126 | 5 | |
| 155 | F | Waiver | Waiver Enrollment | The system shall provide the ability online for agency staff to select a client and assign a waiver support coordinator to the client, based on the clients choice from a list of approved available waiver support coordinators | 5 | |
| 156 | F | Waiver | Waiver Enrollment | The system shall provide the ability online for agency staff and waiver support coordinators to select a client and enter client-central record information including, but not limited to documents/forms listed below. See forms #'s: 41,42a, 132 Support Plan in addition but not limited to: 3a, 3b, 3c, 3d, 24, 35, 36, 37, 39, 39a, 40, 99, 74, 75, 76, 77, 132 | 5 | |

| 157 | F | Waiver | Waiver Enrollment | The system shall provide the ability online for agency staff to select a client and enter pre-approved services from a list of waiver services. See List of Waiver Services for data elements # 151 | 5 |
|-----|---|-------------------|---|--|---|
| 158 | F | Provider | Billing | The system shall provide the ability online to deny service plans from being built if provider deficiencies are present (e.g. including, but not limited to; proof of insurance, licenses, and required training). | 5 |
| 159 | F | Provider | Billing | The system shall provide the ability online to reject quarterly service authorizations from being created for providers with deficiencies (e.g. including, but not limited to; proof of insurance, licenses, and required training). | 5 |
| 160 | | Provider | Billing | The system shall generate a report from the quarterly service authorization process indicating which service authorizations were not created for these providers. | 5 |
| 161 | | Quality Assurance | Client general demographic data/information | The system shall provide the ability online to notify Support Coordinators when the annual support plan review/update is due or out of date. | 5 |
| 162 | F | Quality Assurance | Client general demographic data/information | The system should provide the ability online for agency staff to select a client and enter data related to QSI assessments. See attached form for data elements #127 Page 126 of 169 | 5 |

| 163 | Quality Assurance | Client general demographic data/information | The system shall provide the ability online for providers and Support Coordinators to select a client, enter quarterly supported living plans and received notification when quarterly supported living plan reviews are due or out of date. See Rule for data elements needed # 161 | 5 | |
|-----|-------------------|---|--|---|--|
| 164 | Quality Assurance | Client general demographic data/information | The system shall provide the ability online for providers and Support Coordinators to select a client, enter employment plans and received notification when employment Stability plan reviews are due or out of date. See form # 150 | 5 | |
| 165 | Clinical | Clinical - MCM | The system shall provide the ability online for agency staff to select a client, enter, review, edit and approve Report of Death information. See attached forms for data elements #64,64a | 5 | |
| 166 | Clinical | Clinical - MCM | The system shall provide the ability online for agency staff to select a client, review, edit, and approve Medication Errors See attached forms for data elements #70,70a | 5 | |

| 167 | Clinical | Clinical - MCM | The system shall provide the ability online for providers and agency staff to select a client and enter client medication administration information for the Medication Administration Record (MAR) and required by Rule 65G-7 Medication Administration. See form 66a Other forms associated with medication 66, 67, 68, 69, 70, 70a, 71, 72, 73 | 4 | |
|-----|----------|----------------|--|---|--|
| 168 | Clinical | Clinical - MCM | The system shall provide the ability online for agency staff to select a client and enter client PASRR History & Evaluation & Level II Summary Report information. See attached forms for data elements #74, 75 | 5 | |
| 169 | Clinical | Clinical - MCM | The system shall provide the ability online for providers and agency staff to select a client and enter Nursing Assessment and Nursing Care Plan data. See attached forms for data elements #76, 77, 148 | 5 | |
| 170 | Clinical | Clinical - MCM | The system shall provide the ability online for agency staff to generate a report on all information regarding ICF Continued Stay for clients in their field office/region. See form # 138 | 5 | |

| 171 | Clinical | Clinical - MCM | The system shall provide the ability online to upload DOH Vital Statistic Report Of Death information and match it with client records based on social security number and date of birth. Agency staff must be able to review, edit and approve Report of Death information. See form #64 | 2 | This interface is included in Harmony's proposal and will leverage Harmony's integration architecture which allows interfaces to any third party system. As would be the case for any vendor, the specific interface will be developed as part of the implementation. |
|-----|----------|----------------|---|---|---|
| 172 | Clinical | Clinical - MCM | The system shall provide the ability online for agency staff to select a client and enter client Medical Case Management review form information. See attached form for data elements #65 | 5 | |
| 173 | Clinical | Clinical - MCM | The system shall provide the ability online for agency staff to select a client and enter law suit settlement requirements information (i.e. Sunland at Orlando). | 5 | |
| 174 | Clinical | Clinical - MCM | The system shall provide the ability online for agency staff to select a client and enter area client ICF continued stay information. See forms # 124, 145, 148 | 5 | |
| 175 | Clinical | Clinical - MCM | The system shall provide the ability online to generate notifications to appropriate agency staff when client ICF Continued Stay information is due for review. See forms: #138, 144, Utilization Review (6 months). | 5 | |

| 176 | | Report | Core Client Central Record and Waitlist/GR | The system should provide the ability online for agency staff to generate reports on non-paid supports listed in client support plans by field office/region and service. | 5 | |
|-----|---|----------|---|--|---|--|
| 177 | F | General | Document Management | The system shall provide the ability online for Support Coordinator and agency staff to select a client and attach client files/documents to the client record. | 5 | |
| 178 | F | General | Electronic Health Record | The system should provide the ability online to maintain an electronic health record for APD Clients in accordance with the ACA. | 1 | Although Harmony for Advanced Waiver Management includes most functionality associated with EHR, there is no immediate plan to seek EHR certification. |
| 179 | F | Clinical | Medication Record | The system shall provide the ability online for support coordinators, providers and agency staff to select a client record and attach medication information like prescriptions to the client record to maintain a medication history. | 5 | |
| 180 | F | Clinical | Medication Record | The system shall provide the ability online for support coordinators, providers and agency staff to select a client record and attach and display a picture of the client. | 5 | |
| 181 | F | General | Programs | The system shall provide the business logic that incorporates the rules, coverage and limitations of the current handbook. Example handbook See #134 | 5 | |

| 182 | - | Quality Assurance | Quality Assurance | The system shall provide the ability online for providers and agency staff to enter and track background screening information for providers and their employees See form 109 | 5 | |
|-----|---|-------------------|-------------------|---|---|--|
| 183 | F | Quality Assurance | Quality Assurance | The system should provide the ability online for agency staff to upload pictures for supporting evidence of non-compliance. | 5 | |
| 184 | F | Quality Assurance | Quality Assurance | The system shall provide the ability online to send a notification to specified agency staff at specified intervals until the QIO alert has been addressed. | 5 | |
| 185 | F | Quality Assurance | Quality Assurance | The system should provide the ability online to have multiple dash boards related to Delmarva and CMS goals and objectives for common measures, and scorecards. See #162, 163 164,165,166 for visual example | 5 | |
| 186 | - | Quality Assurance | Quality Assurance | The system shall provide the ability online to produce provider scorecard reports based off the QIO and other Quality Assurance data. | 5 | |
| 187 | - | Report | Reports | The system shall provide the ability online to generate the reports listed on the "Reports" spreadsheet. See Reports spreadsheet. | 5 | |

| 188 | Waiver | Cost Plan | System shall provide the ability online to restrict client service plans from being built if there is already a client service plan for the service, provider, ratio, and date ranges (nonoverlapping). | 5 | This requirement can be satisfied through existing functionality that allows for the configuration of customer specific automated workflow identified and specified as part of the implementation process. |
|-----|----------|-----------|---|---|--|
| 189 | Waiver | Cost Plan | The system shall provide the ability online for Support Coordinators to generate a report on service authorization requests returned from FMMIS with a rejected status. | 5 | |
| 190 | Provider | Provider | The system should provide the ability online for providers to enter client progress on Implementation plan goals. | 4 | |



Appendix E: Functional and Technical Requirements – APD iConnect

Note: This excerpt is taken from the ITN for this project and reflects the values submitted by the selected vendor Harmony/Mediware in their BAFO

SECTION 1. Requirements

2.1 Functional Requirements

A functional requirement is a statement that expresses a capability of a system or the necessary task, action, or activity that must be accomplished by the system.

Functional requirements are geared towards addressing the business needs that the system must satisfy, but does not address how the system should accomplish them.

2.2 Non-functional Requirements

Non-Functional Requirements for a business system address those aspects of the system that, while not directly affecting the functionality of the system as seen by the users, can have a profound effect on how that business system is accepted by both the users and the people responsible for supporting that system.

The Non-Functional aspects of a business system cover a broad range of themes. The major non-functional themes are included in the requirements matrix under the column heading of System Area.

The requirements of the system to be delivered must be understood in each of these areas. All of these requirements are presented in a way that facilitates the design and development of the operational model, that is, the computers, networks, and other platforms on which the application will execute and by which it is managed. They also feed into the design of technical and application components. For example, service level requirements may imply component performance requirements. Functional and Non-functional Requirements together define the baseline against which the business system is designed. Just like a functional requirement, a Non-functional Requirement must be testable, quantitatively or qualitatively, in order to complete the acceptance testing process. Qualitative tests cannot be directly measured or inspected. Consider the requirement "the system must be available 24x7 with the exception of scheduled down time." Testing this requirement quantitatively would take too long and be very inspection intensive. Instead, this requirement could be tested by inspecting the system architecture and forming a conclusion as to whether there is any design impediment to satisfying the requirement.

The requirements matrix provided below must be updated for each individual requirement to indicate how each is planned to be met by the vendor's proposed solution. Columns to be completed and submitted with Section 4.3 of the vendor's response include:

Extent Met by Proposed Solution:

- Doesn't Meet/Not Proposed
- 2. Custom Development
- Meets with Modification of COTS
- 4. Currently proposed for future release of COTS
- 5. Fully Meets (includes configuration changes), installed and operational, can be demonstrated

SECTION 3. Information Technology and Business Supporting Requirements

This section contains the requirements that define the capabilities, functionality, performance, and other characteristics required of CDMS.

The requirements specified in this section may overlap or extend supporting requirements. In the event a requirement specified in this section or its subsections overlaps or extends a supporting requirement in a way that violates the supporting requirement, the requirement in this section supersedes.

As used in this section and its subsections:

- The words "must" and "shall" denote mandatory requirements
- The word "should" denotes a desired but not mandatory requirement
- The phrase "including but not limited to" denotes a list of items that is required but is not allinclusive
- The term "etc." denotes a list of items that is required but is not all-inclusive

The table below specifies the confirmed CDMS System Requirements. For requirements management and change control purposes, the following attributes of each requirement have been specified:

- Requirement Identifier (Req ID): is the unique identifier assigned to each requirement that will be maintained throughout the life of the system implementation effort. Design specifications and test cases must specify the requirements that they satisfy using the Requirement ID.
- Requirement Type: represents a general classification of each requirement. (F) Indicates a functional requirement and (NF) indicates a non-functional requirement.
- System Area: is a cross reference providing forward traceability into the design phase.
- Requirement Description: provides a definition of each requirement in terms of a statement of system capability or performance (i.e. the system shall perform x).
- Extent Met by Proposed Solution: provides an area for proposer's to indicate to which extent their proposed solution meets APD's requirement.
- Comments: provides an area for provider's to clarify their response. Providers may fill-in, if desired, to clarify the approach used to satisfy the requirement in the proposed solution.

| REQ ID | REQ Type | System Area | Requirements Description | Extent Met by Proposed Solution | Comments |
|-----------|---------------------|----------------|---|--|--|
| 1. | Activity Logging | General | The system must provide an activity logging capability | 5 | |
| 2. | Activity Logging | General | The system must retain a history whenever a user enters/updates/deletes any entity information, including the before and after value of the change, date and time of the change and userid of the person making the change. | 5 | |
| 3. | Activity Logging | General | The system must periodically backup the activity logs to a physical storage outside of this system. | 5 | |
| 4. | Architecture | General | The system architecture shall be based on and consistent with standard architecture, design, and implementation patterns that are fully supported by Microsoft .NET Framework. | 5 | |
| 5. | Architecture | General | The system architecture shall provide a consistent model for data access and the data model must be abstracted and hidden from the business logic | 5 | |
| 6. | Architecture | General | The system architecture shall support distribution of application layers over multiple physical tiers and must provide for fault-tolerance. | 5 | |
| 7. | Architecture | General | The system architecture shall be easy to understand, transition, and maintain | 5 | |
| 8. | Architecture | General | The system shall be based on a layered-system architecture where each layer of the architecture interacts with other layers through well-defined interfaces. | 5 | |
| 9. | Architecture | General | The system shall facilitate a mechanism to deploy alternative implementations of a layer without significant disruption to other layers. | 5 | System is built on a service oriented architecture designed with strong separation of concerns between layers and components. This helps support the potential of interchanging layers and components. |
| 10. | Architecture | General | The system must allow for incremental testing on a layer before the layers it depends on are fully implemented. | 5 | |

| 11. | Architecture | General | The system shall provide an ability to switch out varying | 5 | System is built on a service oriented architecture |
|-----|--------------|---------|--|---|---|
| | | | implementations of layer interfaces. | | designed with strong separation of concerns between layers and components. This helps support the potential of interchanging layers and components. |
| 12. | Architecture | General | The system architecture shall be easy to re-use, enhance, and extend. | 5 | |
| 13. | Architecture | General | Under no circumstance is any COTS package to be modified in a way that will prevent future upgrades to newer versions of the COTS package (termed "modifications") | 5 | |
| 14. | Architecture | General | Customizations to a COTS package are allowed if they fall within publicly-marketed allowable configurations or alterations which will NOT prevent future upgrades to newer version of the COTS package (termed "customizations") | 5 | |
| 15. | Architecture | General | Any customizations to any COTS package must be fully documented, including the customization performed as well as the anticipated subsequent work effort anticipated with future upgrades. | 5 | |
| 16. | Architecture | General | Integration of multiple COTS packages, or between COTS packages and custom development must involve ONLY previously proven and maintainable technologies. Vendor must be willing to provide reasonable verification of successful integration of proposed packages | 5 | |
| 17. | Availability | General | All system unavailability, whether scheduled or emergency, should display an APD - approved message to anyone trying to access the system. | 5 | |
| 18. | Availability | General | The system must consider normal working hours to be from 8:00 AM Eastern to 6:00 PM Eastern Time, Monday through Friday. | 5 | |

| 19. | | General | During normal working hours, the | 5 | Harmony may take an |
|-----|--------------|---------|--|---|---|
| | Availability | | system availability must equal or exceed to 99.9. Equipment availability will be calculated as follows: UT 100% UT + DT where: UT (Up Time) is defined as the time the equipment is available to and staffed by the customer for productive work (i.e., the time the equipment is processing customer programs or awaiting the processing of such programs, but excluding Preventive Maintenance and Down Time); and DT (Down Time) is defined as the time the equipment could have been processing customer programs but is being repaired or is awaiting repairs, or is awaiting changes to its control program(s) (excluding any time the Vendor must wait for the equipment to be released by the customer for repair). | | unscheduled emergency outage for extreme situations where we believe it is in the best interest of FL APD. For example, if there is a security attack of some sort on the system or need to apply emergency security patches. These are special cases that we ask the FL APD to consider if such situations present themselves. |
| 20. | Availability | General | During normal working hours, the system shall again be available to systems users within one hour following any application software failure. | | Harmony may take an unscheduled emergency outage for extreme situations where we believe it is in the best interest of FL APD. For example, if there is a security attack of some sort on the system or need to apply emergency security patches. These are special cases that we ask the FL APD to consider if such situations present themselves. |
| 21. | Availability | General | External partners shall have the capability to access the system through web portals on a 24x7 basis. Except for routine maintenance of the system, web portals must be available at all other times. | 5 | |
| | | | | 1 | 1 |

| | | | | 1 | |
|-----|----------------------|---------|--|---|--|
| 22. | Availability | General | The system preventive maintenance must be performed without impact to normal operations. | 5 | |
| 23. | Availability | General | The system must include the capability to determine and record why the system was unavailable during normal working hours to users (e.g., hardware failure, software failure, preventive maintenance, or other reason). | 5 | |
| 24. | Availability | General | The system must include the capability to provide a report on system availability for a specified period of time during normal working hours, upon user request. | 5 | |
| 25. | Backup & Recovery | General | A Disaster Recovery Plan must be developed and maintained that includes detailed technical information regarding the offset recovery of the entire system in the event of a local disaster. | 5 | |
| 26. | Backup & Recovery | General | The system shall provide data backup capability that meets the performance requirements of this ITN without interruption by a backup being recorded. | 5 | |
| 27. | Backup & Recovery | General | The system shall recover database data up to the last committed transaction following a system failure. | 5 | |
| 28. | Backup & Recovery | General | The system shall have redundancy. | 5 | |
| 29. | Backup & Recovery | General | The system shall be fully recoverable and replicated to an off-site warm or hot site. | 5 | |
| 30. | Backup & Recovery | General | Vendor must work with DSM Disaster Recovery coordinator to ensure that the Disaster Recovery Plan for CDMS is incorporated into the agency-wide Disaster Recovery Plan/COOP. | 5 | |
| 31. | Capacity | General | The system must provide sufficient capacity to accommodate all existing legacy data that supports the iBudget and ABC systems as of the deployment date projected in this ITN as well as the following anticipating future workload and the associated Office workers. Specifically: a) The system must provide the capacity to store 75000 records including all | 5 | |

| | | | associated records plus a 200% reserve. b) The system must have sufficient capacity to retain all data available from any of the data import sources and data exports, including all the data received or sent at the frequencies (daily, weekly, monthly) of the interface transactions, listed in the external interface table plus a 200% reserve. c) The system must allow for 20% annual growth for five | 5 | |
|-----|-------------|---------|---|---|--|
| 32. | Flexibility | General | years. The system shall support a Model-View-Controller pattern where the user interface can display multiple views of the same data. | 5 | |
| 33. | Flexibility | General | The Model-View-Controller pattern shall be flexible for further specializations of this pattern such as Page Controller and Front Controller to achieve increased performance. | 5 | |
| 34. | Flexibility | General | The system must utilize a Service Oriented approach for all external interfaces with other systems. | 5 | |
| 35. | Flexibility | General | The system must allow for additional interfaces to be added or existing interfaces to be removed without negatively impacting the layers. | 5 | |
| 36. | Flexibility | General | The system must be compatible with future implementations of enterprise application integration (EAI). | 4 | The system utilizes open and modern integration technology and techniques to ensure compatibility with future EAI. |
| 37. | Interface | General | The system shall provide centralized software support for all system data interfaces including but not limited to interfaces with SETS, QSI, ABC, iBudget, LCMS, CDCPP, DOR, DEO, FMMIS, FLAIR, SAMAS, and DFS. | 5 | Harmony provides a set of well contained integration modules and technology that will be used to support and manage the required interfaces. |
| 38. | Interface | General | The system must minimize the number of places (i.e., modules) where software modifications are required in order to implement changes in interface format, content, or additional interfaces. | 5 | Harmony provides a set of well contained integration modules and technology that will be used to support and manage the required interfaces. |

| 39. | Interface | General | The system must provide a capability to perform validation of data from an external system without requiring any changes to the external system including but not limited to DOR, DEO, FMMIS, FLAIR, SAMAS, DFS, Providers. | 3 | |
|-----|-----------|---------|---|---|---|
| 40. | Interface | General | The system must provide data validation for all data imported from any source based on configurable business rules for what data validations to perform for each data source. | 3 | |
| 41. | Interface | General | The system must invalidate imported records for failure of required field validation in accordance with configurable business rules. | 3 | |
| 42. | Interface | General | The system must provide a mechanism to correct the invalid import data. | 5 | Harmony understands that by definition each system interface will require its own unique development. Harmony has a proven capability with reference implementations where this or a similar requirement was addressed. |
| 43. | Interface | General | When a data import record fails validation, the system must record which record failed and why it failed. | 5 | Harmony understands that by definition each system interface will require its own unique development. Harmony has a proven capability with reference implementations where this or a similar requirement was addressed. |
| 44. | Interface | General | Upon user request, the system must output a report of records that failed data validation on import including, but not limited to, a record identifier and the reason data failed. | 5 | Harmony understands that by definition each system interface will require its own unique development. Harmony has a proven capability with reference implementations where this or a similar requirement was addressed. |

| 45. | Interface | General | The system must determine whether or not to discard a record that fails import data validation based upon user-defined parameters that are specific to the data source from which data is being imported. | 5 | Harmony understands that by definition each system interface will require its own unique development. Harmony has a proven capability with reference implementations where this or a similar requirement was addressed. |
|-----|-----------|---------|---|---|---|
| 46. | Interface | General | The system must monitor data imports and associated schedules from all external sources and shall notify an appropriate user or system operator when an expected data transmission has not occurred. | 5 | Harmony understands that by definition each system interface will require its own unique development. Harmony has a proven capability with reference implementations where this or a similar requirement was addressed. |
| 47. | Interface | General | The system must fully meet the system performance requirements whether or not data import operations are on-going and avoid detrimental impact to user operations as a result of data import operations. | 5 | Harmony understands that by definition each system interface will require its own unique development. Harmony has a proven capability with reference implementations where this or a similar requirement was addressed. |
| 48. | Interface | General | The system must at a minimum perform the following data validations: | 5 | |

| | | | Required fields that are blank, empty, or null Required fields that contain invalid values including invalid special characters Alphabetic fields with numeric characters Numeric fields with alphabetic characters Incomplete fields such as SSN, date of birth, and phone numbers Consistency with existing data when such data is available Convert values from external sources where appropriate to comply with data definitions in CDMS Date fields to contain valid dates (in a given / predetermined date range) Dynamic comparison to compare values in different fields Range checking to ensure that value entered in to a field is within the specified | | Harmony understands that by definition each system interface will require its own unique development. Harmony has a proven capability with reference implementations where this or a similar requirement was addressed. |
|-----|-------------|---------|--|---|---|
| 49. | Performance | General | range. Internet website traffic must not affect system response times to the point of negatively impacting productivity of CDMS users. | 5 | |
| 50. | Performance | General | Query, reporting, and decision- support functionality must not affect system response times to the point of negatively impacting productivity of APD staff | 5 | |
| 51. | Performance | General | The system must complete any batch operations without impact to normal operations. | 5 | |
| 52. | Performance | General | The system architecture must be designed to be responsive given current and projected workloads. | 5 | |
| 53. | Performance | General | Prior to system implementation, Vendor must conduct stress testing sufficient to demonstrate expected system performance during heaviest anticipated loads, including internal and external web traffic simulations. | 5 | |

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| 54. | Performance | General | The system architecture must support distribution on separate physical tiers of the Web service interface code from the service implementation code. | 5 | |
| 55. | Performance | General | During normal working hours, for any user-requested operation that cannot be completed within 15 seconds of the last user action necessary to begin the operation, the system must provide a mechanism to: a) Predict how long the operation is likely to take b) Allow the user to cancel the operation c) Allow the user to run the operation as a background operation that will notify the requesting user when the operation is completed. d) Provide a visible indication of progress toward completion if the user chooses to continue running the operation. | 3 | Any long running transactions (>15s) would be identified as part of the implementation and the appropriate measure taken to manage end user experience using a. b. c. or d. as described in the requirement description. Harmony may also propose alternatives that may meet APD approval. |
| 56. | Platform | General | The system should utilize a Microsoft SQL Server database 2008 or higher | 5 | |
| 57. | Platform | General | The system should deploy as a web-application in a Microsoft .Net-based platform | 5 | |
| 58. | Platform | General | The system should deploy on Microsoft Windows servers | 5 | |
| 59. | Reporting | General | The system shall include predefined reports as well as support for user creation of new reports. | 5 | |
| 60. | Reporting | General | The system shall provide an ad hoc report building capability that allows a user with appropriate system privileges to define the content and format of a report on a one time basis or save the report for future use. | 5 | |
| 61. | Reporting | General | The system should allow users with appropriate system privileges to modify or delete a previously defined report. | 5 | |
| 62. | Reporting | General | Upon user request, the system shall export report data in a format that can be imported into standard APD word processing, | 5 | |

| | | | spreadsheet, PDF, database, and statistical tools (such as Microsoft Word, Microsoft Excel, Microsoft Access, SPSS, SAS), as well as standard data manipulation and simulation tools. | 5 | |
|-----|------------|---------|---|---|--|
| 63. | Reporting | General | For extensive reporting and decision support functionality, a separate data warehouse or data mart must be used. Query and reporting functionality against production transactional databases is strongly controlled. Ad hoc query and decision support functionality must utilize a separate non-CDMS-time database to avoid negatively impacting system response times. | 5 | |
| 64. | Rule Based | General | The system must provide automated business rules and case-based decision making. The system must accommodate approved changes to business rules quickly by a user with the proper knowledge and authorization. | 5 | |
| 65. | Rule Based | General | Rule and case-based decision- making must support APD business processes by allowing users with sufficient authority to specify and modify the adaptable business rules. | 5 | |
| 66. | Rule Based | General | Rule-based decision-making shall support the APD business processes by recommending or automatically taking the next appropriate action based on adaptable business rules. | 5 | |
| 67. | Rule Based | General | The initial set of business rules shall be determined during the requirement and design portions of the implementation effort, and shall be included as a part of the deployment of the system. | 5 | |
| 68. | Security | General | All confidential or sensitive data being transmitted outside the APD network must be protected by encryption (e.g. SSL, SFTP, etc.) and not be sent via e-mail | 5 | |
| 69. | Security | General | The system must comply with APD Enterprise Security Policies. | 5 | |
| 70. | Security | General | The System must be fully HIPAA and HITECH compliant. | 5 | |

| 71. | Security | General | The system must not require more than one login and password entry across the entire CDMS system. | 5 | Harmony supports the SAML federated single sign-on standard and utilizes Microsoft Active Directory Federation Server. Harmony will coordinate with APD on part of the project to sign with APD's specific SSO standards. |
|-----|----------|---------|--|---|---|
| 72. | Security | General | The standard APD security warning message must be prominently displayed on the login page. | 3 | Harmony will tailor the login page to include the APD security warning message. |
| 73. | Security | General | The system must provide a security role mechanism to limit access to objects, including but not limited to displays, fields within displays, forms, and reports, to users with sufficient system privileges to see the information or perform the operation. Security roles shall be based upon Segregation Of Duties defined during design and shall define the user's system privileges, identifying what objects, including but not limited to displays, fields within displays, forms, and reports, the user can access and what updates or deletions the user is allowed to make. | 5 | |
| 74. | Security | General | The system shall provide the ability to restrict access of the caregiver to only the clients assigned to them based on their authenticated, unique system ID and, if applicable, their assigned role(s). | 5 | |
| 75. | Security | General | The system must provide a capability to deactivate and archive a former user account. | 5 | |
| 76. | Security | General | The system must not allow a user that has logged in to be deleted. Only user accounts that were created but never logged in can be deleted. | 5 | |
| 77. | Security | General | Users must receive an error message that they are not authorized for that screen, as applicable. | 5 | |

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|-----|----------|---------|---|---|---------|
| 78. | Security | General | The system must provide for identification and security for records with characteristics of high-profile, confidential records (user or user-related records). The system must proceed with records processing to an optimum level in these records without user involvement. | 4 | |
| 79. | Security | General | The system must prohibit the ability of a user without sufficient security privileges to access high-profile records. | 5 | |
| 80. | Security | General | The system must prohibit the ability of a user to access records identified as confidential record for that user. | 5 | |
| 81. | Security | General | The system must provide authorized staff the ability to insert and override data and provide an audit trail for the changes. | 5 | |
| 82. | Security | General | The system must provide security mechanisms when accessing external interfaces. | 5 | |
| 83. | Security | General | The system must provide the capability to identify, for each record, system users authorized to access the record's information. | 5 | |
| 84. | Security | General | The system must provide the capability to collect security audit information, including but not limited to Security Administrator actions, user logins and logouts, and tracking the access of each user to each object, including but not limited to displays, fields within displays, forms, reports and screens that are classified as 'Display only' screens. | 5 | |
| 85. | Security | General | The system must provide capabilities to automatically report security audit information including but not limited to the capabilities to report audit information by user and to report audit information by record. | 5 | |
| 86. | Security | General | The system must provide the capability to generate security audit information reports for each user on randomly selected records as well as the capability to view all the details for any user. | 5 | |
| 87. | Security | General | The system must provide the capability to encrypt the records, and restricted access for electronic filing, and electronic signatures. Page 147 of 169 | 5 | |

| 88. | Security | General | The system must provide a mechanism to track and audit users that have conflicting Segregation of Duties (SOD) Roles. | 5 | |
|-----|---------------------------|---------|---|---|---|
| 89. | Security | General | The system must provide a mechanism to add conflicting SOD Roles for a user only after user gets approval authorization. | 5 | |
| 90. | Security | General | The system must provide a mechanism to do 'What if' scenarios before adding a new Role to a Composite Role or a new Transaction to a Role to ensure that it does not result in SOD conflict. | 3 | Application security model does not require the concept of composite roles and inherently mitigates the risk. |
| 91. | Security | General | The system must provide a mechanism to do 'What if' scenarios before adding a new Role to a user to ensure that it does not result in SOD conflict. | 3 | Application security model does not require the concept of composite roles and inherently mitigates the risk. |
| 92. | Usability Requirements | General | The system must use state of the art GUI conventions: a. Radio buttons to indicate mutually exclusive input choices b. Check boxes to accept a binary input for a set of independent choices c. Scrolling fields for values that are too large to be entirely displayed d. Scrolling forms for a display too large to be completely displayed at one time e. Ability to minimize, maximize, and restore windows f. Ability to cut, copy and paste (in accordance with normal Windows operations) for approved CDMS screens. | 5 | System has been designed to and uses appropriate controls to optimize user experience. Consistent design and use patterns are maintained throughout the system for ease of use. |
| 93. | Usability Requirements | General | The system must use menus, buttons, hyperlinks, or some similar mechanism to select a desired program function from a set of available program functions. | 5 | |
| 94. | Usability Requirements | General | Navigation must be intuitive, easy to use, consistent, and well planned regarding opening new windows, locking records, etc. | 5 | |

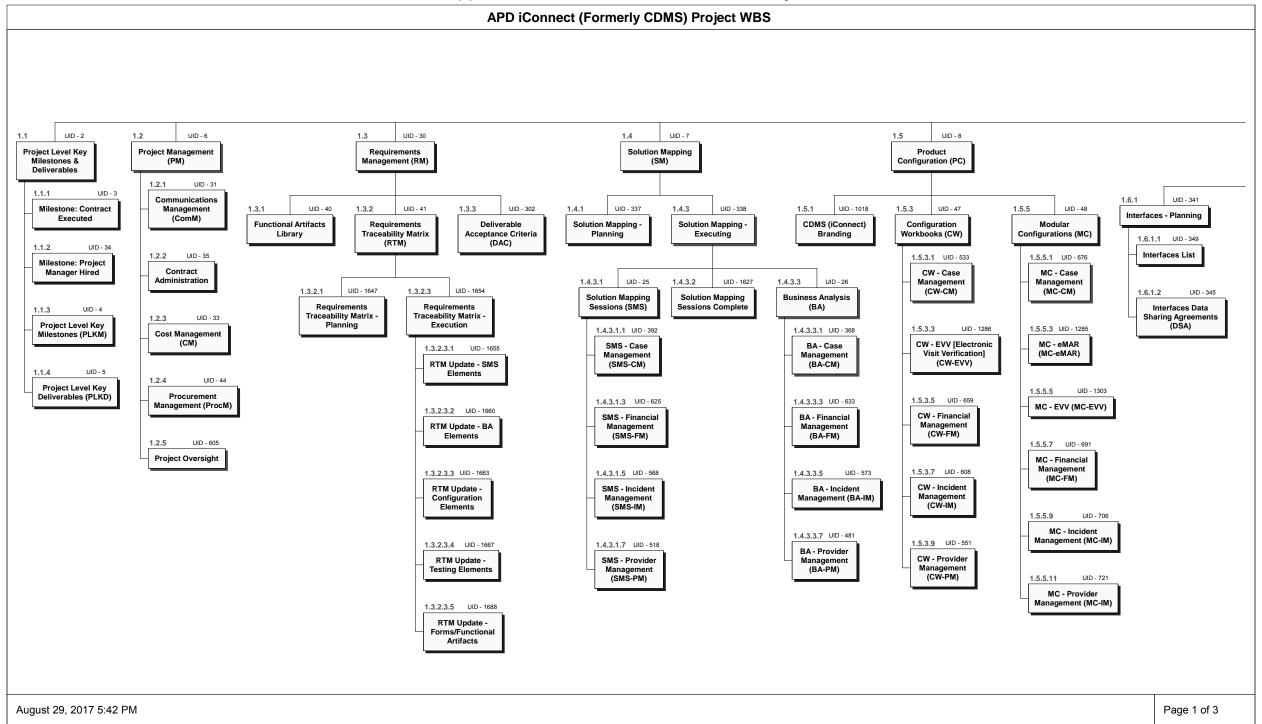
| 95. | | General | The system must minimize | 5 | |
|-----|---------------------------|---------|--|---|--|
| | Usability Requirements | General | The system must minimize needed user keystrokes and pointer movement by providing at a minimum: a. Cursor movement via a pointing device b. The ability to select from a limited number of possible input items, when appropriate c. Default values for user entry items, in every case where appropriate d. Visually indicated default buttons that are activated if user presses Enter or Escape e. Shortcut keys f. Drop down lists | | |
| | | | | | |
| 96. | Usability Requirements | General | The system must organize all screen displays and data input fields in a consistent manner. | 5 | |
| 97. | Usability Requirements | General | Screen displays must fit on a 1024 x 768 screen without horizontal scrolling | 5 | |
| 98. | Usability Requirements | General | The system must consistently name all display, form, and report data fields across all displays, forms, and reports where the vendor has the option. | 5 | |
| 99. | Usability Requirements | General | The system must avoid using cryptic (e.g., numeric) codes on all user displays and reports. This does not prohibit data from being stored using cryptic codes, but the codes must be interpreted before being output to the user in displays or reports. It also does not prohibit displaying commonly understood codes, such as state abbreviations. If the system uses pneumonic alphabetic codes for storing information and displays them to the user, the system must provide a mechanism to allow the user to easily request and receive the full meaning of the code. This could be achieved with a popup or tip interpretation (Alt Tag) if the pointing device lingers over the code or by allowing the user to right click on the code to request the full meaning. | 5 | |

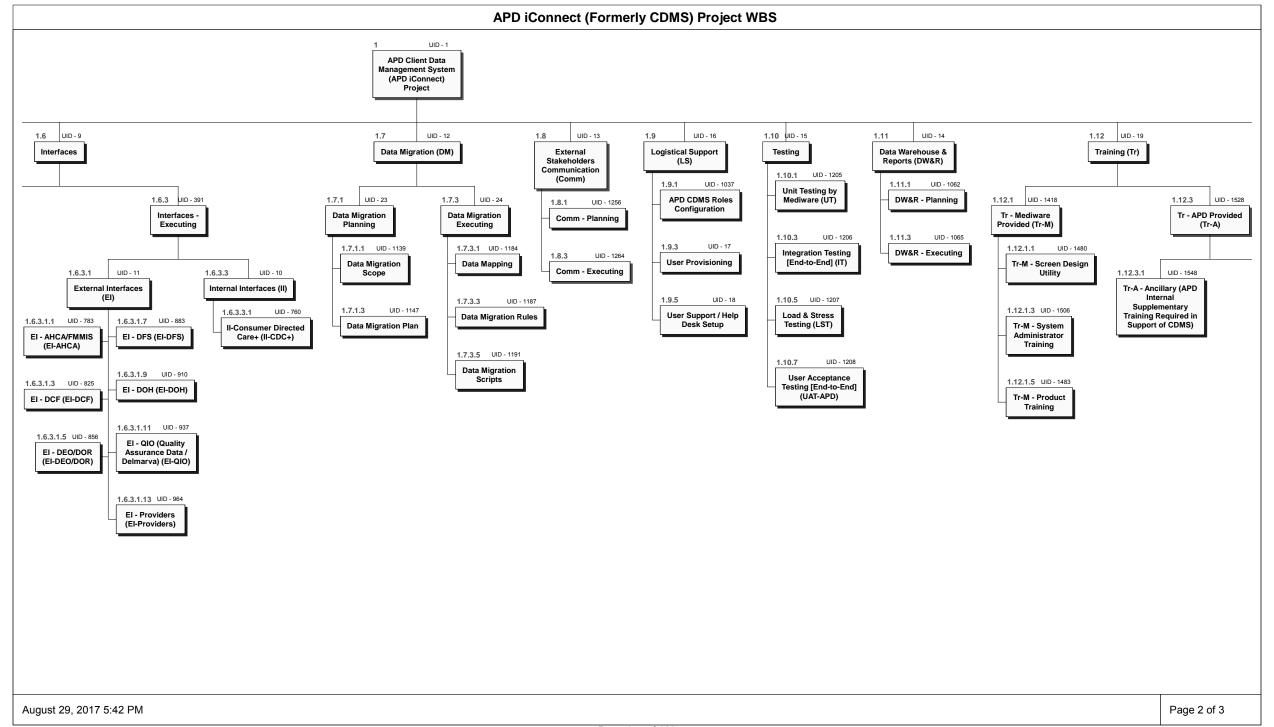
| 100. | | General | The system must provide an line | 5 | |
|------|---------------------------|---------|---|---|--|
| 200. | Usability | General | The system must provide on-line help that includes but is not limited to: | 3 | |
| | Requirements | | Addresses the needs of all different types of users (e.g. APD Employees, Providers, etc.) | | |
| | | | Provides access to explanation and suggested response for all CDMS error messages that can be output to a user | | |
| | | | Provides Step-by-step instructions to include required fields, status updates for various conditions and associated time frame if any. | | |
| | | | d. Includes access to the Operations Procedures and Policy Clarification Memos | | |
| | | | e. Includes access to User Manual | | |
| | | | f. Includes access to the APD Policy and Procedures Manual and APD Rules | | |
| | | | g. Provides users a search capability which includes easy access to a search | | |
| | | | h. Provides the ability for the user to print a single help topic or an entire document. | | |
| 101. | Usability Requirements | General | When a user enters a record the system must not require the user to re-enter the defining information for the record for subsequent screens/tabs/activities, but will allow the user to overwrite the defining information if a different record is desired and close all windows on previous record. | 5 | |
| 102. | Usability Requirements | General | The system must provide Intranet user access via the current version of the APD standard web browser. | 5 | |
| 103. | Usability Requirements | General | The system must provide Internet access via the current version of the APD standard browser. If Internet user browser data is available that shall be used for the browser standard. | 5 | |

| 104. | Usability Requirements | General | The system must provide for user creation of standard "comments" in some assisted way (such as use of a pull down list) for repetitive comments made in recording activity on a record on different components of the system. | 5 | |
|------|---------------------------|---------|--|---|--|
| 105. | Usability Requirements | General | The system must provide for user entry of free-text comments that are associated with a specific person, task, or activity on a record. | 5 | |
| 106. | Usability Requirements | General | The system must provide a search capability to locate, including but not limited to, cases, persons, collections, tasks, or activities based on the content of related database fields, including comments and associated documents. | 5 | System includes global search functionality today with the exception of comments and associated documents, which are planned for a future release. |
| 107. | Usability Requirements | General | The system must provide the ability to enter an address once and select the various address fields to which that address pertains. | 4 | |
| 108. | Usability Requirements | General | The system must provide warnings to users and operators of impending problems such as running out of storage space, length of time to accomplish substantive tasks, loss of network access, and other such conditions. | 5 | |
| 109. | Usability Requirements | General | All error messages must be relevant, intuitive, consistent, and inform the user of the specific error and what corrective action to take. | 5 | |
| 110. | Usability Requirements | General | Users must receive immediate confirmation of forms successfully or unsuccessfully generated. | 5 | |
| 111. | Usability Requirements | General | Print menus must identify local vs. central printers and require confirmation if a form is not sent to the normal print queue. | 5 | |

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| 112. | Usability Requirements | General | The system, including training for the system, must be ADA compliant. All CDMS electronic information and technology must be accessible for persons with disabilities. Specifically, CDMS must provide access to persons with sight impairments, including those with visual impairment or total blindness. Additionally, the contractor will be required to implement any necessary usability requirements that may result from changes in Florida Statutes or law prior to full deployment of the system. The CDMS System must comply with SB 2021. | 4 | |
| 113. | Usability Requirements | General | The Intranet and Internet Web Portal must comply with the Americans Disabilities Act and Section 508 (Subpart A-D) of the Rehabilitation Act of 1973. | 4 | |
| 114. | Usability Requirements | General | The system must utilize consistent user controls across the entire system. | 5 | |
| 115. | Usability Requirements | General | The system must use upper case (capital) letters in all addresses, and edit and/or convert to capitals regardless of the input source, including but not limited to external interface files. | 4 | |
| 116. | Usability Requirements | General | The system must be consistent in its use of lower and upper case letters, although a single systemwide solution is not required. | 5 | |
| 117. | Usability Requirements | General | The system must include automation of system activities to the fullest extent possible. | 5 | |
| 118. | Usability Requirements | General | The system must be able to communicate via email, and local and central print. | 5 | |
| 119. | Usability Requirements | General | The system should provide programmable work-flows and notifications. Notifications should employ email as a communications medium at a minimum. | 5 | |

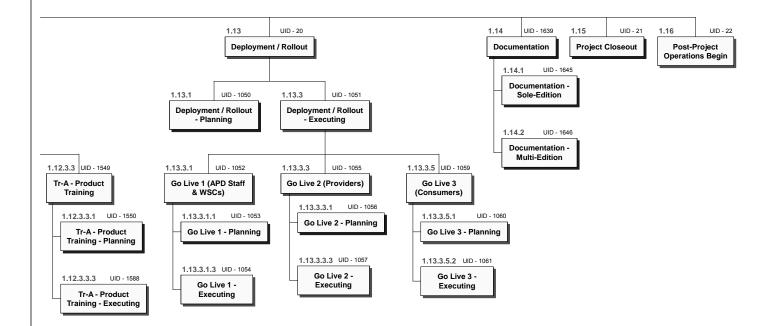
Appendix F: APD iConnect WBS and Project Schedule











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iConnect Implementation Plan

| iconnect implementation Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------|-------------------------|----------|----------|----------|----------|----------|-----------|----------|------|----------------------|-----------------------|---|----------|---|-----|---------|---|----------------------|-------|----------|-----------|---------|---------|------|----------------------|------|----------|----------|----------|----------|----------|---------|----------|-----|-----|----------|--|--------|-----|----------|----------------------|
| | | Fiscal Year 2015 - 2016 | | | | | | | | | | Fiscal Year 2016-2017 | | | | | | | | | F | iscal Yea | ar 2017 | -2018 | | | | | | | F | iscal Ye | ear 201 | 18-2019 | | | | | | | | |
| Plan Steps | | Quarter 1 | | | Quarte | r 2 | | Quarter 3 | | | Quarter 4 | | 0 | uartei | 1 | Qua | arter 2 | | Quart | ter 3 | Qı | uarter 4 | | Quarter | 1 | Quart | er 2 | Qı | uarter | 3 | Quar | ter 4 | |)uarter | r 1 | Qua | rter 2 | | Quarte | r 3 | Qu | arter 4 |
| | Jul 2015 | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | 2016 | Apr 2016 May 2016 | 2016 | | Aug 2016 | | | 2016 | _ | Jan 2017 Feb 2017 | 2017 | Apr 2017 | 2017 | | | 2017 | Oct 2017 Nov 2017 | | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | Jun 2018 | _ | Aug 2018 | | | Nov 2018 | | 2019 | | Apr 2019 | May 2019 Jun 2019 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 # 150827-01.1 | 7/14/2016 | Audit of Beautiful Living Group Homes | Finding 1: 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. Recommendation 1: 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. | Corrective action completed. Provider 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, 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. | com |
| | | | Finding 2: The group home manager stated that all clients were paying the allowed \$583.42 for rent; however, there was not documentation to support this. Recommendation 2: In order to support clients are being charged the accurate amount for room and board, we recommend the group home implement a process to document receipt of clients' monthly room and board payments. | Planned corrective action. Provider 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 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. | |
| | | | Finding 3: 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. Recommendation 3: In order to improve controls over the medication administration and compliance with rules and regulations, and ensure the health and safety of clients, we recommend Beautiful Living revise their procedures to require medications be retained in their original containers and not be combined with unused medications from other containers. | Corrective actions completed. Provider 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. | |
| OIG #150827-01.3 | 7/14/2016 | Audit of Golden Eagle Group Homes | Finding 1: There were no written policies and procedures addressing how all client funds and assets are to be managed, tracked, stored and protected, and reconciled. Recommendation 1: 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. | Corrective actions completed. Expenditure sheet rules were revised in 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. | |
| | | | Finding 2: 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. Recommendation 2: 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. | Corrective actions completed. Provider 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. | |
| | | | Finding 3: 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). Recommendation 3: In order to support clients are being charged the accurate amount for room and board, we recommend the group home implement a process to document receipt of clients' monthly room and board payments. | Planned corrective actions. Room/Board Funds are transmitted electronically from Rep Payee account. Ongoing training has transpired as out internal systems are presently being restructured to include a new management team for our Residential Services and reassignment tasks are a work in progress, Rehab client funds policy was developed for staff training on 3/17/16 and will also be updated as structure evolves, Agency Management and Procedures restructure 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 | |
| OIG # 150827-01.4 | 7/14/2016 | Audit of Florida Mentor Orlando | Finding 1: There are written policies and procedures for the management of client funds; however, the policies 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. Recommendation 1: 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. | <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. | |
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Budget Period: 2018-2019

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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) | | | | | | |
|------------------|------------------|-------------------------------|---|---|---------------|--|--|--|--|--|
| REPORT NUMBER | PERIOD ENDING | UNIT/AREA | SUMMARY OF FINDINGS AND RECOMMENDATIONS | SUMMARY OF CORRECTIVE ACTION TAKEN | ISSUE CODE | | | | | |
| | | | Finding 2: Four clients at Cape hart 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. Recommendation 2: Florida Mentor Orlando should execute agreements with clients and parents/guardians, as applicable, to expend client funds for services in addition to those covered by the Medicaid Waiver. | Planned corrective actions. 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 Agency for Persons with Disabilities (APD) funding. This will be included in the individuals file acknowledging the receipt of such. | | | | | | |
| | | | Finding 3: 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. Recommendation 3: In order to improve controls over the expenditures of client funds, Florida Mentor Orlando should improve their processes to ensure: (1) The monthly reconciliations of clients' bank balance to the client 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. | Planned corrective actions. 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 Agency for Persons with Disabilities (APD) funding. This will be included in the individuals file acknowledging the receipt of such. | | | | | | |
| | | | Finding 4: One client had a missed medication dose that was not recorded on the Medication Administration Records (MARs) report. Additionally, one client was receiving the incorrect dose of one medication. Recommendation 4: 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. | <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. | | | | | | |
| G # 160927-01.1 | 3/24/2017 | Area 7 Family Care Council | Finding 1: Although the minutes of the meetings were recorded, the minutes did not include the Family Care Council (FCC) members' decisions to approve two expenditures related to registration fees. Recommendation 1: Area 7 FCC Liaison and Central Region Office staff work with the FCC members to ensure expenditures are authorized by the FCC members and recorded in the minutes prior to approving expenditures for payment. | Corrective action completed. A training was provided at a Family Care Council (FCC) monthly meeting addressing the need to ensure that meeting minutes clearly reflect the discussion and voting by the board to approve specific expenditures. | | | | | | |
| | | | Finding 2: For five expenditures (totaling \$219.56), the Authorization to Incur Travel Expense forms were not approved by Central Region Office staff prior to when the travel occurred. For three expenditures, there were errors on the Voucher for Reimbursement of Travel Expenses forms. Recommendation 2: Area 7 Family Care Council (FCC) Liaison and Central Region Office staff provide training to the Area 7 FCC members regarding the Agency's policies and procedures; enhance procedures to ensure that all travel expenditures are appropriately supported and approved; the review of travel vouchers is documented; and that expenditure transactions are accurately recorded in Florida Accounting Information Resource (FLAIR). | Corrective action completed. A training was provided at a Family Care Council (FCC) monthly meeting on 2/15/2017 addressing the need to insure not only the accuracy of the math in calculating expenses to be reimbursed but also the importance of following specific policy that is outlined in the Family Care Council Orientation Manual. Planned corrective action. The Central Region is implementing a Quality Control Review Point, that will ensure thorough review of submissions for accuracy and compliance to increase the effectiveness and efficiency of this process from Area 7 FCC. | | | | | | |
| | | | Finding 3: One expenditure was incorrectly coded as payment for a non-state employee to attend training when it should have been coded as payment of a registration fee. Recommendation 3: Area 7 Family Care Council (FCC) Liaison and Central Region Office staff enhance procedures to ensure expenditures are correctly coded. | Corrective action completed. A training was provided at a Family Care Council (FCC) monthly meeting on 2/15/2017 addressing the need to ensure the correct coding of the expenses that council members are seeking reimbursement. Planned corrective action. The Central Region is implementing a Quality Control Review Point, that will ensure thorough review of submissions for accuracy and compliance to increase the | | | | | | |

Budget Period: 2018-2019

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 # 160927-01.2 | 3/24/2017 | Area 13 Family Care Council | Finding 1: For one expenditure (totaling \$28.48), a travel reimbursement payment was not supported by documentation. For two expenditures (totaling \$56.07), the Authorization to Incur Travel Expense forms were not approved by Central Region Office staff prior to when the travel occurred. For seven expenditures, there were errors recorded on the Voucher for Reimbursement of Travel Expenses forms. There were 18 expenditures incorrectly coded as payment for State employee travel when they should have been coded as payment for non-state employee travel. Recommendation 1: Area 13 Family Care Council (FCC) Liaison and Central Region Office staff provide training to the Area 13 FCC members regarding the Agency's policies and procedures; enhance procedures to ensure that all travel expenditures are appropriately supported and approved; the review of travel vouchers is documented; and, that expenditure transactions are accurately recorded in Florida Accounting Information Resource (FLAIR). | Planned corrective action. A training will be provided at a Family Care Council (FCC) monthly meeting in addressing the need to ensure not only the accuracy of the math in calculating expenses to be reimbursed but also the importance of following specific policy that is outlined in the Family Care Council Orientation Manual. In addition, a Quality Control Review Point will be implemented that will insure thorough review of submissions for accuracy and compliance to increase the effectiveness and efficiency of the process from the FCC. | COLL |
| | | | Finding 2: Two expenditures for scrapbook supplies were not supported by adequate documentation. For two identical expenditures for mailing supplies, the Central Region Office staff indicated that one of the transactions was a duplicate payment but could not provide supporting documentation. In addition, the supplier indicated that the items were ordered twice and shipped twice and the transaction was not a duplicate payment. However, the supplier could not provide documentation supporting it was a duplicate purchase because all 2015 orders had been purged from their system. Recommendation 2: Area 13 Family Care Council (FCC) Liaison and Central Region Office staff enhance procedures to ensure the receipt, inspection, and acceptance of purchases are documented and duplicate transactions are reviewed for validity and appropriateness. | Planned corrective action. A training will be provided at a Family Care Council (FCC) monthly meeting addressing the need to ensure not only the accuracy of the math in calculating expenses to be reimbursed but also the importance of following specific policy that is outlined in the Family Care Council Orientation Manual. In addition, a Quality Control Review Point will be implemented that will ensure thorough review of submissions for accuracy and compliance to increase the effectiveness and efficiency of the process from the FCC. | |
| | | | Finding 3: Five expenditures were incorrectly coded as payment for non-state employee travel when the expenditures should have been coded as payment for reimbursement other than travel. Recommendation 3: Area 13 Family Care Council (FCC) Liaison and Central Region Office staff enhance | Planned corrective action. A training will be provided at a Family Care Council (FCC) monthly meeting addressing the need to ensure the correct coding of the expenses that council members are seeking reimbursement. In addition, a Quality Control Review Point will be implemented that will ensure thorough review of submissions for "Object Coding" accuracy and compliance to increase | |
| OIG # 160927-01.3 | 3/24/2017 | Area 14 Family Care Council | Finding 1: While planning for the FY 2015-2016, the Area 14 Family Care Council (FCC) budgeted to expend \$9,850, which is \$850 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 FCC could have expended up to their budgeted amount, thereby, over expending their allocation. Recommendation 1: Area 14 FCC Liaison, Central Region Office staff, and State FCC Liaison review the | Planned corrective action. Staff will review the Annual Spending Plan as well as the associated minutes to ensure the annual amount is consistent as there are no opportunities for the council to have carry-over funds or additional revenue that would be reflected in the proceedings and approvals of the annual spending plan. | |
| | | | Finding 2: An Agency employee was reimbursed for expenses to attend local and statewide Family Care Council (FCC) meetings. This resulted in unallowable costs to the Area 14 FCC. In addition, the Agency employee was over paid a total of \$65.48 due to errors on the Voucher for Reimbursement of Travel Expense forms | Corrective action completed. A training was provided at a Family Care Council (FCC) monthly meeting on March 8, 2017 addressing the need to ensure that meeting minutes clearly reflect the discussion and voting by the board to approve specific expenditures. | |
| | | | Finding 3: For three expenditures related to travel advances (totaling \$686.52), the Authorization to Incur Travel Expense forms did not include an approval date to indicate the authorization forms were approved by Central Region Office staff prior to the approval of the Application for Advance of Travel Expense forms. For 10 expenditures (totaling \$1,508.41), the Authorization to Incur Travel Expense forms were not approved by Central Region Office staff prior to when the travel occurred. Recommendation 3: Area 14 Family Care Council (FCC) Liaison and Central Region Office staff enhance procedures to ensure that all travel expenditures are approved and the review of travel vouchers is documented. | Corrective action completed. A training was provided at a Family Care Council (FCC) monthly meeting on March 8, 2017 addressing the need to ensure not only the accuracy of the math in calculating expenses to be reimbursed but also the importance of following specific policy that is outlined in the Family Care Council Orientation Manual. Planned corrective action. In addition, a Quality Control Review Point is being implemented to insure thorough review of submissions for accuracy and compliance to increase the effectiveness and efficiency of the process from the FCC. | |
| OIG # 160927-02.1 | 6/19/2017 | Area 8 Family Care Council | Finding 1: The Family Care Council (FCC) agreed to pledge \$500 to a Promising Pathways event, the FCC did not request a requisition in advance for the \$500, and the request for payment should have been denied by the Agency. Recommendation 1: Area 8 FCC Liaison and Suncoast Region Office staff enhance procedures to ensure that all expenditures incurred by the FCC comply with applicable State expenditure requirements. | Planned corrective action. The Regional Family Care Council (FCC) Liaison will review the Department of Financial Services Reference Guide for State Expenditures and meet with the Area 8 FCC to conduct a formal presentation and training of allowable expenditures, to be completed by June 30, 2017. Furthermore, all forms and supporting documentation will be submitted to and approved by the Regional Budget Officer in a timely manner. | |
| | | ļ | Page 150 of 160 | | |

Budget Period: 2018-2019

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 |
| NOME | | CATALLA | Finding 2: For 10 payments related to travel advances (totaling \$3,558.56), the Authorization to Incur Travel Expense forms were not approved by Agency management prior to the approval of the Application for Advance of Travel Expense forms. For one payment (totaling \$33.1.12), the Authorization to Incur Travel Expense form was approved by Agency management 10 days after travel occurred. For one payment (totaling \$568.12), the Voucher for Reimbursement of Traveling Expenses and Vicinity Mileage Log forms did not include an approval signature and date. There was one payment for a rental car incorrectly coded as out of state travel mileage allowance when it should have been coded as in state travel incurred by a non-state employee not otherwise classified. Recommendation 2: Area 8 Family Care Council (FCC) Liaison and Suncoast Region Office staff provide training to the Area 8 FCC members regarding the Agency's policies and procedures; enhance procedures to ensure that all travel expenditures are appropriately supported and approved; the review of travel vouchers is documented; and, that expenditure transactions are accurately recorded in Florida Accounting Information Resource (FLAIR). | Corrective action completed. The Regional Family Care Council (FCC) Liaison has developed and implemented a tracking system for all FCC travel requests to ensure approval signatures are obtained in a timely manner, prior to traveling. Planned corrective action, FCC Liaison will also provide additional travel training to the Area 8 FCC members during a monthly meeting. In addition, Suncoast Region Budget Officer and FCC Liaison will work in collaboration to develop a training component that is specific to invoicing and processing payments; as well as, a Quality Assurance checkpoint for these types of payments. | COLL |
| | | | Finding 3: One payment was incorrectly coded as payment for printing and reproduction when it should have been coded as payment for freight. Recommendation 3: Area 8 Family Care Council (FCC) Liaison and Suncoast Region Office staff enhance procedures to ensure expenditures are correctly coded. | Planned corrective action. Suncoast Region Budget Officer and Family Care Council (FCC) Liaison will work in collaboration to develop a training component that is specific to invoicing and processing payments; as well as, a Quality Assurance checkpoint for these types of payments. FCC Liaison and Family Care Council of Florida (FCCF) State Liaison will share the final report with State Office Budget and Policy Department, so they are aware of the coding issues that were discovered. This task will be completed by June 30, 2017. | |
| OIG # 160927-02.1 | 6/19/2017 | Area 23 Family Care Council | Finding 1: Although the minutes of the meetings were recorded, the minutes did not include the Family Care Council (FCC) members' decisions to approve expenditures related to meal and per diem reimbursements. This resulted in an additional cost to the State of \$110.00. Recommendation 1: Area 23 FCC Liaison and Suncoast Region Office staff work with FCC members to ensure expenditures are authorized by the FCC members and recorded in the minutes prior to approving expenditures for payment. | Planned corrective action. The Regional Family Care Council (FCC) Liaison will review the Department of Financial Services Reference Guide for State Expenditures and meet with the Area 23 FCC to conduct a formal presentation and training of allowable expenditures; to be completed by June 30, 2017. Furthermore, FCC Liaison will develop and implement a section, specific to travel, to include in each of the FCC's monthly meeting minutes' template. | |
| | | | Finding 2: For three payments (totaling \$1,003.04), the Authorization to Incur Travel Expense forms were not approved by Agency management prior to when the travel occurred. For three payments (totaling \$511.46), there were errors on the Voucher for Reimbursement of Traveling Expenses forms. Recommendation 2: Area 23 Family Care Council (FCC) Liaison and Suncoast Region Office staff provide training to the Area 23 FCC members regarding the Agency's policies and procedures; enhance procedures to ensure that all travel expenditures are appropriately supported and approved; and, the review of travel vouchers is documented. | Corrective action completed. The Regional Family Care Council (FCC) Liaison has developed and implemented a tracking system for all FCC travel requests to ensure approval signatures are obtained in a timely manner, prior to traveling. Planned corrective action, FCC Liaison will also provide additional travel training to the Area 23 FCC members during a monthly meeting. In addition, Suncoast Region Budget Officer and FCC Liaison will work in collaboration to develop a training component that is specific to invoicing and processing payments; as well as, a Quality Assurance checkpoint for these types of payments. | |
| | | | Finding 3: Two expenditures were incorrectly coded. Recommendation 3: Area 23 Family Care Council (FCC) Liaison and Suncoast Region Office staff ensure expenditures are correctly coded. | Planned corrective action. Suncoast Region Budget Officer and Family Care Council (FCC) Liaison will work in collaboration to develop a training component that is specific to invoicing and processing payments, as well as, a Quality Assurance checkpoint for these types of payments. FCC Liaison and Family Care Council of Florida (FCCF) State Liaison will share our final report with State Office Budget and Policy Department, so they are aware of the coding issues that were discovered. This task will be completed by June 30, 2017. | _ |

Budget Period: 2018-2019

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 | PERIOD | | SUMMARY OF | SUMMARY OF | ISSUE |
| NUMBER | ENDING | UNIT/AREA | FINDINGS AND RECOMMENDATIONS | CORRECTIVE ACTION TAKEN | CODE |
| AG Report No. 2017- | FY 2016-17 | SWFFA (Statewide | Finding 1: The Florida Agency for Persons with Disabilities (FAPD) did not always ensure that continued | Corrective actions completed. Florida Agency for Persons with Disabilities (FAPD) issued a | |
| 180 | | Federal Awards Audit) | stay reviews were conducted every 6 months for beneficiaries of Intermediate Care Facility Services for the | Request for Information to ascertain if there are vendors interested in contracting to provide the | |
| | | | Developmentally Disabled (ICF-DDs). | Utilization Review (UR)/Continued Stay Review (CSR) function. Regional FAPD offices hired | |
| | | | | temporary Other Personal Services (OPS) positions to help support the workload issue. These | |
| | | | Recommendation 1: Continued stay reviews of ICF-DD beneficiaries should be timely conducted in | temporary positions will be dedicated to the completion of Continued Stay Reviews. | |
| | | | accordance with Federal regulations. | FAPD conducts monthly Medical Case Manager conference calls (Statewide and Regional) for | |
| | | | | staff (including supervisors). Intermediate Care Facility Services (ICF) UR/CSR is a standard | |
| | | | | topic on the agenda. | |
| | | | | Agency for Health Care Administration (AHCA) promulgated their revisions to the ICF Handbook | |
| | | | | and the State Plan July 2016. The Handbook does not address procedure. FAPD does not have | |
| | | | | rule making authority specific to the ICFs. FAPD continues to work with AHCA regarding | |
| | | | | AHCA promulgating rules for the ICF UR/CSR process. | |
| | | | | FAPD continues to monitor Regional completion of Continued Stay Reviews and Certificates of | |
| | | | | Need completed by the facilities. | |
| | | | | | |
| | | | | Planned corrective action. FAPD will submit a Request for Proposal (RFP) by the end of the | |
| | | | | summer to procure a vendor to administer the UR/CSR process. FAPD has worked on an | |
| | | | | updated CSR form and procedure but has not moved further until the RFP process is complete. | |
| | | | | | |
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Budget Period: 2018-2019

Office of Policy and Budget - July 2017

Fiscal Year 2018-19 LBR Technical Review Checklist

| Description | De les Freier (Comiss). Assure for Domestic Disabilities | | | | |
|-------------|---|-------------------|-----------------------|----------------------|---------------|
| • | ment/Budget Entity (Service): Agency for Persons with Disabilities | | | | |
| | Budget Officer/OPB Analyst Name: Debbie Patten/Leah Holt | | | | |
| | licates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require p), and "TIPS" are other areas to consider. | e further explana | tion/justification (d | additional sheets co | ın be used as |
| | | | Program or Servic | e (Budget Entity Cod | es) |
| | Action | 67100100 | 67100200 | 67100400 | 67100500 |
| 1. GEN | L ERAL | | | | |
| 1.1 | Are Columns A01, 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)? Is Column A02 set to | | | | |
| | TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL | | | | |
| | for UPDATE status for the Trust Fund Files (the Budget Files should already be on | | | | |
| | TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for | | | | |
| | UPDATE)? 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)? (CSDI) | Y | Y | Y | Y |
| 1.2 | Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status | | | | |
| | for both the Budget and Trust Fund columns? (CSDI) | Y | Y | Y | Y |
| AUDITS | | | | | |
| 1.3 | Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA) | V | v | V | v |
| 1.4 | Has Column A12 security been set correctly to TRANSFER CONTROL for | Y | Y | Y | Y |
| 1.4 | DISPLAY status and MANAGEMENT CONTROL for UPDATE status? (CSDR, | | | | |
| | CSA) | Y | Y | Y | Y |
| TIP | The agency should prepare the budget request for submission in this order: 1) Lock | - | | | |
| | columns as described above after all audits have been corrected, reports are | | | | |
| | complete, and data verified for final submission; 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. 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. | | | | |
| 2 FYH | IBIT A (EADR, EXA) | | | | |
| 2. EAR | 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 Section 3 of the LBR Instructions | | | | |
| 2 EVII | (pages 15 through 29)? Do they clearly describe the issue? | Y | Y | Y | Y |
| 3. EAH | IBIT B (EXBR, EXB) Is it apparent that there is a fund shift where an appropriation category's funding | | | | |
| 3.1 | 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 |
| AUDITS | | 1 | 1 | 1 | 1 |
| 3.2 | Negative Appropriation Category Audit for Agency Request (Columns A03 and | | | | |
| | A04): Are all appropriation categories positive by budget entity at the FSI level? | | | | |
| | Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found") | | | | |
| | | Y | Y | Y | Y |
| 3.3 | Current Year Estimated Verification Comparison Report: Is Column A02 equal to | | | | |
| | Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero") | Y | Y | Y | Y |
| TIP | Generally look for and be able to fully explain significant differences between A02 | - | - | 1 | - |
| | and A03. | | | | |
| | | 1 | | - | |

| | | | Program or Servic | e (Budget Entity Code | es) |
|---------------|--|------------|-------------------|-----------------------|----------|
| | Action | 67100100 | 67100200 | 67100400 | 67100500 |
| TIP | Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a | | | | |
| 111 | backup of A02. This audit is necessary to ensure that the historical detail records | | | | |
| | have not been adjusted. Records selected should net to zero. | | | | |
| TIP | Requests for appropriations which require advance payment authority must use the | | | | |
| 111 | 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. | | | | |
| 4. EXH | BIT D (EADR, EXD) | | | | |
| 4.1 | Is the program component objective statement consistent with the agency LRPP, and | | | | |
| | does it conform to the directives provided on page 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. | | | | |
| | BIT D-1 (ED1R, EXD1) | | | | |
| 5.1 | Are all object of expenditures positive amounts? (This is a manual check.) | Y | Y | Y | Y |
| AUDITS 5.2 | Do the fund totals agree with the chiest estagem totals within each enprenniation | | | | |
| 3.2 | Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For | | | | |
| | This Report") | Y | Y | Y | Y |
| 5.3 | FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less | | | | |
| | than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 | | | | |
| | allowance] need to be corrected in Column A01.) | Y | Y | Y | Y |
| 5.4 | A01/State Accounts Disbursements and Carry Forward Comparison Report: Does | | | | |
| | Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.) | | | | |
| | | 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 | | | | |
| 111 | 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 2016-17 approved budget. | | | | |
| | Amounts should be positive. The \$5,000 allowance is necessary for rounding. | | | | |
| 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 | | | | |
| | data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. | | | | |
| 6 EVU | | ` | | | |
| 6.1 | IBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only Are issues appropriately aligned with appropriation categories? | .) Y | Y | Y | Y |
| TIP | Exhibit D-3 is not required in the budget submission but may be needed for this | 1 | 1 | 1 | • |
| | particular appropriation category/issue sort. Exhibit D-3 is also a useful report when | | | | |
| | identifying negative appropriation category problems. | | | | |
| 7. EXH | BIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal) | | | | |
| 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.) | 1 7 | 37 | W | V |
| 7.3 | Does the narrative for Information Technology (IT) issue follow the additional | Y | Y | Y | Y |
| 1.3 | 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 | 1 | 1 | 1 | 1 |
| , | COMPONENT?" field? If the issue contains an IT component, has that component | | | | |
| | been identified and documented? | Y | Y | Y | Y |

| | | | | Budget Entity Codes) | |
|--------|---|---|---------------------------------------|---|---|
| | Action | 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. (See pages 95 and 96 of the LBR Instructions.) | 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 |
| | 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 #18-005? | N/J No Budget amendments pending | | | N/J No Budget amendments pending |
| 7.11 | When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO) | Y | Y | Y | Y |
| | Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions? | Y | Y | Y | Y |
| | Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions? | N/J No Lump Sum | N/J No Lump Sum | N/J No Lump Sum | N/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. | N/J No nonrecurring restored | N/J No nonrecurring restored | N/J No nonrecurring restored | N/J No nonrecurring restored |
| | 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.) | Y | Y | Y | Y |
| 7.17 | Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0, 30010C0, 33011C0, 160E470, 160E480 or 55C01C0)? | Y | Y | Y | Y |
| 7.18 | Are the issues relating to major audit findings and recommendations properly coded (4A0XXX0, 4B0XXX0)? | N/J No Issues related to major audit findings | related to major audit findings | N/J No Issues related to major audit findings | related to major audit findings |
| | Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development? | Y | Y | Y | Y |
| AUDIT: | | | | | |
| | Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1) | Y | Y | Y | Y |
| 7.21 | Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2) | Y | Y | Y | Y |
| 7.22 | Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3) | Y | Y | Y | Y |
| | Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L)) | Y | Y | Y | Y |

| | | | Program or Service | (Budget Entity Codes) | |
|------|--|---------------|---------------------|-----------------------------------|-----------------|
| | Action | 67100100 | 67100200 | 67100400 | 67100500 |
| TIP | Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative. | | | | |
| TIP | The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 67 through 72 of the LBR Instructions. | | | | |
| TIP | Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds. | | | | |
| TIP | If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds). | | | | |
| TIP | If an appropriation made in the FY 2017-18 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. | | | | |
| | T | <u> </u> | Ducamana an Canvias | (Budget Entity Codes) | |
| | Action | 67100100 | 67100200 | (Budget Entity Codes) 67100300 | 67100400 |
| | | | | | |
| | EDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or S Fiscal Portal) | C1R, SC1D - I | Department Leve | l) (Required to b | e posted to the |
| 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)? | | | | |
| 8.6 | Has the Inter-Agency Transfers Reported on Schedule I form been included as | Y | Y | Y | Y |
| | 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 |
| 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 |

| | | | | (Budget Entity Code | |
|--------|---|----------|----------|--|----------|
| | Action | 67100100 | 67100200 | 67100400 | 67100500 |
| 8.12 | Is this an accurate representation of revenues based on the most recent Consensus | | | | |
| 0.12 | 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 | IV/A | IV/A | IV/A | IN/A |
| 6.13 | estimates appear to be reasonable? | V | V | W | N/ |
| 0.14 | | 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 | 1 | 1 | 1 | 1 |
| 6.19 | provided for exemption? Are the additional narrative requirements provided? | V | N/ | W | N/ |
| 0.20 | | Y | Y | Y | Y |
| 8.20 | Are appropriate General Revenue Service Charge nonoperating amounts included in Section II? | 37 | 37 | 37 | 37 |
| 0.21 | | Y | Y | Y | Y |
| 8.21 | Are nonoperating expenditures to other budget entities/departments cross-referenced | | | | |
| | accurately? | Y | Y | Y | Y |
| 8.22 | Do transfers balance between funds (within the agency as well as between | | | | |
| | agencies)? (See also 8.6 for required transfer confirmation of amounts totaling | | | | |
| | \$100,000 or more.) | Y | Y | Y | Y |
| 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, | 1 | 1 | 1 | 1 |
| 0.24 | Section III? | Y | Y | Y | Y |
| 8.25 | Are current year September operating reversions (if available) appropriately shown | 1 | 1 | 1 | 1 |
| 6.23 | in column A02, Section III? | Y | Y | Y | Y |
| 8.26 | Does the Schedule IC properly reflect the unreserved fund balance for each trust | 1 | 1 | 1 | 1 |
| 8.20 | 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? | N/A | N/A | N/A | N/A |
| 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 |
| AUDITS | | | | | |
| 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? (SC1R, SC1A - Report | | | | |
| | should print "No Discrepancies Exist For This Report") | Y | Y | Y | Y |
| 8.32 | Has a Department Level Reconciliation been provided for each trust fund and does | - | | | 1 |
| | Line A of the Schedule I equal the CFO amount? If not, the agency must correct | | | | |
| | Line A. (SC1R, DEPT) | Y | Y | Y | Y |
| 8.33 | Has a Schedule IB been provided for ALL trust funds having an unreserved fund | 1 | 1 | 1 | 1 |
| 0.55 | balance in columns A01, A02 and/or A03, and if so, does each column's total agree | | | | |
| | with line I of the Schedule I? | | | | |
| | | 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 |

| | Action | 67100100 | | e (Budget Entity Code | |
|--------|---|----------------|-------------------|-----------------------|----------|
| | Action | 67100100 | 67100200 | 67100400 | 67100500 |
| 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 128 of the | | | | |
| 111 | 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. | | | | |
| . SCH | EDULE II (PSCR, SC2) | | | | |
| UDIT: | | | | | |
| 9.1 | Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 158 of the LBR Instructions.) | N/A | N/A | N/A | N/A |
| A COT | HEDLILE HI (DCCD, CC2) | N/A | N/A | N/A | N/A |
| | Is the appropriate lapse amount applied? (See page 93 of the LBR Instructions.) | N/A | N/A | N/A | N/A |
| | Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 96 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested. | N/A | N/A | N/A | N/A |
| 1 SCF | HEDULE IV (EADR, SC4) | IV/A | IV/A | IV/A | IV/A |
| | Are the correct Information Technology (IT) issue codes used? | Y | Y | Y | Y |
| | 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. | | | | |
| 2. SCI | HEDULE VIIIA (EADR, SC8A) | | | | |
| 12.1 | Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing. | Y | Y | Y | Y |
| 3 SCF | HEDULE VIIIB-1 (EADR, S8B1) | 1 | 1 | 1 | 1 |
| | NOT REQUIRED FOR THIS YEAR | | | | |
| | HEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Po | rtal) | | | |
| 14.1 | Do the reductions comply with the instructions provided on pages 102 through 104 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? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.) | Y | Y | Y | Y |
| 5. SCH | HEDULE VIIIC (EADR, S8C) (This Schedule is optional, but if included it is req | uired to be po | sted to the Flori | da Fiscal Portal) | ' |
| 15.1 | 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? | | | | |
| 15.2 | Are the priority narrative explanations adequate and do they follow the guidelines on pages 105-107 of the LBR instructions? | | | | |
| 15.3 | 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? | | | | |
| UDIT: | | | | | |
| 15.6 | Do the issues net to zero at the department level? (GENR, LBR5) | | | | |

| | | | Program or Service | e (Budget Entity Code | es) |
|---------|---|----------------------|--------------------|-----------------------|----------|
| | Action | 67100100 | 67100200 | 67100400 | 67100500 |
| 16.1 | Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final | | | | |
| 10.1 | Excel version no longer has to be submitted to OPB for inclusion on the | | | | |
| | Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), | | | | |
| | Florida Statutes, the Legislature can reduce the funding level for any agency that | | | | |
| | does not provide this information.) | Y | Y | Y | Y |
| 16.2 | Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR | Y | Y | Y | Y |
| AUDITS | INCLUDED IN THE SCHEDULE XI REPORT: | | | | |
| 16.3 | Does the FY 2016-17 Actual (prior year) Expenditures in Column A36 reconcile to | | | | |
| | Column A01? (GENR, ACT1) | 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)? (Audit #1 should print "No Activities Found") | Y | Y | Y | Y |
| 16.5 | Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain | | | | |
| | 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No | | | | |
| | Operating Categories Found") | Y | Y | Y | Y |
| 16.6 | Has the agency provided the necessary standard (Record Type 5) for all activities | | | | |
| | which should appear in Section II? (Note: Audit #3 will identify those activities | | | | |
| | that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment | | | | |
| | of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these | | | | |
| | activities should be displayed in Section III. If not, an output standard would need | | | | |
| | to be added for that activity and the Schedule XI submitted again.) | Y | Y | Y | Y |
| 16.7 | Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) | 1 | I | I | 1 |
| 10.7 | equal? (Audit #4 should print "No Discrepancies Found") | Y | Y | Y | Y |
| TIP | If Section I and Section III have a small difference, it may be due to rounding and | 1 | 1 | 1 | 1 |
| | therefore will be acceptable. | | | | |
| 17. MA | NUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to t | he Florida Fis | scal Portal) | | |
| | Do exhibits and schedules comply with LBR Instructions (pages 113 through 155 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 | Y | Y | Y | Y |
| 17.4 | Does the LBR include a separate Schedule IV-B for each IT project over \$1 million | | | | |
| | (see page 131 of the LBR instructions for exceptions to this rule)? Have all IV-Bs | | | | |
| | been emailed to: IT@LASPBS.STATE.FL.US? | 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 |
| AUDITS | - GENERAL INFORMATION | | | | |
| TIP | Review Section 6: Audits of the LBR Instructions (pages 157-159) for a list of | | | | |
| | audits and their descriptions. | | | | |
| TIP | Reorganizations may cause audit errors. Agencies must indicate that these errors are | | | | |
| 10 041 | due to an agency reorganization to justify the audit error. | ido Eisl P | mtol) | | |
| 18. CAI | PITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Flor Are the CIP-2, CIP-3, CIP-A and CIP-B forms included? | rida Fiscai Poi Y | rtal) 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 | 1 | 1 | 1 | 1 |
| 10.5 | Instructions)? | 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 |

| | | Program or Service (Budget Entity Codes) | | | | |
|---------|---|--|----------|----------|----------|--|
| | Action | 67100100 | 67100200 | 67100400 | 67100500 | |
| 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. | | | | | |
| 19. FLC | ORIDA FISCAL PORTAL | | | | | |
| | 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 | |